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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www.IRS.gov/form990}$

DLN: 93493103002246 OMB No 1545-0047

Open to Public Inspection

A F	or the 20	14 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015			
	neck if app	THE COUNCIL OF STATE GOVERNMENTS			identification number
	dress char			36-6000	318
	me chang	e Doing business as			
	ıtıal return	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone r	number
Fire re	nal turn/termı	1776 Avenue of the States		(859)244	4-8000
☐ An	nended re	City or town, state or province, country, and ZIP or foreign postal code Lexington, KY 40511		G Gross receip	ots \$ 36,196,517
		F Name and address of principal officer Wade Littrell 2760 Research Park Drive		s a group reti dinates?	urn for Yes 🔽 No
		Lexington, KY 40515	H(b) Are a include	ll subordinate led?	es
I Ta	ax-exemp	status	If "No	o," attach a lı	st (see instructions)
J W	/ebsite:	www csg org	H(c) Grou	p exemption	number ►
K For	m of orga	nization	L Year of for	mation 1933	M State of legal domicile KY
Pa	rt I	Summary			
nce	T h	iefly describe the organization's mission or most significant activities ie Council of State Governments is a non-partisan region-based organization s GG fosters the exchange of insights and ideas to help state officials shape publ tional and international opportunities to network, develop leaders, collaborate	ıc policy whi	ch offers unp	aralleled regional,
Ē	-				
. Governance	2 CI	neck this box 🔭 if the organization discontinued its operations or disposed of	more than 2	5% of its net	assets
Activities &	3 N	umber of voting members of the governing body (Part VI, line 1a)		. :	5 5
Ě	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		. 4	4 55
ឡ	5 To	tal number of individuals employed in calendar year 2014 (Part V, line 2a) $$.		!	5 292
q.	6 To	tal number of volunteers (estimate if necessary)			5 (
	1	tal unrelated business revenue from Part VIII, column (C), line 12			'a (
	b Ne	et unrelated business taxable income from Form 990-T, line 34		. 7	b (
			Prio	r Year	Current Year
G)	8	Contributions and grants (Part VIII, line 1h)		11,424,156	
Rayenue		Program service revenue (Part VIII, line 2g)		21,701,378	
3		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		266,734	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,717	15,000
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		33,423,985	36,142,433
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		Benefits paid to or for members (Part IX, column (A), line 4)		0	0
\$		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		18,119,053	20,325,611
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	1,200
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ►251,134			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,317,896	14,726,570
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		33,436,949	35,053,381
	19	Revenue less expenses Subtract line 18 from line 12		-12,964	1,089,052
Net Assets or Fund Balances				of Current ear	End of Year
955 44.00 16.00 16	20	Total assets (Part X, line 16)		32,776,611	33,435,543
절	21	Total liabilities (Part X, line 26)		20,454,646	19,976,741
žΞ	22	Net assets or fund balances Subtract line 21 from line 20		12 321 965	13 458 802

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

Signature of officer

Wade Littrell Chief Financial Officer

Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name Preparer's signature Firm's name Firm's address 🕨

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

Part IV	Chec	klist 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^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νo
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		Νo
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4 -	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 144		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 144 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	 	V	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		163	
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		140

Section A. Governing Body and Management

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

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	55			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	55			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νο
4			·	4		N o
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?	_		6		No.
_	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	verto e		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	al by) r	members, stockholders,			No
8	Did the organization contemporaneously document the meetings held or written activear by the following					
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	who c	annot be reached at the	9		No.
Se	ection B. Policies (This Section B requests information about policies not			eveni	ue Cod	e.)
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90	\vdash	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.					
b		•		12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annual	ly ınte	rests that could give	12a 12b	Yes Yes	
С		ly inte • • i the p	rests that could give olicy? If "Yes," describe			No
c 13	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte i the p	rests that could give	12b		No
	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe olicy.	12b 12c	Yes	No
13	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe d approval by	12b 12c 13	Yes	No
13 14	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe olicy in the second of t	12b 12c 13	Yes	No
13 14 15 a	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe d approval by beration and decision?	12b 12c 13 14	Yes Yes Yes	No
13 14 15 a	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe d approval by beration and decision?	12b 12c 13 14	Yes Yes Yes	No
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	ly inte	rests that could give olicy? If "Yes," describe olicy? If "Yes," describe olicy? describe describe	12b 12c 13 14	Yes Yes Yes	No
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe d approval by beration and decision? ilar arrangement with a n to evaluate its s to safeguard the	12b 12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe d approval by beration and decision? ilar arrangement with a n to evaluate its s to safeguard the	12b 12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give olicy? If "Yes," describe d approval by beration and decision? ilar arrangement with a n to evaluate its s to safeguard the	12b 12c 13 14 15a 15b	Yes Yes Yes	

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►The Council of State Governments

2760 Research Park Drive Lexington, KY 405118410 (859) 244-8000

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, an d	heck unless officer stee)	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	2,253,964	0	505,426

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►30

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SBG Technology Solutions 1000 N Payne Street Suite 300 Alexandria, VA 22314	Technical Assistance	272,245
Urban Institute Department 950 Washington, DC 20042	Technical assistance	237,468
Brimley Group Inc 8805 Wandering Trail Drive Potomac, MD 20854	Technical Assistance	192,000
KS Department of Corrections 714 SW Jackson Street Suite 300 Topeka, KS 66603	Technical Assistance	173,616
Woodrow Wilson International Center for Scholars 1300 Pennsylvania Ave NW Washington, DC 20004	Technical Assistance	147,707
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

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

nts nts	1a
Contributions, Giffs, Grants and Other Similar Amounts	
iffs, i ir Ar	d
s, Gi imila	e
ition er Si	f
g ii	g
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g
anue	2a
Reve	b
èЗM.	C
Š.	e
Program Service Revenue	f
<u></u>	2a b c d e f g
	4
	4 5 6a
	6a
	b
	c d
	u
	7a
	b
	c
	d 8a
r Revenue	
)ther	Ь
0	9a
	b
	10a
	b c
	11a
	b
	C
	d e
]

Form 99		•						Page 9
Part V	/##1	Statement o Check if Schedu	of Revenue ule O contains a respon:	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω£	1a	Federated cam	paigns 1a	0				
ant	ь	Membership du	ies 1b	7,085,200				
Gifts, Grants ilar Amounts	С	Fundraising eve	ents 1c	0				
iifts ar /	d	Related organiz	zations 1d	0				
s, G	e	Government grants	s (contributions) 1e	0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	4,147,122				
intrib d Ott	g	1a-1f \$	ons included in lines	0				
<u>ರ ೯</u>	h	Total. Add lines	s 1 a - 1 f	· · · •	11,232,322			
an			_	Business Code				
Program Service Revenue	2a	Grants and contract		900099	17,661,012	17,661,012	0	0
2 <u>2</u> 0√	Ь	Foundation and pro-	oject revenue	900099	4,967,503	4,967,503	0	0
Š	d	Service recovery Meeting revenue		900099	1,281,397 640,006	1,281,397 640,006	0	0
<u> 3</u>	e	Publications		511120	172,936	172,936	0	0
<u> </u>	f		am service revenue	311120	22,927	22,927	0	0
Ž A			s 2a-2f		·			
	g 3		come (including dividend		24,745,781			
		and other simils	aramounts)		203,414	0	0	203,414
	4		stment of tax-exempt bond p	roceeds .	0	0	0	0
	5	Royalties	(ı) Real	(II) Personal	0	0		0
	6a	Gross rents	(I) Keal	(II) Personal				
	ь	Less rental						
	С	expenses Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)					
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	0	0				
	ь	than inventory Less cost or						
		other basis and sales expenses	0	54,084				
	С	Gain or (loss)	0	-54,084				
	d	Net gain or (los	ss)		-54,084	-54,084	0	0
Other Revenue	8a		luding 0 s reported on line 1c)					
ř.		See Part IV, lin	ne 18 a					
Ť,	Ь		penses b					
0	C		(loss) from fundraising e -	vents ▶				
	ya 		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gamıng actıv 	ities				
	10a	Gross sales of returns and allo	owances .					
	Ь	less costofa	a oods sold b					
			(loss) from sales of inve	ntory 🛌				
		Miscellaneous		Business Code				
	11a	Lease Buy Out		900099	15,000	15,000	0	0
	ь							
	С							
	d	All other reven	ue		0	0	0	0
	е	Total. Add lines	s 11a-11d	▶ [15,000			
	12	Total revenue.	See Instructions	· · · •	36,142,433	24,706,697	0	203,414

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,408,732	1,910,720	498,012	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	13,263,054	11,142,370	1,995,543	125,141
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,077,506	1,243,082	785,668	48,756
9	Other employee benefits	1,402,953	1,057,397	333,803	11,753
10	Payroll taxes	1,173,366	985,343	178,661	9,362
11	Fees for services (non-employees)				
а	Management				
b	Legal	27,205	18,307	8,898	
c	Accounting	34,150	0	34,150	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	1,200			1,200
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,798,572	3,741,789	56,783	
12	Advertising and promotion				
L3	Office expenses	1,071,017	808,492	253,421	9,104
L 4	Information technology	465,701	382,237	83,464	
L5	Royalties				
.6	Occupancy	1,877,213	1,341,940	528,453	6,820
L7 L8	Payments of travel or entertainment expenses for any federal, state, or local public officials	5,156,569	4,906,914	217,998	31,657
19	Conferences, conventions, and meetings	952,346	861,780	83,995	6,571
20	Interest			22,222	
21	Payments to affiliates	262,940	262,940		
22	Depreciation, depletion, and amortization	191,807	94,479	97,328	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Printing and publications	420,570	285,303	134,497	770
b	Equipment and maintenance	468,480	332,991	135,489	C
c					
d	All other expenses	+			
	All other expenses Tatal functional expenses Add lines 1 through 24e	25.252.55	20.275.5	F 405 45-	
25	Total functional expenses. Add lines 1 through 24e	35,053,381	29,376,084	5,426,163	251,134
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 1 26,606,179 2 2 26.514.647 Savings and temporary cash investments 2,969,428 2,916,219 3 3 4 259.504 4 78.925 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets

_iabilities

Fund Balances

ŏ

Assets

š

Par	Reconcilliation 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		36,1	142,433
2	Total expenses (must equal Part IX, column (A), line 25)	2		35 ()53,381
3	Revenue less expenses Subtract line 2 from line 1				
4	Not accets or fund halances at heginning of year (must equal Dart V. line 2.2, column (A.))	3		1,0	089,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,3	321,965
5	Net unrealized gains (losses) on investments	5			47,785
6	Donated services and use of facilities				17,703
_		6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,4	158,802
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ا ا		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	▼ Separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?)	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Additional Data

Software ID: 14000267

Software Version: v1.00

EIN: 36-6000818

Name: THE COUNCIL OF STATE GOVERNMENTS

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

(Code) (Expenses \$ 892,758 including grants of \$ 0) (Revenue \$ 0)

Public Policy - The Council of State Governments tracks public policy issues in various areas across the country, including in education, health, energy and environment, and transportation at its headquarters office. In addition, several policy programs offer an expanded look into specific categories, such as public safety and justice issues at the national Justice Center, public health issues at Healthy States, combined state efforts in areas of common interest through the National Center for Interstate Compacts, and model legislation through the Suggested State Legislation program. CSG recently launched the Comparative Performance Measurement Project, which seeks to collect, analyze and publish comparative performance data so states can better set reachable targets for their services and identify successful state practices.

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	ion (e nan o n is b	ne bo	ox, u an of	nless ficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(1) The Honorable Brian Sandoval	3	х						0	0	0
President (1) Senator Carl L Marcellino	3 00									
Chair		Х						0	0	0
(2) Senator Beau McCoy	3	V						0	0	0
Chair Elect	0	X						0	U	
(3) Senator Kelvın D Atkınson	3 00	x						0	0	0
Vice Chair (4) The Honorable Earl Ray Tomblin	1 00									
		х						0	0	0
Past President (5) Senator Mark Norris	1 00									
Past Chair		Х						0	0	0
(6) Mr Jerry Bassett	1 00	V						0	0	0
Board Member	0	Х						0	0	
(7) Representative Craig Johnson	1 00	X						0	0	0
Board Member (8) Senator Gary Stevens	1 00									
		х						0	0	0
Board Member (9) Senator Linda Chesterfield	1 00									
Board Member	0	Х						0	0	0
(10) Senator Keith M Ingram	1 00	х						0	0	0
Board Member	0	^						Ů		
(11) Senator Nancy Todd	1 00	х						0	0	0
Board Member (12) Representative Bob Godfrey	1 00									
Board Member	0	х						0	0	0
(13) Representative Deborah Hudson	1 00								_	
Board Member	0	Х						0	0	0
(14) Representative Helene M Keeley	1 00	x						0	0	0
Board Member	0									
(15) Senator David P Sokola	1 00	х						0	0	0
Board Member (16) Mr Bryan Koon	1 00									
Board Member		Х						0	0	0
(17) Representative David Ralston	1 00									
Board Member	0	Х						0	0	0
(18) Ms Charlotte A Carter Yamauchı	1 00	x						0	0	0
Board Member (19) Representative Maxine T Bell	1 00									
		х						0	0	0
Board Member (20) Senator Bart M Davis	1 00									
Board Member	0	Х						0	0	0
(21) Representative Jeff Thompson	1 00	х						0	0	0
Board Member	0							0	0	
(22) Representative Ed Clere	1 00	х						0	0	0
Board Member (23) Ms Lilia G Judson	1 00									
Board Member		х						0	0	0
(24) Senator David C Long	1 00									
Board Member	0	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)				ınless fficer tee)	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(26) Mr Jay Scott Emler	1 00	l x						0	0	0
Board Member (1) Senator Vicki Schmidt	1 00									
		x						0	0	0
Board Member (2) Ms Rebecca Harilson	1 00									
Board Member	0	×						0	0	0
(3) Senator Robert Stivers	1 00									
Board Member	0	X						0	0	0
(4) Representative Gregory D Stumbo	1 00	х						0	0	0
Board Member	0	_ ^						Ů	0	0
(5) The Honorable David L Williams	1 00	×						0	0	0
Board Member (C) Perroportative Patrick Carefala	1 00									
(6) Representative Patrick Garofalo		×						0	0	0
Board Member (7) Senator Will Longwitz	1 00									
Board Member	0	×						0	0	0
(8) Representative Bobby Moak	1 00									
Board Member	0	X						0	0	0
(9) The Honorable Jay Nixon	1 00	V								0
Board Member	0	Х						0	0	0
(10) The Honorable Nancy Saitta	1 00	x						0	0	0
Board Member	0									
(11) The Honorable Joseph Foster	1 00	×						0	0	0
Board Member (12) Senator Hugh T Farley	1 00									
Board Member	0	×						0	0	0
(13) Senator Tim Flakoll	1 00									
Board Member	0	×						0	0	0
(14) Representative Kim Koppelman	1 00	,								
Board Member	0	Х						0	0	U
(15) The Honorable Wayne Stenehjem	1 00	x						0	0	0
Board Member	0							_		
(16) Mr Michael C Thompson	1 00	×						0	0	0
Board Member (17) Representative Brad Witt	1 00									
Board Member		×						0	0	0
(18) The Honorable Pedro A Cortes	1 00									
Board Member	0	×						0	0	0
(19) Mr Guy Ouellette	1 00	V								0
Board Member	0	Х						0	0	U
(20) Representative Jacqueline Sly	1 00	l x						0	0	0
Board Member	0									
(21) Senator Mike Vehle	1 00	×						0	0	0
Board Member (22) Representative John J DeBerry Jr	1 00									
Board Member		x						0	0	0
(23) The Honorable Tre Hargett	1 00									
Board Member	0	X						0	0	0
(24) Senator Bo Watson	1 00	,								2
Board Member	0	X						0	0	0

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne booth a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	-,,	-,,	related organizations	
(51) Representative Larry Phillips Board Member	1 00	x						0	0	0	
(1) Representative Diane Lanpher	1 00	х						0	0	0	
Board Member	0							-			
(2) Senator Ryan T McDougle	1 00	l x						0	0	0	
Board Member	0	^						0	O	0	
(3) Representative Sam Hunt	1 00							0	0		
Board Member	0	X						0	0	0	
(4) Senator Ron Stollings	1 00	,,									
Board Member	0	×						0	0	0	
(5) Mr David Adkins	40										
Executive Director	0			Х				214,116	0	113,771	
(6) Mr Michael Robinson	40										
Senior Deputy Executive Director	0			Х				132,662	0	47,482	
(7) Ms Colleen Cousineau	40										
Deputy Executive Director	0			Х				161,224	0	29,726	
(8) Mr Wendell Hannaford	40										
Deputy Executive Director	0			Х				151,667	0	28,904	
(9) Mr Michael McCabe	40										
Deputy Executive Director	0			X				159,980	0	26,458	
(10) Mr Edgar Ruiz	40										
Deputy Executive Director	0			Х				128,741	0	26,339	
(11) Mr Wade Littrell	40			х				106,990	0	52,445	
Chief Financial Officer	0							200,550			
(12) Mr Michael Thompson	40				х			190,689	0	33,587	
Director of Justice Center	0										
(13) Ms Suzanne Brown McBride	40				х			169,618	0	28,286	
Deputy Director - Justice Center (14) Mr Fred Osher	40										
						×		213,497	0	37,582	
Director - Health Systems (15) Mr Antonio Fabelo	40										
						х		176,329	0	22,331	
Director Research (16) Mr Carl V Reynolds	40										
Project Director JC	0					Х		155,500	0	16,410	
(17) Mr David D'Amora	40					, , ,		110.105	•	26 772	
Project Director	0				L	Х	L	148,196	0	26,770	
(18) Ms Martha Plotkin	40					х		144,755	0	15 225	
Director - JC	0							144,/33		15,335	
<u> </u>											

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As Filed Data -

DLN: 93493103002246

Employer identification number

36-6000818

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE COUNCIL OF STATE GOVERNMENTS

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Pai	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	omplete this	part.) See instructio	ons.				
The o	ne organization is not a private foundation because it is (For lines 1 through 11, check only one box)											
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).					
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital o	described in se	ction 170(b)(1)(A)(iii). Enter the				
		hospital's name, city, and state										
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II)										
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in s	ection 170(b)(1)(A)(v).					
7	✓	An organization that n				om a governm	ental unit or from the g	jeneral public				
_	_	described in section 1				\						
8	_	A community trust des				-						
9	ı	An organization that n										
		receipts from activitie										
		its support from gross				-	<u>.</u>	businesses				
	_	acquired by the organi										
10	<u>_</u>	An organization organ										
11		An organization organ	•	•			• •					
		one or more publicly s the box in lines 11a th										
а	Г	Type I. A supporting o	-			-		•				
_	•	supported organization										
	_	organization You mus										
b		Type II. A supporting										
		management of the su must complete Part IV			same persons t	that control or	manage the supported	organization(s) You				
С	Г	Type III functionally i	•		n operated in c	onnection with	and functionally inter	arated with its				
•	•	supported organization						gracea men, ne				
d	Γ	Type III non-function										
		not functionally integr					rement and an attentiv	eness requirement				
e	\vdash	(see instructions) You Check this box if the o					ıs a Tyna I Tyna II T	vne III functionally				
-	'	integrated, or Type III	=				is a Type I, Type II, T	ype III lanctionally				
f		Enter the number of su										
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)							
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the or	ganızatıon	(v) A mount of	(vi) A mount of				
		organızatıon		organization	listed in your	-	monetary support	other support (see				
				(described on lines	docume	ent?	(see instructions)	ınstructions)				
				1-9 above or IRC section (see								
				instructions))								
				,,	Yes	No						
					 			1				
Total						 						
TOTAL					<u> </u>	L						
Ear D		work Poduction Act Noti	ica coatha In	structions for Form Of	00 or 000E7	Cat No. 112	85F Cahadula	A /Earm 000 ar 000 E7\ 2014				

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do 11,198,553 13,544,349 10,692,660 11,424,156 11,232,322 58,092,040 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either O paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 11,198,553 13,544,349 10,692,660 11,424,156 11,232,322 58,092,040 Total. Add lines 1 through 3 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) Public support. Subtract line 5 58,092,040 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 11,198,553 13,544,349 10,692,660 11,232,322 11,424,156 58,092,040 Amounts from line 4 Gross income from interest, dividends, payments received on 440,186 374,356 309,596 263,958 203,414 1,591,510 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 59,683,550 through 10 Gross receipts from related activities, etc (see instructions) 12 109,616,493 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 97 333 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 96 600 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►V box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Section D. Computation of Investment Income Percentage

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

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

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

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

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

3b

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

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

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

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

Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

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

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493103002246

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE COUNCIL OF STATE GOVERNMENTS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 20	organization is exempt under section 501(c)(3) and has	NOT		Page 3
		(election under section 501(h)).			/13
For e activ	·	ugh 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	(b) Amount
1	legislation, including any attem	ganization attempt to influence foreign, national, state or local pt to influence public opinion on a legislative matter or referendum,			
а	through the use of Volunteers?			No	
b	Paid staff or management (inclu	Yes			
c d	Media advertisements? Mailings to members, legislator		No No		
e	Publications, or published or br		No		
f	Grants to other organizations fo		Νo		
g h	Direct contact with legislators,	Yes	No	167,828	
i	 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 			No	
j	Total Add lines 1c through 1i				167,828
2a b		e the organization to be not described in section 501(c)(3)? y tax incurred under section 4912		No	
c		ry tax incurred by organization managers under section 4912			
		d a section 4912 tax, did it file Form 4720 for this year?			
Pa	t IIII-A Complete if the of 501(c)(6).	organization is exempt under section 501(c)(4), section	501(c)(5), o	r section
					Yes No
1 2	, ,	more) dues received nondeductible by members? in-house lobbying expenditures of \$2,000 or less?		\vdash	2
3	-	arry over lobbying and political expenditures from the prior year?			3
Pai		organization is exempt under section 501(c)(4), section either (a) BOTH Part III-A, lines 1 and 2, are answered			
	line 3, is answer		NO C	ж (в)	Part III-A,
1	Dues, assessments and similar		1		
2	expenses for which the section	obbying and political expenditures (do not include amounts of political 527(f) tax was paid).			
a	Current year		2a		
b C	Carryover from last year Total		2b 2c		
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4		ount on line 2c exceeds the amount on line 3, what portion of the excess carryover to the reasonable estimate of nondeductible lobbying and			
	political expenditure next year?		4		
5		political expenditures (see instructions)	5		
	Supplemental In	tormation r Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	un liet)	Dart II.	-Λ lines 1 and
		ine 1 Also, complete this part for any additional information	up list),	rait II	-A, lilles I allu
	Return Reference	Explanation			
Sch	edule C, Part II-B, Line 1	The Council of State Governments Justice Center worked in FY 15 to a on Capitol Hill and with the Administration, including 1) efforts to ensu			
		the successful implementation of the Second Chance Act, 2) efforts to reauthorization, of the Mentally III Offender Treatment and Crime Redu support for a Justice Reinvestment Initiative, and 4) raise awareness of corrections challenges, prisoner reentry and recidivism reduction effor coordinated efforts to secure funding for the grant programs that the Set for fiscal years 2015 and 2016. Activities included work with the Hill tin support of FY2016 funding. The FY16 Criminal, Justice, Science appetite House included a mark of \$68 million and \$68 million in the Senate by Portman (R-OH). Congressmen Sensenbrenner (R-WI) and, Davis (D-I version of the bill. CSG has had several meetings with Members of Conthe bill. II June 2014, CSG released a report highlighting recidivism repromote the report, CSG held a Congressional staff briefing that feature Virginia and Pennsylvania and several Members of Congress. REINVE to secure funding for the Justice Reinvestment Initiative. Activities included work with the Hill tin support of FY2016 funding. The FY16 Criminal, Justice, Science apply the House on June 3rd which included \$27.5 million for the Justice! Senate Appropriations Committee approved their version of the FY16. 2014, CSG and Pew Charitable Trust co-sponsored the three-day. "Justice Science apply the House on June 3rd which included \$27.5 million for the Justice! Senate Appropriations Committee approved their version of the FY16. 2014, CSG and Pew Charitable Trust co-sponsored the three-day." Justice, Science appropriations and reinvest in strategies that can reduce reciding MENTALLY ILL OFFENDER. REATMENT CRIME AND REDUCTION. Secure funding for the Mentally III Offender Treatment and Crime Redu years 2015 and 2016. Activities included work with the Hill to submit of FY2016 funding. The FY16 Criminal, Justice, Science appropriations included a mark of \$13 million and \$10 million in the Senate. In April 2 MN) and John Cornyn (R-TX) and Congressman Doug Collins (R-GA) a introduced the Comprehensive Justice and Menta	ction A concept of SECO cond Character of SECO cond Character of SECO conditions of SECO	et, 3) see of Hill at 10 ND CH ance A 15 ND CH	cure funding pout state ANCE ct authorizes gress a letter released by .5, the Second (D-VT) and e House se support for at states To sof West inated efforts .2016 Played .1016 Played
		,, badget negotiatio		5 ta	-
		•			

Part IV Supplemental Information (continued)							
Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493103002246

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** THE COUNCIL OF STATE GOVERNMENTS 36-6000818 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part	4 11 Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tr	<u>easu</u>	<u>res, or Ot</u>	<u>her</u>	Similar A	sset	S (co.	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck	any of tl	ne follo	owing that ar	e a	sıgnıfıcant us	e of i	ts	
а	Public exhibition		d	Γ	Loan c	rexch	nange progra	ms				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v furthe	r the o	rganization's	sex	empt purpose	ın		
•	Part XIII				,		. 9		Jpt pa. pood			
5	During the year, did the organization solicit								lar	ΓY		□ No
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		•						s" to Form	, -		j NO
FGI	Part IV, line 9, or reported an an						i alisweleu	1 6	25 (0 1 0 1 1 1 1	<i>55</i> 0,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	dıary	forc	ontribut	ions o	rotherasse	ts n	ot	┌ ¥	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		_					
									Α	mour	t	
С	Beginning balance							Lc				
d	Additions during the year						_1	ld				
е	Distributions during the year							le				
f	Ending balance						_1	Lf				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrow o	custo	dial accoun	t lıal	bility?	ΓY	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has b	oeen p	rovided in Pa	art X	III			\sqcap
Pa	rt V Endowment Funds. Complete											
		(a)Current year	(b)) Prior	year	b (c) Tv	vo years back	(d) ⊺	hree years back	(e)F	our ye	ars back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	ne 1g	, columr	n (a)) h	neld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment ▶											
С	Temporarily restricted endowment ►											
_	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that	are held	and a	dmınıstered	for t	:he			
	organization by	-									Yes	No
	(i) unrelated organizations									(i)		
_	(ii) related organizations									(ii)		
	If "Yes" to 3a(II), are the related organizatio							•	3	3b		
4	Describe in Part XIII the intended uses of the triangle of tri					2 2 2 4	iorad !Vac!	to I		ort T	\/ luc	
Pell	11a. See Form 990, Part X, line		ne o	ryai	iizatioii	alisw	rereu res	LO I	-01111 990, P	aiti	v , III	ie
	Description of property) Cost or sis (invest		(b) Cost or ot basis (other		(c) Accumulat depreciation		(d) Bo	ok value
1a	Land					0	279,	576				279,576
b	Buildings					0		362	404,	,535		259,827
	Leasehold improvements					0	,	.048	,	,342		40,706
	Equipment					0	1,801,		1,542,	-+		258,843
	0.46.5					0	, ,	0	. ,			, 0
				- 1		U		U		υĮ		U

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(ıncludıng name of security)	(5)200	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII Investments—Program Related.		l on answered 'Yes' to Form 990. Part IV. line 11c.
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Observe and or year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organizat (a) Desi		90, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
	eription	(D) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
	ganızatıon answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	(-)	
Due to managed organizations	11,508,406	-
3	, ,	
		_
		1
		4
		-
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 11,508,406	5
		the organization's financial statements that reports the

Part	: XI	Reconciliation of Rethe organization answ							nts Wi	th R	ever	nue p	er R	eturn Complete	e ıf
1	Tota	I revenue, gains, and other											1	34,903	3,063
2	A mo	unts included on line 1 but	not on Form 990,	Part VII	II, lıne	12									
а	Net	unrealized gains (losses) o	n investments .					2a			45	,459			
b	Dona	ated services and use of fa	cilities					2b			447	,015			
c	Reco	overies of prior year grants						2c				0			
d	Othe	er (Describe in Part XIII)					. [2d				0			
e	A dd	lines 2a through 2d .											2e	492	474,
3	Subt	ract line 2e from line 1 .										.	3	34,410	,589
4	A mo	unts included on Form 990	, Part VIII, line 12	, but no	ot on lir	ne 1									
а	Inve	stment expenses not inclu	ded on Form 990,	art VII	II, line	7b .		4a				0			
b	Othe	er (Describe in Part XIII)						4b			1,731	,844			
c	Add	lines 4a and 4b											4c	1,731	,844
5	Tota	I revenue Add lines 3 and	4c. (This must equ	al Form	990, P	art I,	line 1	.2)				.	5	36,142	433
Part	XII	Reconciliation of Ex							nts W	/ith	Expe	nses	per	Return. Comp	lete
1	Tota	l expenses and losses per											1	34,008	3,427
2	A mo	unts included on line 1 but	not on Form 990,	art IX,	line 25	5									
а	Dona	ated services and use of fa	cilities					2a			447	7,015			
b	Prior	year adjustments						2b				0			
С	Othe	erlosses						2c				0			
d	Othe	er (Describe in Part XIII)						2d				0			
e	Add	lines 2a through 2d							٠				2e	447	015,0
3	Subt	ract line 2e from line 1 .											3	33,561	.,412
4	A mo	unts included on Form 990	, Part IX, line 25, l	out not o	on line	1:									
а	Inve	stment expenses not inclu	ded on Form 990, I	art VII	I, line	7b .		4a				0			
b	Othe	er (Describe in Part XIII)						4b			1,491	1,969			
С	Add	lines 4a and 4b											4c	1,491	,969
5	Tota	l expenses Add lines 3 an	d 4c. (This must eq	ual Forr	n 990,	Part I	, line	18)					5	35,053	3,381
Part	XIII	Supplemental Info	ormation										•	•	
Part		e descriptions required for e 4, Part X, line 2, Part XI,												de any additional	
	R	eturn Reference			Expl	anatıo	n								
Sched	ule D,	Part XI, Line 4b	Revenues of mana governing boards												erent
Sched	ule D,	Part XII, Line 2d	unrealized gains o												
		Part XII, Line 4b	Expenses of mana audited financial s			ons wi	th dıf	ferent	goverr	ning b	oards	thata	are no	t included in the	

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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DLN: 93493103002246

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Compensation Information

Open to Public Inspection

Name of the organization THE COUNCIL OF STATE GOVERNMENTS **Employer identification number**

36-6000818

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	l
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4 a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		100

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

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

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

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

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
	As a part of the executive director's employment contract, CSG will pay for spouse travel up to three times per year Should he elect to take advantage of this benefit, the cost of the spouse travel will be included in his taxable income
	Comparison salary information was compiled by Human Resources director in FY 09 in preparation for hiring a new executive director. The salary and benefit packages of top executives of seven similar organizations were studied. A final compensation package and employment contract was approved by a subcommittee of the executive committee as well as other members chosen from managed organizations. Periodically a compensation study is conducted by either the Human Resources department or by an outside consultant for all employees of the organization.

Schedule J (Form 990) 2014

Additional Data

(A) Name and Title

Software ID: 14000267

Software Version: v1.00

EIN: 36-6000818

Name: THE COUNCIL OF STATE GOVERNMENTS

(C) Retirement and

(D) Nontaxable (E) Total of columns

(F) Compensation in

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

(B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name and Trac	(i) Ba Compens	se sation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
Mr David Adkins,	(I)	214,116	0	0	93,432	20,339	327,887	0
Executive Director	(II)	0	0		0	0	0	0
Mr Michael Robinson, Senior Deputy Executive Director	(I) (II)	132,662 0	0	0	46,315 0	1,167 0	180,144 0	0
Ms Colleen Cousineau, Deputy Executive Director	(I) (II)	161,224 0	0 0	0 0	16,758 0	12,968 0	190,950 0	0 0
Mr Wendell Hannaford,	(I)	151,667	0	0	15,958	12,945	180,570	0
Deputy Executive Director	(II)	0	0		0	0	0	0
Mr Michael McCabe,	(I)	159,980	0	0	16,480	9,978	186,438	0
Deputy Executive Director	(II)	0	0	0	0	0	0	0
Mr Edgar Ruiz, Deputy	(I)	128,741	0	0	13,508	12,831	155,080	0
Executive Director	(II)	0	0	0	0	0	0	0
Mr Wade Littrell, Chief	(I)	106,990	0	0	39,551	12,894	159,435	0
Financial Officer	(II)	0	0	0	0	0	0	0
Mr Michael Thompson,	(I)	190,689	0	0	20,463	13,124	224,276	0
Director of Justice Center	(II)	0	0		0	0	0	0
Ms Suzanne Brown McBride, Deputy Director - Justice Center	(I) (II)	169,618 0	0 0	0	17,613 0	10,673 0	197,904 0	0 0
Mr Fred Osher, Director - Health Systems	(1) (11)	213,497 0	0	0	21,590 0	15,992 0	251,079 0	0 0
Mr Antonio Fabelo,	(I)	176,329	0	0	17,300	5,031	198,660	0
Director Research	(II)	0	0	0	0	0	0	0
Mr Carl V Reynolds,	(I)	155,500	0	0	15,750	660	171,910	0
Project Director JC	(II)	0	0	0	0	0	0	0
Mr David D'Amora, Project Director	(I) (II)	148,196 0	0	0	16,075 0	10,696 0	174,967 0	0 0
Ms Martha Plotkın, Dırector - JC	(1)	144,755 0	0	0	14,725 0	610 0	160,090 0	0

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2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization THE COUNCIL OF STATE GOVERNMENTS	Employer identification number
	36-6000818

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	
Form 990, Part VI, Section B, Line 15	A compensation study is conducted on a regular basis either internally by the Human Resour ces department or by the use of an outside consultant for all employees of the organization. The last compensation study was done in 2014
Form 990, Part VI, Section C, Line 19	The Council of State Governments does not publish its governing documents, conflict of int erest policy or financial statements for the public. These documents would be provided upon request.
Form 990, Part IX, Line 11g	Most of the consultant expense is related to grants and restricted projects. These project is sometimes require technical assistance in complying with deliverables and project object lives.