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Form **990**

Department of the Treasury Internal Revenue Service

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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.



<u>~ '</u>	UI UI	and and a secondar year, of tax year beginning	enaing							
B c a	heck if pplicab	E Name of organization		D Employer identification number						
	Addre	e BIPARTISAN POLICY CENTER, INC.								
	Name Chang	Doing business as	73-16283	82						
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone number							
	Final returr	, 1225 I STREET, NW	(202) 204	4-2400						
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	48,921,433.					
	Amer returr	WASHINGTON, DC 20005		H(a) Is this a group re	eturn					
	Appli tion	F Name and address of principal officer: EDENA MOETIDENDECK		for subordinates	? Yes X No					
	pendi	SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No					
		empt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions					
		te: BIPARTISANPOLICY.ORG		H(c) Group exemption	n number 🕨					
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2002 N	State of legal domicile: DE					
Pa	art I	Summary								
đ	1	Briefly describe the organization's mission or most significant activities: TO AI								
uc.		RESOLVING CRITICAL ENERGY/NATIONAL SECURI	TY/ECC	NOMIC CHALL	ENGES.					
erna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more							
ove	3				19					
5	4	Number of independent voting members of the governing body (Part VI, line 1b) $\$			17					
Activities & Governance	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			153					
Viti		Total number of volunteers (estimate if necessary)		17						
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)		25,969,900.	43,069,064.					
ent	9	Program service revenue (Part VIII, line 2g)		898,985.	885,900.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		162,250.	167,561.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		518,825.	769,872.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,549,960.	44,892,397.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		334,990.	112,967.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,302,216.	15,821,983.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă		Total fundraising expenses (Part IX, column (D), line 25) 2,096,05		0 100 701	10 000 000					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,129,721.	10,829,088.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>22,766,927.</u> 4,783,033.	26,764,038.					
	19	Revenue less expenses. Subtract line 18 from line 12			18,128,359.					
ts or nces				ginning of Current Year	End of Year					
Ssei	20	Total assets (Part X, line 16)		<u>34,905,382</u> . 6,528,899.	<u>51,557,481.</u> 5,188,861.					
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)		28,376,483.	46,368,620.					
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		20,3/0,403.	40,300,020.					

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

Sign		Signature of	officer					Da	te		
Here			MUEHLENBECK,	VP,	FINANCE	& ADMIN	&	TREAS/SEC	r -		
		Type or prin	t name and title								
	Print	/Type prepar	er's name		Preparer's signat	ure		Date	Check	PTIN	
Paid	FRA	NK H.	SMITH		FRANK H.	SMITH		11/15/2	2 self-employed P	0063905	3
Preparer	Firm	's name 🕒	MARCUM LLP					Fir	m's EIN ▶ 11–1	1986323	
Use Only	Firm	's address 🕨	1899 L STREE	т, м	W, SUITE	850			·		
		•	WASHINGTON,	DC 2	0036			Ph	one no. (202)	227-40	00
May the I	RS dis	scuss this re	turn with the preparer sh	own abo	ve? See instruct	ions				X Yes	No
			Demonstructure De durations /	at Mati		unto in aturnation				QQA	(0001)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.



COPY

1	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
•	TO DRIVE PRINCIPLED SOLUTIONS THROUGH RIGOROUS ANALYSIS, REASONED
	NEGOTIATION, AND RESPECTFUL DIALOGUE. TO ACTIVELY PROMOTE
	BIPARTISANSHIP AND WORK TO ADDRESS THE KEY CHALLENGES FACING THE
	NATION INCLUDING ENERGY AND INFRASTRUCTURE, HEALTH, ECONOMIC POLICY,
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	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	
	ENERGY - THE NATIONAL CONVERSATION AROUND ENERGY IS CHANGING RAPIDLY.
	AS THE UNITED STATES HAS DRAMATICALLY INCREASED ITS PRODUCTION OF
	HYDROCARBONS, THE COSTS OF RENEWABLE ENERGY TECHNOLOGIES HAVE ALSO
	DECLINED SHARPLY. THE BPC ENERGY TEAM IS FOCUSED ON GENERATING AND
	ADVOCATING PRAGMATIC CLEAN ENERGY POLICIES THROUGH ENGAGEMENT WITH A
	BROAD SET OF STAKEHOLDERS AND EXPERTS FROM DIVERSE POLITICAL
	PERSPECTIVES.
4b	(Code:) (Expenses \$6, 473, 800. including grants of \$) (Revenue \$12, 623, 782.
	ECONOMIC POLICY - THE ECONOMIC POLICY PROGRAM INCLUDES THE ECONOMIC
	POLICY PROJECT, THE INFRASTRUCTURE POLICY PROJECT, THE IMMIGRATION
	POLICY PROJECT, THE HOUSING PROJECT, THE TECHNOLOGY PROJECT, THE HIGHER
	EDUCATION PROJECT, AND THE EVIDENCE-BASED POLICYMAKING INITIATIVE:
	ECONOMIC POLICY PROJECT
	THE ECONOMIC POLICY PROJECT'S WORK RESPONDS TO THE CHALLENGES FACING
	THE DOMESTIC ECONOMY BY STRENGTHENING RETIREMENT SECURITY AND PERSONAL
	SAVINGS, PROMOTING A FINANCIAL SYSTEM THAT BEST SERVES MAIN STREET
	BUSINESSES AND CONSUMERS, SECURING ECONOMIC OPPORTUNITIES FOR THE
	FUTURE, SUPPORTING BROAD ACCESS TO AFFORDABLE HOUSING, MANAGING
	TECHNOLOGY TO IMPROVE STANDARDS OF LIVING, AND DEALING WITH OUR
4c	(Code:) (Expenses \$4, 589, 164. including grants of \$) (Revenue \$5, 793, 525.
	HEALTH - THE HEALTH PROGRAM INCLUDES THE FUTURE OF HEALTH CARE PROJECT,
	ΨΗΕ ΗΕΔΙ.ΨΗ ΤΝΝΟΥΔΦΤΟΝ ΙΝΤΦΙΑΤΙΟΕ ΑΝΌ ΦΗΕ ΟΒΕΥΕΝΦΙΟΝ ΙΝΤΦΙΑΤΙΟ.
	THE HEALTH INNOVATION INITIATIVE AND THE PREVENTION INITIATIVE:
	THE FUTURE OF HEALTH CARE PROJECT
	THE FUTURE OF HEALTH CARE PROJECT BPC IS INTENSIFYING ITS EFFORTS TO SERVE AS A RESOURCE TO POLICYMAKERS
	THE FUTURE OF HEALTH CARE PROJECT BPC IS INTENSIFYING ITS EFFORTS TO SERVE AS A RESOURCE TO POLICYMAKERS AND TO DEVELOP EFFECTIVE AND POLITICALLY VIABLE SOLUTIONS TO OUR
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4e 3200:	THE FUTURE OF HEALTH CARE PROJECT BPC IS INTENSIFYING ITS EFFORTS TO SERVE AS A RESOURCE TO POLICYMAKERS AND TO DEVELOP EFFECTIVE AND POLITICALLY VIABLE SOLUTIONS TO OUR NATION'S HEALTH CARE CHALLENGES. BPC HAS CONVENED A BIPARTISAN GROUP OF LEADING NATIONAL HEALTH POLICY EXPERTS TO IDENTIFY A PATH FORWARD FOR A CONSENSUS APPROACH TO IMPROVING HEALTH CARE IN THE UNITED STATES. THE FUTURE OF HEALTH CARE PROJECT FOCUSES ON COVERAGE AND ACCESS TO CARE, DELIVERY SYSTEM REFORM, COST CONTAINMENT, CHRONIC AND LONG-TERM CARE, AND RURAL AND BEHAVIORAL Other program services (Describe on Schedule O.) (Expenses \$ 4,925,759. including grants of \$) (Revenue \$) Total program service expenses 23,685,560.

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 Form 990 (2021)
 BIPARTISAN POLICY CENTER, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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			
	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			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,			
2	as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI	11a		
D.		11b		х
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		<u>X</u>
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	<u>X</u> 990 (0001
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			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 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			<u>-</u> -
	Schedule K. If "No," go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	Х	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		v	
0 -	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			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V		X -	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		4.5	Х	
10000	(gambling) winnings to prize winners?	1 c		<u> </u> (2021)
132004	↓ 12-09-21 ▲	rorm	550	(2021)

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	D(2021) BIPARTISAN POLICY CENTER, INC.	73-3	1628382	Р	age 🤇
art V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			1	
De En	tor the number of employees reported on Form W.2. Transmittel of Wage and Tay Statements	I		Yes	No
	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, d for the calendar year ending with or within the year covered by this return	2a	153		
	It least one is reported on line 2a, did the organization file all required federal employment tax return	•		x	
	te: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
					X
	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (0	3b		
	any time during the calendar year, did the organization have an interest in, or a signature or other a				
fin	ancial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b lf "	Yes," enter the name of the foreign country				
Se	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
ia Wa	as the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
	Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	es the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	y contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
	Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	re not tax deductible?		<u>6b</u>		
	ganizations that may receive deductible contributions under section 170(c).				v
	I the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv				X
			<u>7b</u>		-
	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	_	1	x
	file Form 8282?		<u>7c</u>		
	Yes," indicate the number of Forms 8282 filed during the year	7d	70		X
	I the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X
	I the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				
	he organization received a contribution of qualified intellectual property, did the organization file For he organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat				
	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		by the	8		
-	onsoring organization have excess business notalings at any time during the year and a second s		······ –		
-			9a		
	I the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
	ction 501(c)(7) organizations. Enter:				
	tiation fees and capital contributions included on Part VIII, line 12	10a			
	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	ction 501(c)(12) organizations. Enter:	•			
	oss income from members or shareholders	11a			
b Gr	oss income from other sources. (Do not net amounts due or paid to other sources against				
am	ounts due or received from them.)	11b			
a Se	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b lf "	Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Se Se	ction 501(c)(29) qualified nonprofit health insurance issuers.				
a Ist	the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
No	te: See the instructions for additional information the organization must report on Schedule O.				
b En	ter the amount of reserves the organization is required to maintain by the states in which the				
	anization is licensed to issue qualified health plans	13b			
	ter the amount of reserves on hand	13c			
				-	X
	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		<u>14b</u>	-	
	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1	
	cess parachute payment(s) during the year?		15		X
	Yes," see the instructions and file Form 4720, Schedule N.				
	the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	Yes," complete Form 4720, Schedule O.				
	ction 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a			1	
	tivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	Yes," complete Form 6069.				(202

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Form	990	(2021)

BIPARTISAN POLICY CENTER, INC.

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

73-1628382 Page **6**

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. X

				Yes	No
1 a E	inter the number of voting members of the governing body at the end of the tax year	1a	L 9		
	there are material differences in voting rights among members of the governing body, or if the governing				
b	ody delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
	inter the number of voting members included on line 1a, above, who are independent		L7		
2 D	oid any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
0	fficer, director, trustee, or key employee?		. 2		X
3 D	id the organization delegate control over management duties customarily performed by or under the	e direct supervision			
0	f officers, directors, trustees, or key employees to a management company or other person?		. 3		X
4 C	d the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5 C	oid the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6 D	bid the organization have members or stockholders?		. 6		X
7 a D	id the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
n	nore members of the governing body?		. 7a		X
	re any governance decisions of the organization reserved to (or subject to approval by) members, st				
р	ersons other than the governing body?		7b		x
8 D	id the organization contemporaneously document the meetings held or written actions undertaken during the yea				
	he governing body?		8a	Х	
	ach committee with authority to act on behalf of the governing body?				X
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	rganization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		x
	on B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	N
0 a r	oid the organization have local chapters, branches, or affiliates?		10a		X
	"Yes," did the organization have written policies and procedures governing the activities of such ch		. 100		<u> </u>
			10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body			х	
	bescribe on Schedule O the process, if any, used by the organization to review this Form 990.		114		
			12a	х	
	 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 			X	
				- 23	
	bid the organization regularly and consistently monitor and enforce compliance with the policy? If "y	,	10-	х	
	n Schedule O how this was done			X	-
	bid the organization have a written whistleblower policy?			X	<u> </u>
	bid the organization have a written document retention and destruction policy?		14		
	bid the process for determining compensation of the following persons include a review and approva	l by independent			
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	
	he organization's CEO, Executive Director, or top management official		. <u>15a</u>	X	
	Other officers or key employees of the organization		. <u>15b</u>	Х	
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	axable entity during the year?		. <u>16a</u>		X
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	• •			
ir	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	xempt status with respect to such arrangements?		. 16b		
	on C. Disclosure				
1 7 L	ist the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{CA}$, $ ext{VA}$, $ ext{FL}$, $ ext{IL}$, $ ext{M}$	D,NY			
1 8 S	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501(c)	(3)s only)	availal	ole
fo	or public inspection. Indicate how you made these available. Check all that apply.				
[Own website Another's website X Upon request Other (explain	on Schedule O)			
1 9 D	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy,	and finan	cial	
s	tatements available to the public during the tax year.				
20 S	state the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
	LENA MUEHLENBECK - (202) 204-2400				
_	225 I STREET, NW, 1000, WASHINGTON, DC 20005				
			Forn	990	(202
32006 1					

Form 990 (2021)	BIPARTISAN POLICY CENTER, INC.	73-1628382	Page 7						
Part VII Comp	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 o 	• 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	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	recio	r/trus I	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	L	1033-1120)		organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JASON GRUMET	32.00		_				-			
PRESIDENT & CEO	8.00	х		х				643,110.	160,777.	45,449.
(2) KELLY V. DARNELL	36.00									
CHIEF OPERATING OFFICER	4.00			Х				294,117.	32,680.	32,061.
(3) MICHELE STOCKWELL	2.00									
SENIOR VP, EXECUTIVE DIRECTOR BPCA	38.00					X		15,620.	296,787.	45,448.
(4) WILLIAM HOAGLAND	30.00									
SENIOR VICE PRESIDENT	10.00				Х			246,979.	82,326.	21,893.
(5) LISEL LOY	38.00									
SENIOR VP OF PROGRAMS	2.00				X			278,964.	14,682.	29,206.
(6) ELENA MUEHLENBECK	38.00									
VP, F & A, TREASURER AND SECRETARY	2.00			х				224,097.	11,795.	33,567.
(7) MIKAEL S. MACKLER	40.00							004 500	•	40.000
EXECUTIVE DIRECTOR, ENERGY	40.00				X			224,722.	0.	40,372.
(8) MICHELE PILC	40.00								0	20 105
VP OF STRATEGIC INITIATIVES	0.00					X		225,895.	0.	39,185.
(9) JULIE ANDERSON	0.00								0	0
FORMER SENIOR VP	0.00						Х	265,000.	0.	0.
(10) ANAND PAREKH	40.00					v		212 514	0	20 526
CHIEF MEDICAL ADVISOR	40.00					X		212,514.	0.	39,536.
(11) THERESA BROWN	40.00					x		100 056	0	20 002
MANAGING DIRECTOR - IMMIGRATION (12) LINDA K. SMITH	40.00							188,956.	0.	38,002.
	40.00					x		101 005	0.	11 120
DIRECTOR, EARLY CHILDHOOD (13) OLYMPIA SNOWE	1.00							194,885.	0.	14,438.
DIRECTOR	1.00	х						25,000.	0.	0.
(14) KIM DORGAN	1.00	Δ						25,000.	0.	0.
EX FACTO BPC ACTION CHAIR	1.00	х						0.	0.	0.
(15) TOM FALK	1.00	л						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(16) C. ROBERT HENRIKSON	1.00	- 11							0.	<u></u>
DIRECTOR		х						0.	0.	0.
(17) DARLENE JORDAN	1.00								••	<u> </u>
DIRECTOR - UNTIL 06/2021		х						0.	0.	0.
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Form 990 (2021)

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Form 990 (2021) BIPARTIS	AN POLIC	Y	CE	NT:	ER	,	IN	1C.	73-1628	3382	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	(da		Posi				Reportable	Reportable	Esti	mated
	hours per	box,	not ch , unles	s pers	son is	s both	an	compensation	compensation	amc	ount of
	week	offic	cer and	d a dir	rector	r/trust	tee)	from	from related	of	ther
	(list any	ctor						the	organizations	compe	ensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	fror	m the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orgar	nization
	organizations	l trus	nal tr		oyee	dmo		1099-NEC)		and	related
	below	Individual trustee or director	nstitutional trustee	cer	ƙey employee	Highest compensated employee	ner			organ	izations
	line)	Indi	Inst	Officer	Key	High	Former				
(18) GARY LOCKE	1.00										
DIRECTOR		Х						0.	0 .	·	0.
(19) JOHN DELANEY	1.00										
DIRECTOR		Х						0.	0 .	,	0.
(20) RISA LAVIZZO-MOUREYY	1.00										
DIRECTOR - UNTIL 06/2021		х						0.	0 .		0.
(21) PAM PATENAUDE	1.00										
DIRECTOR		х						0.	0 .		0.
(22) MICHAEL STEELE	1.00									<u>'</u>	
DIRECTOR	1.00	x						0.	0 .		0.
(23) RON TERWILLIGER	1.00	~			-			0.	0.	<u>'</u>	
	1.00	77						0	0		0
DIRECTOR	1 0 0	Х			_			0.	0 .	·	0.
(24) CHARLES F. WALD	1.00								•		•
DIRECTOR		Х						0.	0 .	, 	0.
(25) MARK WALSH	1.00										
DIRECTOR		Х						0.	0 .	,	0.
(26) MARIAM NOLAND	1.00										
DIRECTOR - UNTIL 06/2021		Х						0.	0 .		0.
1b Subtotal								3,039,859.	599,047	. 379	,157.
c Total from continuation sheets to Part V	I, Section A							0.	0		0.
d Total (add lines 1b and 1c)								3,039,859.	599,047	. 379	,157.
2 Total number of individuals (including but n							o re				<u>. </u>
compensation from the organization		000		aus	0.0,	,	0.10				48
										1	res No
• Did the experimetion list and former officer		I.					la : a				
3 Did the organization list any former officer				•	•		Ŭ				x
line 1a? If "Yes," complete Schedule J for s										3	<u>^</u>
4 For any individual listed on line 1a, is the su	-		-					-	-		77
and related organizations greater than \$15	,		'							4	x
5 Did any person listed on line 1a receive or a	accrue compen	Isatio	on fro	om a	any i	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	<u>ch p</u>	berso	on.				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated ind	lepei	nden	nt co	ntra	ictor	's th	hat received more than \$	100,000 of compens	ation from	า
the organization. Report compensation for	the calendar ye	ear e	ndin	g wi	th o	or wit	thin	n the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address							Description of s	ervices	Compens	
PLUS COMMUNICATIONS, LLC,	3001 W	AS	HII	NG'	IOI	N					
BLVD, 7TH FLOOR, ARLINGTO								ADVERTISING		1.448	,100.
SEVEN LETTER, 1140 CONNET				ז	W		-				/ = 0 0 0
-				, ·				ADVERTISING		123	,789.
							- 123	,105.			
THE MORNING CONSULT LLC, 1025 F ST NW, SUITE 800, WASHINGTON, DC 20004 CONSULTANT							270	000			
	20004						-	CONSULTANT		270	,000.
WESTSIDE STRATEGIES LLC		~ ~	~ ~					~~~~~		0.65	
								265	,000.		
	APERTURE COMMUNICATIONS LLC										
33 KALMAN COURT, EAST HAN	IPTON, N	Y	119	937	1			CONSULTANT		240	<u>,000.</u>
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	hos	e list	ted	above) who received mo	ore than		
	\$100,000 of compensation from the organization 15										
SEE PART VII, SECTION	I A CONT	IN	UA	rI(ЛC	SI	ΗE	ETS		Form 9	90 (2021)
132008 12-09-21											

Part VII Section A. Officers, Directors,	Trustees. Kev Er	nplo	vee	s, ar	nd H	liahe	est (Compensated Employe	es (continued)		
(A)	(B)		,	<u>, ui</u> (((D)	(E)	(F)	
Name and title	Average hours per	(c	heck I	Pos	ition		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations	
(27) MARIA CONTRERAS-SWEET DIRECTOR	1.00	x						0.	0.	0	
(28) HENRY CISNEROS DIRECTOR	1.00	x						0.	0.	(
(29) RALPH CAVANAGH DIRECTOR	1.00	x						0.	0.	(
(30) ROBBIE BACH CHAIR	1.00	x						0.	0.	(
(31) DOYLE BENEBY DIRECTOR	1.00	x						0.	0.	(
(32) DAVID BLAIR DIRECTOR - UNTIL 06/2021	1.00	x						0.	0.	(
(33) JULIAN CASTRO DIRECTOR	1.00	x						0.	0.	(
(34) LEANA WEN	1.00										
DIRECTOR (35) GEISHA WILLIAMS DIRECTOR	1.00	X X						0.	0.	(
	_	1									
		1									
		1									

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	n 990 (LICY CENT	ER, INC.		73-1628	382 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line		(5)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
¶ G Q	с	Fundraising events 1c					
ar /	d	Related organizations 1d					
imil imil	е	Government grants (contributions) 1e 1,	822,644.				
er S	f	All other contributions, gifts, grants, and	1046400				
Ctho			1246420.				
ont	g	Noncash contributions included in lines 1a-1f		43069064.			
0 0	n	Total. Add lines 1a-1f	Business Code	43009004.			
•	2 9	CONTRACT REV./SPONSORS	900099	885,900.	295,900.		590,000.
vice	b				23373000		
Ser	c						
am eve	d						
Program Service Revenue	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		885,900.			
	3	Investment income (including dividends, interes		192,951.			192,951.
	4	other similar amounts) Income from investment of tax-exempt bond pr		192,951.			192,951.
	4 5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 4003646 .					
Ø	d	Less: cost or other basis and sales expenses 76 4029036.					
venue		and sales expenses 7b 4029036 . Gain or (loss) 7c - 25 , 390 .					
		Net gain or (loss)		-25,390.			-25,390.
Other Re		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	▶				
	9а	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	с	Net income or (loss) from sales of inventory					
sr		CUADED CEBUTCEC	Business Code	620 227	620 227		
neot ue	11 a	SHARED SERVICES SUBLEASE INCOME	900099 531390	<u>629,337.</u> 140,535.	629,337.		140,535.
<u></u> sllar ven	D C	Sobiliadii Income	551590	<u></u> ,))).			<u> </u>
Miscellaneous Revenue	о н	All other revenue	+				
Σ	e	Total. Add lines 11a-11d	>	769,872.			
	12	Total revenue. See instructions		44892397.	925,237.	0.	
13200	9 12-09	-21					Form 990 (2021)

BIPARTISAN POLICY CENTER, Part IX Statement of Functional Expenses

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

INC.

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	112,967.	112,967.		
2	and domestic governments. See Part IV, line 21				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 051 000			CT 0 1 T
_	trustees, and key employees	2,051,999.	1,627,823.	356,229.	67,947
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	11,084,483.	8,155,828.	1,835,857.	1,092,798
7 8	Pension plan accruals and contributions (include	11,001,405.	0,135,020.	1,055,057.	1,052,750
5	section 401(k) and 403(b) employer contributions)	535,959.	396,108.	85,446.	54,405.
9	Other employee benefits	1,124,393.		182,149.	100,204
10	Payroll taxes	1,025,149.	761,813.	171,270.	92,066
11	Fees for services (nonemployees):			,	•
а	Management				
b	Legal	14,663.		14,663.	
с	Accounting	151,256.		151,256.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		4 224 256	1 4 9 9 9 9	01 000
	column (A), amount, list line 11g expenses on Sch 0.)	4,635,953.		148,988.	91,989.
12	Advertising and promotion	2,245,086.		31,292.	34,913. 81.
13	Office expenses	126,081. 432,583.	6,124. 22,220.	<u>119,876.</u> 410,363.	01.
14	Information technology	452,505.	<i>44,44</i> 0.	410,303.	
15 16	Royalties Occupancy	2,132,866.		2,132,866.	
10	Travel	136,215.	78,942.	49,099.	8,174.
18	Payments of travel or entertainment expenses				• / = / = /
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	134,100.	111,261.	13,485.	9,354.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	229,645.		229,645.	
23	Insurance	79,230.		79,230.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) SUBSCRIPTIONS	332,465.	40,645.	277,704.	14,116.
a	REPORT DESIGN & PRINT	120,889.	13,525.	106,572.	792.
b	MISCELLANEOUS	58,059.	8,300.	48,085.	1,674.
c d	INDIRECT EXP ALLOCATION	-3.	4,934,107.	-5,461,656.	527,546
	All other expenses	J •	_,,		52,7540
25	Total functional expenses. Add lines 1 through 24e	26,764,038.	23,685,560.	982,419.	2,096,059.
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, ,	,	,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21	11			Form 990 (2

08291117 150872 192138

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

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		14,385,440.	2	24,309,097.
	3	Pledges and grants receivable, net		7,629,543.	3	12,352,991.
	4	Accounts receivable, net		539,909.	4	12,624.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described			6	
6	7	Notes and loans receivable, net	r		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		403,656.	9	475,425.
		Land, buildings, and equipment: cost or other				,
	iou	basis. Complete Part VI of Schedule D	10a 7,121,849			
	h	Less: accumulated depreciation		1,938,992.	10c	1,950,055.
	11	Investments - publicly traded securities	9,229,815.	11	11,089,390.	
	12	Investments - other securities. See Part IV, line 1	5722570150	12		
	13	Investments - program-related. See Part IV, line 1		13		
	13 14			14		
	14 15	Intangible assets	778,027.	14	1,367,899.	
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa		34,905,382.	16	51,557,481.
	17	Accounts payable and accrued expenses		1,292,753.	17	1,661,021.
	18			1,252,155.	18	1,001,021.
	19	Grants payable		70,400.	19	0.
	20	Deferred revenue	70,400.	20		
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete P		20		
	22	Loans and other payables to any current or form		21		
ies	22					
Liabilities		trustee, key employee, creator or founder, substa			20	
Lial	00	controlled entity or family member of any of these			22	
	23 24	Secured mortgages and notes payable to unrelat	r	1,822,644.	23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay		1,022,044.	24	
	25	parties, and other liabilities not included on lines				
				3,343,102.	25	3,527,840.
	26		•••••••••••••••••••••••••••••••••••••••	6,528,899.	25	5,188,861.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check	sk here 🕨 🗴	0,020,000	20	5,100,0011
Se		and complete lines 27, 28, 32, and 33.				
nce	27			12,389,595.	27	27,266,117.
3ala	28			15,986,888.	28	19,102,503.
Ы	20	Organizations that do not follow FASB ASC 95		10,000,0001	20	
Fun		and complete lines 29 through 33.				
<u>r</u>	29	Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or equ			30	
Net Assets or Fund Balances	30 31	Retained earnings, endowment, accumulated inc			30	
et ∕	32		r	28,376,483.	32	46,368,620.
Ź	32 33	Total net assets or fund balances		34,905,382.	32 33	51,557,481.
	33	TOTAL HADINGES AND THE ASSETS/TUND DATATICES		51,505,502.	33	Form 990 (2021)
						FORM 330 (2021)

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Form 990 (2021)

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BIPARTISAN POLICY CENTER, INC.

	1 990 (2021) BIPARTISAN POLICY CENTER, INC.	<u>73-1</u>	628382	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,892		
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,76	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	18,12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,37		
5	Net unrealized gains (losses) on investments	5	-13	5,2	22.
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	46,36	3,6	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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	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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			-
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			L
			-	aan /	(0004)

Form **990** (2021)

(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.

Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the late					formation		Open to Public Inspection				
Nar	ne of	the organizati	-	de le minine.ge				inormation.	Employer	identification numbe	
				RTTSAN POL	ICY CENTER, I	INC.				3-1628382	
Pa	nrt I	Reason			(All organizations must c		nis part.) S	ee instructior		0 1010001	
					For lines 1 through 12, c						
1					on of churches described			I)(A)(i)			
2	H				Attach Schedule E (Forn			·//~///			
3	H				anization described in se)/h)/1)/∆)/ii	i)			
4	H				njunction with a hospital				(iii). Enter	the hospital's name.	
		city, and stat	-								
5		-		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in	
Ū		-	-	Complete Part II.)							
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
	X	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 									
				omplete Part II.)	······ [-··· - · · · - · - - · · · ·				J		
8	\square				(1)(A)(vi). (Complete Par	t II.)					
9		-			in section 170(b)(1)(A)(-	ed in conju	inction with a	land-grant	college	
					ulture (see instructions).						
		university:									
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
		activities rela	ted to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	ifter June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry 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	509(a)(3). (Check the box on	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
a		🗌 Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or r	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
C		_ Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,	
	_	its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
c		_ Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppo/	rted organiz	zation(s)	
					zation generally must sat				an attentiv	/eness	
	_	_			nplete Part IV, Sections						
e	•		•		written determination fro			Туре I, Туре	II, Type III		
				·	nally integrated supportion					Г	
		er the number		0							
<u> </u>		vide the follow (i) Name of supp		about the supporte	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior		(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see i		support (see instructions	
		-			above (see instructions))	103					
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

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OMB No. 1545-0047

2021

Open to Public



BIPARTISAN POLICY CENTER, INC.

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.)

Sec	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.")	21885569.	18781342.	21305423.	25969900.	43069064.	131011298
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21885569.	<u>18781342.</u>	21305423.	25969900.	43069064.	<u>131011298</u>
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)						29264014.
6	Public support. Subtract line 5 from line 4.						101747284
	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		21885569.	18/81342.	21305423.	25969900.	43069064.	<u>T3T0TT738</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	400 001			1 6 2 2 2 2 2	222 406	100040
	and income from similar sources \dots	402,091.	455,440.	305,706.	163,323.	333,486.	1660046.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			F0C 242		C00 227	0710057
	assets (Explain in Part VI.)	551,277.	502,141.	526,343.	509,759.		
	Total support. Add lines 7 through 10						135390201
	Gross receipts from related activities,	•	,				,249,313.
13	First 5 years. If the Form 990 is for th						
500	organization, check this box and stor ction C. Computation of Public		contago				
				a aluma (f))		14	75.15 %
	Public support percentage for 2021 (I Public support percentage from 2020		•			15	75.15 % 75.39 %
	33 1/3% support test - 2021. If the						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the		-				······································
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••••				
110	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	•	•	vinte organiz	
h	10% -facts-and-circumstances test	•	•		•		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s >
							(Form 990) 2021

132022 01-04-22

Schedule A	(Form	990	2021
		000	1 202 1

BIPARTISAN POLICY CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar 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						
c Add lines 10a and 10b						
11 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 s	501(c)(3) organiz	zation,
check this box and stop here	-			-		
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the	-	•				%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
132023 01-04-22		· · · ·				le A (Form 990) 2021
		16	5			

BIPARTISAN POLICY CENTER, INC.

1

2

3a

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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Schedule A (Form 990) 2021

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Sche	aule A	A (FOILIGED DITARTIONALIONICI CENTER, INC. 75.	102030	4 Pa	age o
Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	below, the governing body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			

TNO

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 1 detail in Part VI.

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Section B. Type I Supporting Organizations

			res	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations				
			Yes	No

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

Section 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 year (see instruc	structions	see in	na the vear	est durina	Part Tes	Integral Pa	satisfy th	use	organization	that the	method	xt to the	k the hox ne	Che	1
--	------------	--------	-------------	------------	----------	-------------	------------	-----	--------------	----------	--------	-----------	--------------	-----	---

- 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.*

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

- 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.*

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

 Schedule A (Form 990) 2021
 BIPARTISAN POLICY CENTER, INC.

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

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

73-1628382 Page 6

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		LICY CENTER, IN		7	3-1628382	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)		
<u>Secti</u>	on D - Distributions				Current Yea	ır
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	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	e organization is responsive				
	(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	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributabl Amount for 20	
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					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D.					
•	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
2	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					
0	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:					
	Excess from 2017					
	Excess from 2018 Excess from 2019					
	Excess from 2020					
	Excess from 2020					
<u> </u>						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

BIPARTISAN POLICY CENTER, INC.

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

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

SHARED SERVICES		
2017 AMOUNT: \$	550,977.	
2018 AMOUNT: \$	502,027.	
2019 AMOUNT: \$	526,343.	
2020 AMOUNT: \$	509,640.	
2021 AMOUNT: \$	629,337.	
MISCELLANEOUS IN	NCOME	
2017 AMOUNT: \$	300.	
2018 AMOUNT: \$	114.	
2020 AMOUNT: \$	119.	
132028 01-04-22	21	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

	BIPARTISAN POLICY CENTER, INC.	73-1628382
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

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.

Schedule B (Form 990) (2021)



Schedule B ((Form 990)	(2021)
	(()

BIPARTISAN POLICY CENTER, INC.

Name of organization

Employer identification number

73-1628382

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>11,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,394,956.	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
3		\$ <u>2,325,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>2,075,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,247,781.</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
6		\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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BIPARTISAN POLICY CENTER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>900,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,822,644</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)	(b)	(c)	(d) Turna of a participation
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(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.)

Name of organization

73-1628382

Employer identification number

Page 2

BIPAR	TISAN POLICY CENTER, INC.		73-1628382
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
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Schedule B (Form 990) (2021) Name of organization

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Page 3

Employer identification number

Schedule I	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
BTPAR	TISAN POLICY CENTER, IN		73-1628382
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	try. For organizations <pre>less for the year. (Enter this info. once.)</pre>
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd 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 gif	t
	Transferee's name, address, a	nd 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 gif	•
	Transferee's name, address, a		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
		(a) Transfer of sit	
	.	(e) Transfer of gif	
	Transferee's name, address, a	na 21P + 4	Relationship of transferor to transferee
123454 11-11	1-21		Schedule B (Form 990) (2021)

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SCHEDULE C	Pc	olitical Campaign a	and Lobbvin	a Activities		OMB No. 154	15-0047
(Form 990))1
		if the organization is described				Open to P	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for				Inspect	
-	-	Form 990, Part IV, line 3, or Fo		ne 46 (Political Campa	aign Ac	tivities), then	
		plete Parts I-A and B. Do not con	•				
 Section 501(c) (othe Section 527 organization 		01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part	I-B.		
•		• Form 990, Part IV, line 4, or Fo	rm 990-FZ. Part VI. li	ne 47 (Lobbying Activ	vities), t	then	
		nave filed Form 5768 (election un					
 Section 501(c)(3) org 	, ganizations that h	nave NOT filed Form 5768 (election	on under section 501(h	n)): Complete Part II-B.	Do not	complete Part II-A	Α.
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	y Tax) (See separate i	instructions) or Form	990-EZ	Z, Part V, line 350	: (Proxy
Tax) (See separate inst							
), or (6) organizat	ions: Complete Part III.			Franklar		
Name of organization	דשמגמדמ				Emplo	yer identification	
Part I-A Compl		SAN POLICY CENTER anization is exempt under		or is a section 52	7 ora		62
					i orgi		
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaion activities i	n Part IV			
2 Political campaign	8	•	1 0		▶\$		
3 Volunteer hours for							
Part I-B Compl	ete if the org	anization is exempt unde	er section 501(c)(3).			
	•	incurred by the organization unde					
		incurred by organization manage			▶\$_		
		n 4955 tax, did it file Form 4720 f					No
4a Was a correction m						Yes	No No
b If "Yes," describe in Part I-C Compl	ete if the org	anization is exempt unde	er section 501(c).	except section 5	01(c)(3).	
-		by the filing organization for sec			► \$		
		ization's funds contributed to oth			• • _		
	00		•		▶\$		
		. Add lines 1 and 2. Enter here ar			-		
line 17b					▶\$_		
						Yes	No
		nployer identification number (EIN					
		tion listed, enter the amount paid					
		omptly and directly delivered to a additional space is needed, provi			parate	segregated fund t	ла
(a) Name		(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of p	
(a) Name	5	(b) Address		filing organization		contributions rece	
				funds. If none, ente	er -0	promptly and d	,
						delivered to a se political organi	
						If none, ente	
For Paperwork Reduct	ion Act Notice	see the Instructions for Form 9	90 or 990-EZ.		Sc	hedule C (Form 9	990) 2021

Notice, see LHA

ile C (Form 990) 202

132041 11-03-21

Schedule C (Form 990) 2021	BIPARTISAN	POLICY CENT	ER, INC.		628382 Page 2
Part II-A Complete if the org	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
	-		Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying e tion checked box A an	1 ,	visiona annly		
	LITON CHECKED DOX A an	a infilied control pro	visions apply.	(a) Filing	(b) Affiliated group
	ts on Lobbying Exper ditures" means amou			organization's totals	totals
				lotais	
1a Total lobbying expenditures to influ					
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lid Other exempt purpose expenditure				26,764,043.	
e Total exempt purpose expenditure				26,764,043.	
f Lobbying nontaxable amount. Enter				1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable amo		, ,	
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
				050.000	
g Grassroots nontaxable amount (en				250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zeroj If there is an amount other than ze		ing 1; did the exercise		0.	
reporting section 4911 tax for this				Г	Yes No
	-	raging Period Under		L	
(Some organizations t	hat made a section 50)1(h) election do not h	nave to complete all o	of the five columns be	low.
		ate instructions for lin			
	Lobbying Exper	ditures During 4-Yea	r Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.
					0,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					
				Schedu	ıle C (Form 990) 2021

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с d	Media advertisements? Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	. or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		, or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b	o) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D)
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(Form 9	90)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,



Dener	, tment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service		90 for instructions and the latest information		Inspection
Nam	e of the organizati			Em	ployer identification number
		BIPARTISAN POLICY (73-1628382
Pa		-	d Funds or Other Similar Funds or A	ccour	Its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised fu		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring	
De	impermissible priv				
Pa			ganization answered "Yes" on Form 990, Part ۱	/, line 7.	<u>.</u>
1		servation easements held by the organization			
		n of land for public use (for example, recrea	, <u> </u>	-	•
		f natural habitat	Preservation of a cer	tified hi	storic structure
		n of open space			
2			ied conservation contribution in the form of a c	onserva	
	day of the tax year				Held at the End of the Tax Year
				2a	
	-			2b	
c			ucture included in (a)	2c	
a			after 7/25/06, and not on a historic structure		
•				2d	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization	during the tax
	year				
4		where property subject to conservation eas			
5	-	tion have a written policy regarding the per orcement of the conservation easements it			Yes No
6			holds? handling of violations, and enforcing conservat		
0		a nours devoted to monitoring, inspecting,		UII Case	ments during the year
7	Amount of expens		lling of violations, and enforcing conservation e	asaman	ts during the year
•	► \$	ics meaned in monitoring, inspecting, hand		asemen	to during the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	R)(i)	
•	and section 170(h)				Yes No
9			on easements in its revenue and expense state		
		•	ote to the organization's financial statements t		
		ounting for conservation easements.	5		
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sl	neet works
	of art, historical tre	easures, or other similar assets held for pub	blic exhibition, education, or research in further	ance of	public
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and baland	e sheet	works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherand	e of pu	blic service,
		ng amounts relating to these items:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		►	\$
					\$
2	If the organization		asures, or other similar assets for financial gain		3
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:		

a Revenue included on Form 990, Part	VIII, line 1
b Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

31 2021.05000 BIPARTISAN POLICY COPY^{192138_1}

\$ \$

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 BIPARTI	SAN POLICY	CEN:	ΓER,	INC.		7	/3-16	28382	2 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical 7	Freasures, o	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, check	any of t	he following that	: make sigr	nificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or	exchange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain how th	ey furthe	er the organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical ti	reasures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's	collection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comp	olete if the	organiza	ation answered '	'Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for d	contribut	ions or other ass	sets not ind	cluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing t	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21, for e	escrow o	r custodial acco	unt liability	? 	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	v							() =		
		(a) Current year	(b) ⊦	rior year	(c) Two yea	rs back (c	d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions		_								
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	ce (line 1g	g, columr	n (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	zation tha	t are held	d and administer	ed for the	organizat	tion	r	<u> </u>	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				R?				3b		. <u> </u>
	t VI Land, Buildings, and Equipm		owment f	unds.							
T ai	Complete if the organization answere		0 Part IV	line 11	a See Form 990	Dart X lir	no 10				
	Description of property	(a) Cost or basis (inves		. ,	ost or other sis (other)	• •	cumulated eciation		(d) Bool	(value	Э
10	Land	· · · · ·	anony	 		depi	Colucion				
-	Land										
b	Buildings			5	308,572.	3 /	56,97	7.	1,853	5	95
	Leasehold improvements			-	825,337.		83,99			L, 34	
	Equipment				987,940.		30,82			7,1	
	Other		+ V !						1,950		
IUI	in ad miles ra amough re. (Column (a) must e	<u>qual FOITH 990, Par</u>	L Λ , COIUM	<u>III (B), IIN</u>				Schedule			

132052 10-28-21

Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			1,958,628.
(3) DEFERRED CONSTRUCTION ALLO	WANCE		1,569,212.
(4)			· ·
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25)		3,527,840.
 Liability for uncertain tax positions. In Part XIII, provide the 			

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

Schedule D (Form 990) 2021

132053 10-28-21

BIPARTISAN POLICY CENTER, Schedule D (Form 990) 2021 Part VII Investments - Other Securities.

INC.	73-1628382	Page 3

Sche	dule D (Form 990) 2021 BIPARTISAN POLICY CENTER, INC.	73-3	1628382 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret		
	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	44,756,175.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-136,222.
3	Subtract line 2e from line 1	3	44,892,397.
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.)	5	44,892,397.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	26,764,038.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	26,764,038.
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,764,038.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

BPC PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEARS

ENDED DECEMBER 31, 2021 AND 2020, AND DETERMINED THAT THERE WERE NO

MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT

MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE I	Grants and Other Assistance to Organizations,											
(Form 990)		vernments, ar lete if the organizatio					2021					
Department of the Treasury Internal Revenue Service	Comp	-	Attach to Form	m 990.			Open to Public					
Name of the organization BIPARTIS	SAN POLICY	CENTER, INC	•				Employer identification number 73-1628382					
Part I General Information on Grants	s and Assistance											
1 Does the organization maintain record criteria used to award the grants or as		-			-							
2 Describe in Part IV the organization's	procedures for monit	oring the use of grant	funds in the United	States.								
Part II Grants and Other Assistance recipient that received more that	to Domestic Organi	zations and Domestic	Governments. C	Complete if the org	anization answered "	∕es" on Form 990, Part	IV, line 21, for any					
1 (a) Name and address of organization or government	(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					
							TO UNDERTAKE PROJECT ON					
THE AMERICAN ASSOCIATION OF BLACK	S						ENVIRONMENTAL JUSTICE AND					
IN ENERGY - 1625 K ST. NW STE. 40	5						CLEAN ENERGY					
- WASHINGTON, DC 20006	22-3513237	501(C)(3)	75,000.	٥.			INFRASTRUCTURE					
FEDERATION OF SOUTHERN							TO DEVELOP A FINAL SCOPE					
COOPERATIVES/LAND ASSISTANCE FUND	,						AND OUTLINE FOR PROJECT					
- 2769 CHURCH STREET - EAST POINT							FOCUSING ON TH EBARRIERS					
GA 30344	, 58-1026695	501(C)(3)	20,000.	0.			RELATED TO LAND TENURE					
THIRD WAY INSTITUTE							TO FUND DEEP					
1025 CONNETICUT AVE NW 400							DECARBONIZATION AND					
WASHINGTON, DC 20036	26-0535276	501(C)(3)	17,967.	0.			STIMULUS JOBS MODELING					
2 Enter total number of section 501(c)(3) and government or	, ganizations listed in the	e line 1 table		1	1	▶ 3.					
3 Enter total number of other organizati							0.					
LHA For Paperwork Reduction Act Noti							Schedule I (Form 990) 2021					

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS





73-1628382

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 DISTRIBUTED BY BPC ARE ISSUED BY PROJECT DIRECTORS WHO WORK CLOSELY

WITH GRANTEES. AT THE END OF THE GRANT PERIOD, BPC OBTAINS A REPORT FROM

THE GRANTEE WHICH DESCRIBES AND ATTESTS TO ACCOMPLISHMENTS THROUGH USE OF

GRANT FUNDS. BPC ALSO OBTAINS A COPY OF THE AUDITED FINANCIAL STATEMENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

FEDERATION OF SOUTHERN COOPERATIVES/LAND ASSISTANCE FUND

Schedule I (Form 990) 2021

Sched	ule I (Form 990)	ment	B tal Inform	IPA	RTI:	SAN POLI	CY C	ENTER,	INC	•	73-	1628382	Page 2
						SISTANCE:							
						EBARRIER							
PRO	PERTY OW	NERS	SHIP										
132291												Schedule I (I	Form 990)
132291 04-01-21	I												

SC	HEDULE J	EDULE J Compensation Information								
	rm 990)	For certain Officers, Directors, Trustees, Key I			00		1			
(Compensated Employee	es		20	21				
		Complete if the organization answered "Yes" on	Form 990, Part IV, line 23.		Open to	Publ	ic			
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions a	and the latest information.		Inspe					
	e of the organization			Employer id	lentificatio	on nui	nber			
		BIPARTISAN POLICY CENTER, IN	vc.	73-1	62838	2				
Pa	rt I Questions Re	garding Compensation								
						Yes	No			
1a	Check the appropriate b	ox(es) if the organization provided any of the following to o	or for a person listed on Form §	990,						
	Part VII, Section A, line	a. Complete Part III to provide any relevant information reg	garding these items.							
	First-class or charte		wance or residence for persor	nal use						
	Travel for companie	ns Payments fo	r business use of personal res	idence						
			cial club dues or initiation fees							
	Discretionary spen	ing account Personal ser	vices (such as maid, chauffeu	r, chef)						
b	If any of the boxes on lir	e 1a are checked, did the organization follow a written poli	icy regarding payment or							
	•	on of all of the expenses described above? If "No," compl			1b					
2	Did the organization req	ire substantiation prior to reimbursing or allowing expense								
	•	luding the CEO/Executive Director, regarding the items ch	•		2					
3	Indicate which, if any, of	the following the organization used to establish the comp	ensation of the organization's							
	CEO/Executive Director.	Check all that apply. Do not check any boxes for methods	s used by a related organizatio	n to						
	establish compensation	of the CEO/Executive Director, but explain in Part III.								
	X Compensation con	mittee Written empl	loyment contract							
	X Independent comp	nsation consultant X Compensatio	on survey or study							
	X Form 990 of other	rganizations X Approval by	the board or compensation co	ommittee						
4	During the year, did any	person listed on Form 990, Part VII, Section A, line 1a, with	h respect to the filing							
	organization or a related	organization:								
а	Receive a severance page	ment or change-of-control payment?			4a		X			
b	Participate in or receive	payment from a supplemental nonqualified retirement plan	l?		4b		X			
с	Participate in or receive	payment from an equity-based compensation arrangement	t?		4c		X			
	If "Yes" to any of lines 4	-c, list the persons and provide the applicable amounts fo	r each item in Part III.							
	Only section 501(c)(3),	501(c)(4), and 501(c)(29) organizations must complete li	ines 5-9.							
5	For persons listed on Fo	m 990, Part VII, Section A, line 1a, did the organization pa	ay or accrue any compensation	ı						
	contingent on the reven	es of:								
а	The organization?				. 5a		X			
b		?			. 5 b		X			
	If "Yes" on line 5a or 5b	describe in Part III.								
6	For persons listed on Fo	m 990, Part VII, Section A, line 1a, did the organization pa	ay or accrue any compensation	ו						
	contingent on the net ea	-								
							X			
b	Any related organization	?			. 6b		X			
	If "Yes" on line 6a or 6b									
7		m 990, Part VII, Section A, line 1a, did the organization pr								
		and 6? If "Yes," describe in Part III			7	X				
8	Were any amounts repo	ted on Form 990, Part VII, paid or accrued pursuant to a c	contract that was subject to the	е						
	initial contract exception	described in Regulations section 53.4958-4(a)(3)? If "Yes,	describe in Part III		8		X			
9		organization also follow the rebuttable presumption proce								
		958-6(c)?			. 9					
LHA	For Paperwork Reduc	ion Act Notice, see the Instructions for Form 990.		Schedu	ıle J (Forn	n 990)	2021			

132111 11-02-21

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JASON GRUMET	(i)	605,510.	37,600.	0.	16,240.	20,119.	679,469.	0.
PRESIDENT & CEO	(ii)	151,377.	9,400.	0.	4,060.	5,030.	169,867.	0.
(2) KELLY V. DARNELL	(i)	294,117.	0.	0.	13,351.	15,504.	322,972.	0.
CHIEF OPERATING OFFICER	(ii)	32,680.	0.	0.	1,483.	1,723.	35,886.	0.
(3) MICHELE STOCKWELL	(i)	15,620.	0.	0.	1,015.	1,257.	17,892.	0.
SENIOR VP, EXECUTIVE DIRECTOR BPCA	(ii)	296,787.	0.	0.	19,285.	23,891.	339,963.	0.
(4) WILLIAM HOAGLAND	(i)	246,979.	0.	0.	15,225.	1,195.	263,399.	0.
SENIOR VICE PRESIDENT	(ii)	82,326.	0.	0.	5,075.	398.	87,799.	0.
(5) LISEL LOY	(i)	278,964.	0.	0.	18,454.	9,292.	306,710.	0.
SENIOR VP OF PROGRAMS	(ii)	14,682.	0.	0.	971.	489.	16,142.	0.
(6) ELENA MUEHLENBECK	(i)	224,097.	0.	0.	15,879.	16,009.	255,985.	0.
VP, F & A, TREASURER AND SECRETARY	(ii)	11,795.	0.	0.	836.	843.	13,474.	0.
(7) MIKAEL S. MACKLER	(i)	224,722.	0.	0.	15,616.	24,756.	265,094.	0.
EXECUTIVE DIRECTOR, ENERGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHELE PILC	(i)	225,895.	0.	0.	14,469.	24,716.	265,080.	0.
VP OF STRATEGIC INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JULIE ANDERSON	(i)	265,000.	0.	0.	0.	0.	265,000.	0.
FORMER SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANAND PAREKH	(i)	212,514.	0.	0.	14,780.	24,756.	252,050.	0.
CHIEF MEDICAL ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THERESA BROWN	(i)	188,956.	0.	0.	13,319.	24,683.	226,958.	0.
MANAGING DIRECTOR - IMMIGRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LINDA K. SMITH	(i)	194,885.	0.	0.	13,348.	1,090.	209,323.	0.
DIRECTOR, EARLY CHILDHOOD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 7:

THE BONUS FOR JASON GRUMET WAS DETERMINED BASED ON BOARD RECOMMENDATION IN

CONJUCTION WITH THE COMPENSATION MARKET ANALYSIS.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

INC.

Employer identification number

73-1628382

OMB No. 1545-0047

Name of the organization BIPARTISAN POLICY CENTER

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

NATIONAL SECURITY, AND GOVERNANCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

NATION'S EXPLODING DEBT

INFRASTRUCTURE POLICY PROJECT

COMMUNITIES ACROSS THE UNITED STATES FACE A SEVERE SHORTAGE OF

AFFORDABLE HOMES AND A GROWING NEED TO REPAIR, REPLACE, AND MODERNIZE

THEIR CRITICAL INFRASTRUCTURE. THE INFRASTRUCTURE POLICY PROJECT IS

FOCUSED ON HELPING POLICYMAKERS RESPOND WITH BIPARTISAN AND

CONSENSUS-DRIVEN SOLUTIONS, WORKING TO ENSURE EVERY FAMILY HAS A

DECENT, AFFORDABLE HOME AND ACCESS TO JOBS AND OPPORTUNITIES.

IMMIGRATION POLICY PROJECT

BPC'S IMMIGRATION POLICY PROJECT FOCUSES ON PRACTICAL LEGISLATIVE

SOLUTIONS THAT ADDRESS OUR NATION'S IMMIGRATION SYSTEM AS A WHOLE,

ENHANCING FLEXIBILITY, PROMOTING FAIRNESS, AND ALIGNING WITH AMERICA'S

NEEDS AND VALUES.

HIGHER EDUCATION PROJECT

BPC IS FOCUSED ON DEVELOPING POLICIES THAT PROMOTE AFFORDABILITY,

INCENTIVIZE IMPROVEMENTS IN STUDENT OUTCOMES, AND REDUCE EQUITY GAPS,

WITH THE GOAL OF ENSURING THAT THE POSTSECONDARY SYSTEM IS BROADLY

ACCESSIBLE TO EVERY AMERICAN AND PROVIDES STUDENTS WITH A POSITIVE

RETURN ON THEIR INVESTMENT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 41

Name of the organization

BIPARTISAN POLICY CENTER, INC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH.

PREVENTION INITIATIVE

BPC'S PREVENTION INITIATIVE FOCUSES ON CLINICAL AND COMMUNITY

PREVENTION, UPSTREAM DETERMINANTS OF HEALTH, AND THE INFRASTRUCTURE

NETWORKS NECESSARY FOR BOTH PUBLIC HEALTH IMPROVEMENT. IN 2020 AND

2021, THE PREVENTION INITIATIVE FOCUSED ON THREE OF THE MOST IMPORTANT

PUBLIC HEALTH ISSUES OF OUR TIME THE COVID-19 PANDEMIC, OPIOID

ADDICTION EPIDEMIC AND THE OBESITY CRISIS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAM 4: EARLY CHILDHOOD

PROGRAM 5: GOVERNANCE

PROGRAM 6: OTHER

EXPENSES \$ 4,925,759. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FEDERAL FORM 990 IS REVIEWED BY FINANCE MANAGEMENT AND EXECUTIVE

MANAGEMENT. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FEDERAL

FORM 990 IS CIRCULATED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

BPC INSTITUTED A CONFLICT OF INTEREST POLICY FOR EMPLOYEES, OFFICERS AND

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Schedule O (Form 990) 2021

132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization BIPARTISAN POLICY CENTER, INC.	Employer identification number 73-1628382
MEMBERS OF THE BOARD OF DIRECTORS. EACH YEAR, BPC REQUIRES	EMPLOYEES AND
BOARD MEMBERS TO COMPLETE A CONFLICT OF INTEREST DISCLOSUR	E FORM AND
DISCLOSE POTENTIAL CONFLICTS PURSUANT TO ORGANIZATIONAL PO	LICY. THESE FORMS
ARE REVIEWED BY SENIOR MANAGEMENT. IF A CONFLICT OF INTERE	ST IS PERCEIVED,
ACTIONS DEPEND ON THE LEVEL OF CONFLICT. IF RELATED TO A B	OARD MEMBER, THE
ISSUE IS DISCUSSED BY THE FULL BOARD OF DIRECTORS AND THE	INTERESTED PARTY
IS DISMISSED FROM THE DISCUSSION. FOR EMPLOYEES, THE ISSUE	IS ADDRESSED BY
SENIOR MANAGEMENT, IN BOTH CASES, APPROPRIATE ACTION WILL	RESULT.
FORM 990, PART VI, SECTION B, LINE 15:	
TO DETERMINE COMPENSATION OF BPC'S OFFICERS AND KEY EMPLOY	EES, BPC REVIEWS
INDEPENDENT SURVEY DATA LOOKING AT OTHER NONPROFIT ORGANIZ	ATIONS OF SIMILAR
SIZE AND GROSS REVENUE. IN ADDITION, FOR EMPLOYEES WHO ARE	IN A POSITION TO
EXERCISE A SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF BPC W	ITHIN THE MEANING
OF SECTION 4958 OF THE INTERNAL REVENUE CODE, BPC'S SENIOR	LEADERSHIP TEAM
REVIEWS THE SALARIES OF ALL EMPLOYEES AND NEW HIRES, ADJUS	TING AMOUNTS AS
NECESSARY BASED ON THE MOST RECENTLY AVAILABLE BENCHMARK D	ATA.
FORM 990, PART VI, SECTION C, LINE 19:	

BPC'S AUDITED FINANCIAL STATEMENTS, AND FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE NOT PUBLICLY DISCLOSED.

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FORM 990, PART IX, LINE 11G, OTHER FEES:

HONORARIA:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

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Schedule O (Form 990) 2021

135,000.

0.

0.

TOTAL EXPENSES 135,0 RECRUITING & TEMPORARY HELP: 16,1 PROGRAM SERVICE EXPENSES 16,1 MANAGEMENT AND GENERAL EXPENSES 70,3 FUNDRAISING EXPENSES 4 TOTAL EXPENSES 4 OTHER PROFESSIONAL FEES: 86,9 PROGRAM SERVICE EXPENSES 4,243,8 MANAGEMENT AND GENERAL EXPENSES 78,6 FUNDRAISING EXPENSES 78,6 FUNDRAISING EXPENSES 91,4 TOTAL EXPENSES 4,413,9	Name of the organization BIPARTISAN POLICY CENTER, INC.	Employer identification num 73-1628382
PROGRAM SERVICE EXPENSES 16,1 IANAGEMENT AND GENERAL EXPENSES 70,3 FUNDRAISING EXPENSES 4 COTAL EXPENSES 4 PROGRAM SERVICE EXPENSES 86,9 PROGRAM SERVICE EXPENSES 4,243,8 IANAGEMENT AND GENERAL EXPENSES 78,6 FUNDRAISING EXPENSES 91,4 COTAL EXPENSES 4,413,9		135,000
MANAGEMENT AND GENERAL EXPENSES 70,3 FUNDRAISING EXPENSES 4 FOTAL EXPENSES 86,9 OTHER PROFESSIONAL FEES: 4 PROGRAM SERVICE EXPENSES 4,243,8 MANAGEMENT AND GENERAL EXPENSES 78,6 FUNDRAISING EXPENSES 91,4 FOTAL EXPENSES 4,413,9	RECRUITING & TEMPORARY HELP:	
FUNDRAISING EXPENSES 4 FOTAL EXPENSES 86,9 OTHER PROFESSIONAL FEES: 2 PROGRAM SERVICE EXPENSES 4,243,8 MANAGEMENT AND GENERAL EXPENSES 78,6 FUNDRAISING EXPENSES 91,4 FOTAL EXPENSES 4,413,9	PROGRAM SERVICE EXPENSES	16,131
FOTAL EXPENSES86,9OTHER PROFESSIONAL FEES:PROGRAM SERVICE EXPENSES4,243,8MANAGEMENT AND GENERAL EXPENSES78,6FUNDRAISING EXPENSES91,4FOTAL EXPENSES4,413,9	MANAGEMENT AND GENERAL EXPENSES	70,351
OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 4,243,8 MANAGEMENT AND GENERAL EXPENSES 78,6 FUNDRAISING EXPENSES 91,4 TOTAL EXPENSES 4,413,9	FUNDRAISING EXPENSES	498
PROGRAM SERVICE EXPENSES4,243,8MANAGEMENT AND GENERAL EXPENSES78,6FUNDRAISING EXPENSES91,4TOTAL EXPENSES4,413,9	TOTAL EXPENSES	86,980
MANAGEMENT AND GENERAL EXPENSES 78,6 FUNDRAISING EXPENSES 91,4 FOTAL EXPENSES 4,413,9	OTHER PROFESSIONAL FEES:	
FUNDRAISING EXPENSES91,4TOTAL EXPENSES4,413,9	PROGRAM SERVICE EXPENSES	4,243,845
TOTAL EXPENSES 4,413,9	MANAGEMENT AND GENERAL EXPENSES	78,637
	FUNDRAISING EXPENSES	91,491
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4,635,9	TOTAL EXPENSES	4,413,973
	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,635,953

SCHEDULE	R
(Farma 000)	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 73 - 1628382

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

Name of the organization

BIPARTISAN POLICY CENTER, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
BIPARTISAN POLICY CENTER ACTION, INC							
26-1299114, 1225 I STREET, NW, SUITE 900,	PROMOTE PRINCIPLES						
WASHINGTON, DC 20005	DEVELOPED BY BPC	DELAWARE	501(C)(4)		N/A		х
	-						

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

Schedule R (Form 990) 2021



Schedule R (Form 990) 2021 BIPARTISAN POLICY CENTER, INC.

73-1628382 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-					1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
										$\left \right $	<u> </u>
										+	
	1		1	1		1		L	1	<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	i) ction b)(13) rolled tity?
		country)						Yes	No

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 BIPARTISAN POLICY CENTER, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		+
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	_
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BIPARTISAN POLICY CENTER ACTION, INC.	N	629,337.	FMV
(2) BIPARTISAN POLICY CENTER ACTION, INC.	Q	1,452,072.	FMV
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 BIPARTISAN POLICY CENTER, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes) te ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes No	(k) Percentage ownership
										<u> </u>
					1					+

Schedule R (Form 990) 2021



BIPARTISAN POLICY CENTER, INC. 73-1628382 Page 5

Provide additional information for responses to questions on Schedule R. See instructions.

<u> </u>	
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