PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO ADVISORY LLC

Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

2023
Open to Public Inspection

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

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

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

Αŀ	or the	e 2023 calendar year, or tax year beginning	and	ending			
	Check if pplicabl	C Name of organization			D Employer ide	entific	ation number
	Addre	POLICYLINK					
	Name chang	Doing business as			94-3297	479	
	Initial return Final	Number and street (or P.O. box if mail is not del 1438 WEBSTER STREET	,	Room/suite 303	E Telephone nu		
	⊥return, termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		210,853,058.
	Amen		en or rereign poetar oode		H(a) Is this a gro	un ret	
F	Applic		AEL MCAFEE		for subordir	•	
	pendir	SAME AS C ABOVE			H(b) Are all subordin		
1 7	Гах-ех	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1		ist. See instructions
	Vebsi		(<u></u>	H(c) Group exen		
			sociation Other	L Year	of formation: 1998		State of legal domicile; CA
	art I	Summary		12 1001	or rormanon,	1	Otato or regar dermione.
	1	Briefly describe the organization's mission or most	significant activities: POLICY	LINK IS A	NATIONAL		
Se	1	RESEARCH AND ACTION INSTITUTE WORKING					
Governance	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its ne	et asse	ets.
Ver	l	Number of voting members of the governing body	·			3	9
ဗိ	I .	Number of independent voting members of the gov	. , , , , , , , , , , , , , , , , , , ,			4	8
٥ŏ		Total number of individuals employed in calendar y				5	106
ij		Total number of volunteers (estimate if necessary)				6	8
Activities &		Total unrelated business revenue from Part VIII, co				7a	0.
Ă		Net unrelated business taxable income from Form				7b	0.
		The difference such to the state of the stat			Prior Year	1.2	Current Year
	8	Contributions and grants (Part VIII, line 1h)			42,713,0	16.	62,179,045.
Revenue	l				2,902,2		1,226,310.
Ver	1	Investment income (Part VIII, column (A), lines 3, 4,			491,8		3,086,391.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			,-	0.	7,484.
	I	Total revenue - add lines 8 through 11 (must equal			46,107,1	01.	66,499,230.
_		Grants and similar amounts paid (Part IX, column (17,208,2		9,326,024.
	I	Benefits paid to or for members (Part IX, column (A			27,200,2	0.	0.
	45	Salaries, other compensation, employee benefits (F			14,214,0	\rightarrow	16,413,555.
Expenses	160	Professional fundraising fees (Part IX, column (A), li				0.	63,000.
ē	lua h	Total fundraising expenses (Part IX, column (D), line					
ă	17	Other expenses (Part IX, column (A), lines 11a-11d,			21,911,2	16	18,551,477.
		Total expenses. Add lines 13-17 (must equal Part I)			53,333,5	_	44,354,056.
	ı	Revenue less expenses. Subtract line 18 from line			-7,226,4		22,145,174.
00 of 0		rievende less expenses. Subtract line 10 nom line	12	Be	ginning of Current Y	-	End of Year
sts c	20	Total assets (Part X, line 16)			110,956,9	-	127,758,711.
ASS(Ral	21	Total liabilities (Part X, line 26)			15,002,3	_	7,891,886.
Net Assets	22	Net assets or fund balances. Subtract line 21 from	line 20		95,954,5		119,866,825.
	art II	Signature Block			, ,		, , .
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the hest	of my l	knowledge and helief it is
	-	t, and complete. Declaration of preparer (other than office				o, .	and mode and something
	, 00,,00	s, and complete Book and or property (circ. than circ.	., 10 54004 011 411 11101111411011 01 111	mon proparor	las uny mismisugui		
Sig	n	Signature of officer			Date		
Her		MICHAEL J. HASSID, CFO					
1101	C	Type or print name and title					
		Print/Type preparer's name	Preparer's signature	1	Date Che	ck	PTIN
Paid	ı	MATTHEW PETROSKI	MATTHEW PETROSKI	11.	1 /1 2 / 2 4 if	-employed	
	arer	Firm's name ARMANINO ADVISORY LLC			Firm's Elf		4-6214841
	Only	Firm's address 2700 CAMINO RAMON, STE. 35	50		I IIIII 3 EII	<u>, , , , , , , , , , , , , , , , , , , </u>	
-	J.113	SAN RAMON, CA 94583-5004			Dhona no	925-	790-2600
<u> </u>	, +b a 1	RS discuss this return with the preparer shown above	val Car instructions		I F HOHE HO		X Ves No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	POLICYLINK IS A NATIONAL RESEARCH AND ACTION INSTITUTE WORKING TO
	BUILD A FUTURE WHERE ALL PEOPLE IN THE UNITED STATES OF AMERICA CAN
	PARTICIPATE IN A FLOURISHING MULTIRACIAL DEMOCRACY, PROSPER IN AN
	EQUITABLE ECONOMY, AND LIVE IN THRIVING COMMUNITIES OF OPPORTUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
2	
3	· · · · · · · · · · · · · · · · · · ·
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5,890,061. including grants of \$1,591,800.) (Revenue \$148,350.
	THRIVING COMMUNITIES - THIS PORTFOLIO AIMS TO CREATE COMMUNITIES WHERE
	ALL CHILDREN AND FAMILIES PROSPER THROUGH EQUITABLE INFRASTRUCTURE,
	AFFORDABLE HOUSING, QUALITY EDUCATION, HUMAN SERVICES DELIVERY, AND
	CLEAN WATER. THRIVING COMMUNITIES HONOR THE DIGNITY OF EVERY PERSON,
	PROMOTE PHYSICAL AND ECONOMIC MOBILITY, AND PROTECT RESIDENTS FROM
	LEGAL AND ENVIRONMENTAL HARM.
4b	(Code:) (Expenses \$3,567,617. including grants of \$251,150.) (Revenue \$\$ 95,889.
	FLOURISHING DEMOCRACY - THIS PORTFOLIO AIMS TO BUILD TOWARDS A
	FLOURISHING DEMOCRACY FUELED BY GOVERNING STANDARDS THAT ADVANCE THE
	POWER AND WELL-BEING OF ALL PEOPLE IN ALL PLACESGOVERNING FOR ALL.
	THIS INCLUDES ESTABLISHING GOVERNMENT BODIES AND GOVERNING STRUCTURES
	THAT CAN ADVANCE AND PROTECT HUMAN, SOCIAL, ENVIRONMENTAL, SPATIAL, AND
	POLITICAL RIGHTS.
4c	(Code:) (Expenses \$2,270,949. including grants of \$254,810.) (Revenue \$356,607.
70	EQUITABLE ECONOMY - THIS PORTFOLIO AIMS TO CREATE AN ECONOMY IN WHICH
	ALL PEOPLE HAVE GOOD JOBS, DIGNIFIED AND RISING STANDARDS OF LIVING,
	AND INCREASED VOICE, POWER, AND OWNERSHIP. THIS WORK FOCUSES ON
	ESTABLISHING STANDARDSPARTICULARLY CORPORATE AND INDUSTRIAL POLICY
	STANDARDSDESIGNED TO ENSURE THE MARKET SERVES ALL PEOPLE, WHERE THE
	GOVERNMENT PRODUCES AND REGULATES THE FLOW OF MONEY AS COMMODITY THAT
	IS AVAILABLE TO ALL, WHERE WORK IS HONORED WITH COMPENSATION THAT
	AFFORDS SELF-DETERMINATION AND MOBILITY, AND WHERE WEALTH PRODUCED BY
	THE MANY IS ENJOYED BY THE MANY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 25,007,145. including grants of \$ 7,228,264.) (Revenue \$ 625,464.)
<u>4e</u>	Total program service expenses 36,735,772.
	Form 990 (2023)

Form 990 (2023) POLICYLINK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	, , ,			x
_	Schedule D, Part III	8		
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?			١
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		x
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	7 33 3	14b	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	Х	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 20 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization's current and former offices, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and III and 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 I, I' No." to 10 the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a	Form	1 990 (2023) POLICYLINK 94-32 TIV Checklist of Required Schedules (continued)	297479	F	age 4
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, Part I and III 2. Part I and III 2. A complete Schedule I, Part I and III 2. A complete Schedule I, Part I and III 2. A complete Schedule I, Part I and III 2. A complete Schedule I. Part I II 2. A complete Schedule I. Part I II 2. A complete Schedule I. Part I II 2. A current or former officers, directors, trustees, key employees, creator or founder, substantial contributors or employee thereof, a grant selection committed members of a part III II. Part III. 2. A current or former officer, director, frustee, key employee, creator or founder, substantial contributors or employee, creator or founder, substantial contributors or employee creator or founder, substantial contributors or employee, creator or founder, or substantial contributors or a public Schedule I. Part II. 2. A current or former officer, director, frustee, key employee, creator or founder, substantial contributors or a public Schedule I. Part II. 2. A current or former officer, director, frustee, key employee, creator or founder, substantial contributors or a public schedule I. Part II. 2. A current or former officer, director, frustee, key employee, creator or founder, substantial contributors or employee thereof of a grant effect or committee Schedule I. Part II. 2. A current or former officer, director, frustee, key employee, creator or founder, substantial contributors or a public being three policy and immember of any of these persons? If "Yes," complete Schedule II. Part III. 2. A current or former officer, director, frustee, key employee, creator or founder, or substantial contributors or employee thereof, a grant effect or current or former officer, director, frustee, key employee, creator or founder, or substantial contributors? If "Yes," complete Schedule II. Part III. 2. A current or former officer, director, frustee, key employee, creator or founder, or substantial	Га	Checklist of nequired Schedules (continued)		T.,	Τ
Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III an		Dill		Yes	No
Did the organization assers "Yes" to Part VII. Section A, line 3.4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," "answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization engage 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 organizations provide properties. Schedule L, Part IV. 25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 25c IV. 27d V. 28d Was the organization part yib to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28d No. X.	22				_v
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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," or Jo time 25e. 5 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b C 10 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c C 25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d C 25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did be organization and soqualified person during the year? 25d Is the organization with a disqualified person during the year? 25d Did the organization has not been reported on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26d V 27d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity fordurder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27d V 28d Was the organization explaination contributions of the following parties? (See the Schedule L, Part II) 28d A 4 X 29d Did the organization explaination co			22		
Schedule J 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 35b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 42d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 42d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 42d Did the organization and that it extransaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 42b Did the organization enganization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions; 42c A 35% controlled entity of one or	23				
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 24b				v	
stat 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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? ""yes," complete Schedule L, Part I. 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 report of Portion any of the organization for Forms 990 or 9902E? If "yes," complete Schedule L, Part II. 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any ringly member of any or of these persons? If "yes," complete Schedule L, Part III, instructions for applicable filing trailly member of any ringly member of any ri			23	Λ	
Schedule K, If "No," go to line 25a 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did Did Did Did Did Did Did Did Did Di	24a				
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? (** 'Yes, 'complete Schedule L, Part I	С				
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					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24d		
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-E2? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III 27 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization indicidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "	25a				
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37				
			37	-	X
	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			

All Form 990 filers are required to complete Schedule 0 Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						l
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	187				I
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming				
	(gambling) winnings to prize winners?			10	x		

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Form 990 (2023)

 ${\tt POLICYLINK}$

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 106			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		Х
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 Actions and Financial Action (Control of Foreign Bank) and Financial (Control of Foreign	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	vices provided to the payor?	7a		Х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	I	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
•			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b			9b		
10	Section 501(c)(7) organizations. Enter:		30		
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	10b			
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2023) 332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			г	5		Х
6	Did the organization have members or stockholders?			Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			¨			
	more members of the governing body?	-			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			¨			
_	persons other than the governing body?		•		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			·			
а	The governing body?	-	-	ı	8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			"	0.0		
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)				
	(This Section B requests information about policies not required by the internal ne	venue	Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			"			
_			,,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			··· r	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		g	İ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
_	on Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?			- 1	13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva			¨			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaon				
а	The organization's CEO, Executive Director, or top management official			ı	15a	Х	
	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			"	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	nent w	rith a				
.54	taxable entity during the year?				16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			•			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?			- 1	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedAL,AK,AR,CA,CO,CT,D	C,FL	GA, HI, IL, KS				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.		(-)	. ,	,,		
	X Own website X Another's website X Upon request Other (explain	on Sc	chedule (0)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and	financ	cial	
	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 boo	ks and	d records				
	VICTOR JENSEN - 510-663-2333						
	1438 WEBSTER STREET, 303, OAKLAND, CA 94612-3228						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box		Pos heck	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHAEL A. MCAFEE	40.00									
PRESIDENT AND CEO	1.00	Х		Х				605,225.	0.	53,529.
(2) JOSHUA F. KIRSCHENBAUM	40.00	1		,,				464 000	_	F7 02F
CHIEF ADV. & S.I. OFFICER (3) ASHLEIGH G. GARDERE	40.00			Х				464,823.	0.	57,935.
EXECUTIVE VICE PRESIDENT	40.00	1		х				444 530	0.	11 386
(4) MICHAEL J. HASSID	39.95			^				444,530.	0.	44,386.
CHIEF FINANCIAL OFFICER	0.05	1		х				419,347.	577.	57,634.
(5) JERRY MALDONADO	40.00							115,517.	3,7,	37,031.
VICE PRESIDENT OF PROGRAMS		1			х			281,990.	0.	51,032.
(6) ANGELA GLOVER BLACKWELL	40.00									<i>y = 7 y y = v</i>
FOUNDER IN RESIDENCE		1				x		267,342.	0.	62,233.
(7) VANICE DUNN	40.00							,		,
VICE PRESIDENT OF COMMUNICATIONS		1			х			241,845.	0.	25,673.
(8) JENNIFER E. THOMPSON	40.00									
DIR. OF H.R. & FACILITIES		1				х		211,074.	0.	42,359.
(9) ARIA FLORANT	40.00									
SENIOR FELLOW						Х		211,297.	0.	22,805.
(10) OMAR STANTON	40.00									
CHIEF IMPACT OFFICER				Х				181,750.	0.	51,255.
(11) JUDITH W. DANGERFIELD	40.00	1								
MANAGING DIRECTOR						Х		201,073.	0.	31,907.
(12) MAHLET GETACHEW	40.00	1								
MANAGING DIRECTOR						Х		206,276.	0.	24,373.
(13) JOSEPHINE WONG	40.00	1								
CHIEF OPERATING OFFICER				Х				201,791.	0.	25,286.
(14) ABIGAIL J. LANGSTON	40.00	1								
VICE PRESIDENT OF RESEARCH					Х			161,916.	0.	31,063.
(15) SHERI DUNN BERRY	1.00	4						_	_	_
BOARD CHAIR	1.00	Х		Х		_		0.	0.	0.
(16) KAY FERNANDEZ SMITH	1.00	 		,,					_	_
SECRETARY	1.00	Х	-	Х	_	-		0.	0.	0.
(17) GEOFFREY CANADA	1.00	-		ļ "					_	^
TREASURER	1.00	Х		Х	<u> </u>		<u> </u>	0.	0.	0. Form 990 (2022)

332007 12-21-23

Form 990 (2023) POLICYLINE	{								94-329/4/	9 Page o
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		99	m pen		1099-NEC)	1099-NEO)	and related
	below	dual t	utiona	_	nploy	st co	-ia	,		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			•
(18) DOLORES ACEVEDO-GARCIA	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(19) JEFFREY L. BRADACH	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(20) SANDRA GASCA-GONZALEZ	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(21) DARRICK HAMILTON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(22) STEWART KWOH	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
								4 400 5-5		504 4-2
1b Subtotal								4,100,279.	577.	581,470.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								4,100,279.	577.	581,470.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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 J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

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.

the organization. Report compensation for the calendar year ending	with or within the organization's tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
MCKINSEY & COMPANY, INC.		
711 THIRD AVENUE, NEW YORK, NY 10017	CONSULTING SERVICES	1,400,000.
THE BRIDGESPAN GROUP, INC., 2 COPLEY		
PLACE, SUITE 3700B, BOSTON, MA 02116	CONSULTING SERVICES	1,310,000.
EQUITY AND RESULTS CONSULTING LLC		
169 HUNTER STREET, KINGSTON, NY 12401	CONSULTING SERVICES	1,036,609.
UNIVERSITY OF SOUTHERN CA, 3500 S FIGUEROA		
STREET, SUITE 102, LOS ANGELES, CA 90089	CONSULTING SERVICES	850,000.
CLIFTONLARSONALLEN LLP, 220 SOUTH 6TH		
STREET, SUITE 300, MINNEAPOLIS, MN 55402	CONSULTING SERVICES	703,637.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	37	
-		F QQQ (0000)

Form **990** (2023)

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Pai	τV	Ш	Statement of Reve	enue						
			Check if Schedule O cor	ntains a res	oonse	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2:	b i c i d i d i d i d i d i d i d i d i d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grassimilar amounts not included ab Noncash contributions included in line Total. Add lines 1a-1f CONTRACT REVENUE HONORARIA All other program service revitations.	1tc 1c	\$ 1 \$		62,179,045. 1,109,703. 116,607.	1,109,703. 116,607.		
	3		Investment income (including				, ,			
	4 5	I		ax-exempt I			3,086,056.			3,086,056.
		а (Gross rents6	(i) Re	eal	(ii) Personal				
				ib ic						
			Net rental income or (loss)							
			Gross amount from sales of	(i) Secu	rities	(ii) Other				
		â	assets other than inventory 7	a 44,354	,163.					
Revenue		â	Less: cost or other basis and sales expenses 7 Gain or (loss) 7	/b144,353	,828. 335.					
		d i	Net gain or (loss)				335.			335.
Other	8	i	Gross income from fundraising including \$	of e 1c). See						
			Part IV, line 18							
			Less: direct expenses Net income or (loss) from fur							
		а (Gross income from gaming a	activities. S	ее					
			Less: direct expenses							
			Net income or (loss) from ga		ies					
	10		Gross sales of inventory, lesand allowances		10a					
			Less: cost of goods sold							
			Net income or (loss) from sal							
S						Business Code				
Miscellaneous Revenue			MISCELLANEOUS INCOME			900099	7,484.			7,484.
illan ven		b ₋								
isce		c d/	All other revenue							
Σ			Total. Add lines 11a-11d				7,484.			
	12		Total revenue See instructions				66 499 230.	1 226 310.	0.	3 093 875.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 9,326,024 9,326,024 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 3,154,576. 1,829,926. 805,374. 519,276. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,263,177. 8,395,590. 1,375,677. 491,910. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 587,334 476,848. 81,560 28,926. 1,500,186 1,194,111 236,645 69,430. Other employee benefits 9 908,282. 727,045. 134,329 46,908. 10 Payroll taxes Fees for services (nonemployees): Management 758,662, 41,089. 717,573 Legal 103,949. 103,949. Lobbying 63,000. 63,000. Professional fundraising services. See Part IV, line 17 57,600. 57,600. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 11,912,349 10,369,672 1,542,677 column (A), amount, list line 11g expenses on Sch O.) 2,333 2,320 Advertising and promotion 12 663,025. 160,158 867,999. 44,816. 13 Office expenses 1,024,509 861,953, 137,324 25,232. 14 Information technology Royalties 15 1,015,139 821,931. 138,038 55,170. 16 Occupancy 1,187,232 1,074,175 49,191 63,866. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 724,094. 45,356. 74,245. Conferences, conventions, and meetings 604,493. 19 20 Payments to affiliates 21 393,873, 319,122, 53,438 21,313. 22 Depreciation, depletion, and amortization 182,075. 30,755. 148,414 2,906. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) UNCOLLECT. RECEIVABLES 321,663. 321,663. С All other expenses 1,506,998. Total functional expenses. Add lines 1 through 24e 44,354,056, 36,735,772. 6,111,286 25 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 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			6,798,515.	1	951,960
	2	Savings and temporary cash investments			9,193,687.	2	17,499,185
	3	Pledges and grants receivable, net		16,261,436.	3	22,699,447	
	4	Accounts receivable, net	299,078.	4	165,594		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
ĕ	9	D ::			830,094.	9	589,041
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	3,672,777.			
	b			468,537.	2,142,506.	10c	3,204,240
	11	Investments - publicly traded securities		70,225,296.	11	79,723,444	
	12	Investments - other securities. See Part IV, line	1,335,000.	12	0		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	0.	14	21,589		
	15	Other assets. See Part IV, line 11	3,871,304.	15	2,904,211		
	16	Total assets. Add lines 1 through 15 (must ed			110,956,916.	16	127,758,711
	17	Accounts payable and accrued expenses		4,280,996.	17	3,003,665	
	18	Grants payable	6,701,289.	18	1,852,698		
	19	Deferred revenue	75,000.	19	7,143		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			21		
es	22	Loans and other payables to any current or fo					
∄		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the	· ·	·····		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X	3,945,106.		3,028,380
						25	
	26	Total liabilities. Add lines 17 through 25			15,002,391.	26	7,891,886
ģ		Organizations that follow FASB ASC 958, c	neck ner				
uce		and complete lines 27, 28, 32, and 33.			56,954,323.	07	74 000 631
<u>a a</u>	27				39,000,202.	27	74,009,631 45,857,194
р В	28	Net assets with donor restrictions			33,000,202.	28	45,057,194
Ē		Organizations that do not follow FASB ASC	958, cne	ck nere			
ᅙ		and complete lines 29 through 33.				00	
sts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			95,954,525.	31	110 066 025
ž	32	Total lightilities and not see the first lightiliti				32	119,866,825
	33	Total liabilities and net assets/fund balances			110,956,916.	33	127,758,711

_	rt XI Reconciliation of Net Assets				30
	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	66,	499,	230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,	354,	056.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,	145,	174.
4	3				525.
5	Net unrealized gains (losses) on investments	5	1,	767,	126.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	119,	866,	825.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Publinspection

OMB No. 1545-0047

ZUZ3Open to Public

Name of the organization **Employer identification number** POLICYLINK 94-3297479 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	. ,	` ,		. ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")	12,339,651.	42,283,754.	80,337,128.	42,713,016.	62,179,045.	239,852,594.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12,339,651.	42,283,754.	80,337,128.	42,713,016.	62,179,045.	239,852,594.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						53,904,728.
6	Public support. Subtract line 5 from line 4.						185,947,866.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	12,339,651.	42,283,754.	80,337,128.	42,713,016.	62,179,045.	239,852,594.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	109,177.	92,160.	245,718.	494,098.	3,086,056.	4,027,209.
9	Net income from unrelated business	,	,	,	,		, ,
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					7,484.	7,484.
11	Total support. Add lines 7 through 10					,	243,887,287.
	Gross receipts from related activities,	etc (see instructio	ns)			12	10,755,147.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v	 ear as a section 5(, , , -
	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	76.24 %
	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,	•	(, ,		15	81.53 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2022. If the o						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te		*	-		•	
r	10% -facts-and-circumstances test	-	•	• • •		7a. and line 15 is	
		_					. 5, 6 61
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-		• • •		
<u></u>		ala not oncon a l	55% OIT III O 10, 10a	, 100, 11a, 01 11b	, cricon triis box ai		(Form 990) 2023

Schedule A (Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	1	1	Т	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				1	1	
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	ŭ		•	•		· —
800	check this box and stop here ction C. Computation of Publi						<u></u>
	•			(0)		145	0/
	Public support percentage for 2023 (I	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (fi)		17	0.4
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2023. If the				e 15 is more than 1		
196	more than 33 1/3%, check this box ar						
L	33 1/3% support tests - 2022. If the						
Ĺ	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Sa		
	OI.		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
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	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

POLICYLINK 94-3297479 Schedule A (Form 990) 2023 Page 5 Part IV Supporting Organizations (continued) Yes No 11 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. h 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 governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b За

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus		,			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 POLICYLINK 94-3297479 Page 7

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

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	3	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

PO	94-3297479				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)(1 contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an 19 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PFing requirements of Schedule B (Form 990).				
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023)

Page 2 Name of organization Employer identification number 94-3297479 POLICYLINK

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
1		\$ 14,000,000. Proceeds the second sec	erson X ayroll oncash nplete Part II for ash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Poper S 7,244,383. N (Com	erson X ayroll oncash plete Part II for ash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
No. 3		Po Po \$ 6,981,236. N (Com	erson X ayroll oncash uplete Part II for ash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Pe Pe \$ 6,635,000. N (Com	erson X ayroll Oncash plete Part II for eash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
5		Po Po Po N (Com	erson X ayroll oncash nplete Part II for ash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	Pe Pe 3,050,000. N (Com	erson X ayroll oncash nplete Part II for ash contributions.)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

POLICYLINK

94-3297479

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 1,956,669.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	* \$ 1,566,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 3 Name of organization Employer identification number POLICYLINK 94-3297479

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** POLICYLINK 94 - 3297479Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

or Form 990-EZ.

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

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

Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** POLTCYLINK 94-3297479 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 3 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. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

		POLICYLINK				297479 Page 2
Pa	art II-A Complete if the org	janization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).					
4	Check if the filing organiza	ation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and share	re of excess lobbying e	expenditures).			
3	Check if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
		its on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)		13,906.	
	b Total lobbying expenditures to influ		232,934.			
	c Total lobbying expenditures (add li	246,840.				
	d Other exempt purpose expenditure				44,107,216.	
	e Total exempt purpose expenditure		44,354,056.			
	f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	o columns.	1,000,000.	
	If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
	not over \$500,000,	ver \$500,000, 20% of the amount on line 1e.				
	over \$500,000 but not over \$1,000),000, \$100,00	\$100,000 plus 15% of the excess over \$500,000.			
	over \$1,000,000 but not over \$1,5	00,000, \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000, \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,	\$1,000,	000.			
,	g Grassroots nontaxable amount (en	nter 25% of line 1f)			250,000.	
-	h Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
	i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
	j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720		
	reporting section 4911 tax for this	year?				Yes No
			eraging Period Under	` '		
	(Some organizations t		` '	•	f the five columns be	low.
		<u> </u>	ate instructions for lir			
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2	a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
	b Lobbying ceiling amount					

 d Grassroots nontaxable amount
 250,000.
 250,000.
 250,000.
 250,000.
 1,000,000.

 e Grassroots ceiling amount (150% of line 2d, column (e))
 1,500,000.
 1,500,000.
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73,282.

57,302.

74,838.

Schedule C (Form 990) 2023

246,840.

6,000,000.

452,262.

(150% of line 2a, column(e))

c Total lobbying expenditures

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

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the l	lobbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
le	ocal legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a∖	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
d N	Mailings to members, legislators, or the public?				
e F	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	501/a\/5\	0r 000	tion	
	501(c)(6).	1 50 1 (0)(5)	, or sec	tion	
art					
art	\(-\/ -\/ -\/ -			Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	No
1 V				Yes	NO
1 V 2 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5)	2 3 , or sec	tion	
1 V 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) No" OR (t	, or sec b) Part I	tion	3, is
1 V 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) No" OR (t	, or sec b) Part I	tion	
1 V 2 [3 [2 S	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5) No" OR (k	, or sec b) Part I	tion	
1 W 2 [3 [2 S 6 a (Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) No" OR (k	2 3 , or sec b) Part I	tion	
1 V 2 [3 [2art] 1 [2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (k	2 3, or sec b) Part I	tion	
11 V 22 [33 [2art]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (t	2 3 , or sec b) Part I	tion	
1 V 2 [3 [7 art 1 [2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) No" OR (k	2 3 , or sec b) Part I	tion	
1 V 2 [] 3 [] 2 S 6 G 6 C T 3 A 4 H	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (k	2 3 , or sec b) Part I	tion	
1 V 2 [3] 3 [2] 4 H c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	e prior year? 1 501(c)(5) No" OR (k	2 3, or sec b) Part I	tion	
1 V 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? 1 501(c)(5) No" OR (k	2 3, or sec b) Part I	tion	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number POLICYLINK 94 - 3297479

Pa			er Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or f	or any other purpose c	onferring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered	d "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	pply).	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation co	ntribution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				I I
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished	I, or terminated by the	organization during the tax
_	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violation	is, and enforcing conse	ervation easements during the year
7	Amount of expanses incurred in manitoring inspecting hand	ling of violations, or	ad anforcing concernati	on accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	iling of violations, at	id emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirer	nants of saction 170/b)/	(4)(D)(i)
0				
9	and section 170(h)(4)(B)(ii)?	on easements in its	revenue and expense s	etatement and
3	balance sheet, and include, if applicable, the text of the footne		•	
	organization's accounting for conservation easements.	ote to the organizat	ilori 3 ililariciai staterriei	nts that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical	Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	-		
	If the organization elected, as permitted under FASB ASC 958			nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan	,	,	•
b	If the organization elected, as permitted under FASB ASC 958			
_	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	, Jacouri	,	
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			g, _{[-}
а	Revenue included on Form 990, Part VIII, line 1	•		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

POLICYLINK Schedule D (Form 990) 2023 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (c) Two years back (d) Three years back (b) Prior year (e) Four years back 29,705,819 31,512,819. 33,753,369 10,703,369 12,016,369. **1a** Beginning of year balance 3,050,000. 2,400,000, 1,000,000. 24,000,000 Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 2,972,247. 4,207,000. 950,000 3,240,550 1,313,000. and programs Administrative expenses 29,783,572. 29,705,819. 31,512,819. 33,753,369, 10,703,369. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: X 3a(i) (i) Unrelated organizations? Х (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

> 3,204,240. Schedule D (Form 990) 2023

(d) Book value

2,487,057.

717,183

e Other

(a) Cost or other

basis (investment)

Description of property

Buildings

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

d Equipment

(b) Cost or other

basis (other)

2,860,273.

812,504

(c) Accumulated

depreciation

373,216.

95,321.

94-3297479 Page **3** POLICYLINK

Complete if the organization answered "Yes" or		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	5 000 D 1 N/ I	11 0 5 000 D 1 V F 10
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(a) D	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
(a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) RIGHT OF USE LIABILITY		3,028,38
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(0)		
(9)		
(9) otal. (Column (b) must equal Form 990, Part X, line 25, col.	(B))	3,028,38

Schedule D (Form 990) 2023

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.					
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line						
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expense	s per Return				
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.					
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)	5				
Pa	rt XIII Supplemental Information						
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2; Part XI,				
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.					
PART	YX, LINE 2:						
THE	INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE	TAX BOARD HAVE					
DETE	ERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL AN	ID STATE INCOME					
		-04 (2) (4)					
TAXE	S UNDER INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 5	001(C)(4) AND THE					
~~~	TRANSPORTED AND TAXABLE OF GRANTONG CORE CONTROL CONTR	02001/5) 575					
CALI	FORNIA REVENUE AND TAXATION CODE SECTIONS 23701(D) AND	) 23701(F). THE					
		24					
ORGA	NIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AS OF	F DECEMBER 31,					
2023	AND IS NOT AWARE OF ANY SIGNIFICANT UNCERTAIN TAX POS	SITIONS FOR WHICH					
	CARDINE MONTE DE MEGRANDA EN COCAMITATION A ELL DESCRIPTION						
A RE	SERVE WOULD BE NECESSARY. THE ORGANIZATION'S TAX RETUR	RNS ARE GENERALLY					
a							
SUBC	FECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHOR	TIES FOR THREE					
מיז ג	FOID VENDS DESDESSIVELY APPENDING AND DITTED						
AND	FOUR YEARS, RESPECTIVELY AFTER THEY ARE FILED.						

PART V, LINE 4:

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** POLICYLINK 94-3297479 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SOUTH AMERICA 0 0 PROGRAM SERVICES CROSSCUTTING STRATEGIES 2,002. MIDDLE EAST AND NORTH AFRICA 0 0 PROGRAM SERVICES CROSSCUTTING STRATEGIES 9,656. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 CROSSCUTTING STRATEGIES PROGRAM SERVICES 22,067. 0 PROGRAM SERVICES CROSSCUTTING STRATEGIES SUB-SAHARAN AFRICA 0 8,078. CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES CROSSCUTTING STRATEGIES 3,457. 0 0 45,260. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ..... c Totals (add lines 3a 45,260. and 3b)

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

Schedule F (Form 990) 2023

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	 

3	Enter total	I number o	f other	organizations	or entitie
•	Lillei lola	i Hullibel O	ı Otrici	Ol yal lizations	OI CITUIL

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (f) Amount of (c) Number of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 POLICYLINK 94-3297479 Page 4
Part IV | Foreign Forms

· u· c	iv   i dieigh i diffis		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year?  f "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

vame of the organization POLICYLINK					94-329747	ntification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
required to complete this part						
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> </ul>	e X Solicitat	tion of tion of	non-g gover	overnment grants nment grants		
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE SUDDES GROUP FOR IMPACT,	SUPPORT FISCAL SPONSEE	Yes	No			
INC 1500 LAKE SHORE DRIVE,	DEVELOPMENT PROCESS	ļ!	Х	4,020,940.	63,000.	3,957,940.
				4,020,940.	63,000.	3,957,940.
3 List all states in which the organizatio or licensing.					it is exempt from re	gistration
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,II NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,TI		5,MO,	NV,N	H,NU,NM		
,,,,,,,,,	2, 2 2 , 3 2 , 3 2 , 3 2 , 3 2					

LHA 332081 09-13-23

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

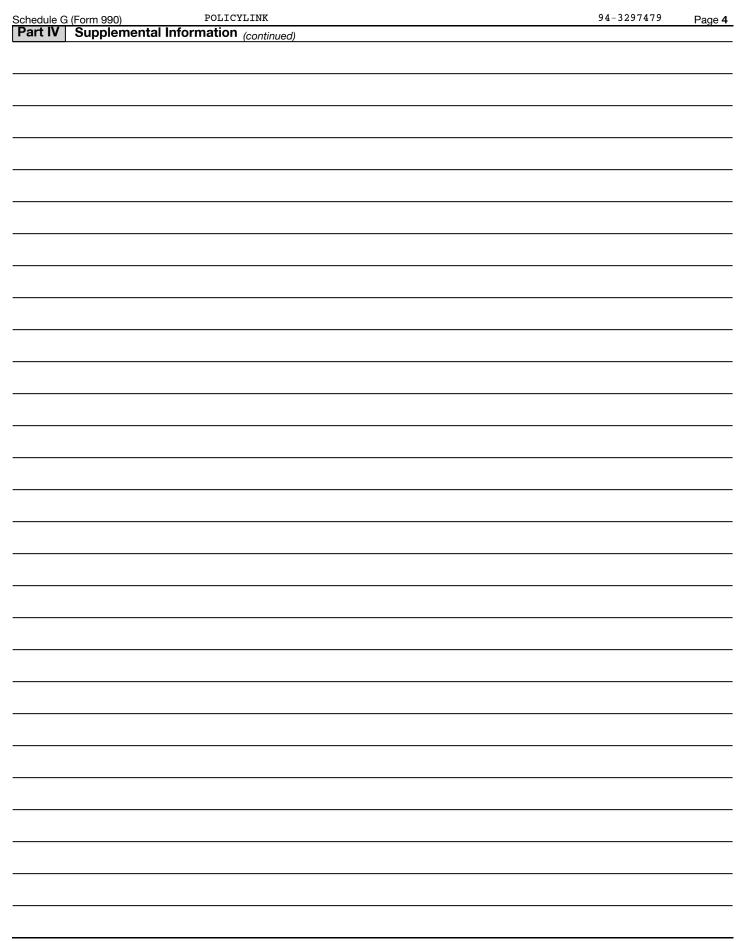
SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.	-			
		ÿ ÿ	(a) Event #1	(b) Event #2 (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type)	(overte type)	(total names)	
ш.	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø		Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
		Entertainment Other direct expenses				
		Direct expense summary. Add lines 4 through				
		Net income summary. Subtract line 10 from lin				
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ			T
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 POLICYLINK 94	-329/4/9	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	. Yes	s No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	. 13a	%
b	An outside facility	. 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
-			
(T)	NAME OF FUNDRAISER: THE SUDDES GROUP FOR IMPACT, INC.		
	·		
<u>(I)</u>	ADDRESS OF FUNDRAISER:		
150	0 LAKE SHORE DRIVE, SUITE 300, COLUMBUS, OH 43204		



### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
POLICYLINK							94-3297479
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro						/ F 000 D	N/ Pag Od fav and
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	Tiv, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AAERO AT MELCHOR-QUICK MEETING HOUSE - 669 COUNTRY CLUB DRIVE -							
FAYETTEVILLE, NC 28301	84-3981568	501(C)(3)	52,500.	0.			CROSSCUTTING STRATEGIES
ACCE INSTITUTE 3655 S GRAND AVENUE, SUITE 250 LOS ANGELES, CA 90007	27-1487442	501(C)(3)	250,000.	0.			THRIVING COMMUNITIES
ACCE INSTITUTE 3655 S GRAND AVENUE, SUITE 250 LOS ANGELES, CA 90007	27-1487442	501(C)(3)	145,000.	0.			CROSSCUTTING STRATEGIES
AFRICAN-AMERICAN COMMUNITY TRUST 5113 S HARPER AVENUE, SUITE 2C CHICAGO, IL 60615	47-5681832	501(C)(3)	52,500.	0.			CROSSCUTTING STRATEGIES
BAYOU CITY WATERKEEPER 2010 N LOOP WEST, SUITE 103 HOUSTON, TX 77018	26-0187498	501(C)(3)	50,000.	0.			THRIVING COMMUNITIES
BELOVED COMMUNITY CENTER OF GREENSBORO, INC P.O. BOX 875 - GREENSBORO, NC 27402	56-1877250		102,500.	0.			CROSSCUTTING STRATEGIES
2 Enter total number of section 501(c)(3) ar							
3 Enter total number of other organizations	listed in the line	1 table					0.

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK AMBITION OPPORTUNITY INC. 360 NORTHWEST 27TH STREET MIAMI, FL 33127	85-1559517	501(C)(3)	1,393,887.	0.			CROSSCUTTING STRATEGIES
BLACK BELT COMMUNITY FOUNDATION INC 609 LAUDERDALE STREET - SELMA, AL 36701	63-1270745		10,000.	0.			FLOURISHING DEMOCRACY
BLACK VETERANS PROJECT 111 S CHESTER STREET BALTIMORE, MD 21231	83-4476025		27,500.	0.			CROSSCUTTING STRATEGIES
BOSTON TENANT COALITION, INC 11 BEACON STREET, UNIT 510 BOSTON, MA 02108	81-0616711	501(C)(3)	20,000.	0.			THRIVING COMMUNITIES
CENTER FOR COMMUNITY CHANGE 1536 U STREET NW WASHINGTON, DC 20009	52-0888113	501(C)(3)	200,000.	0.			CROSSCUTTING STRATEGIES
CENTRO PARA LA RECONSTRUCCION DEL HABITAT - 2220 MANUEL DOMENECH, UNIT 644 - SAN JUAN, PR 00918	66-0895294	501(C)(3)	90,000.	0.			THRIVING COMMUNITIES
CENTER FOR INDEPENDENT DOCUMENTARY INC 1300 SOLDIERS FIELD ROAD, SUITE 5 - BOSTON, MA 02135	04-2738458	501(C)(3)	102,500.	0.			CROSSCUTTING STRATEGIES
CENTER FOR NEIGHBORHOOD TECHNOLOGY 17 N STATE STREET SUITE 1400 CHICAGO, IL 60602	36-2967283	501(C)(3)	8,000.	0.			THRIVING COMMUNITIES
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET, SUITE A BROOKLYN, NY 11237	45-3813436	501(C)(3)	36,000.	0.			CROSSCUTTING STRATEGIES

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES INTERLINKING INC							
5900 BALCONES DRIVE, UNIT 11132							
AUSTIN, TX 78731	75-2451267	501(C)(3)	40,000.	0.			THRIVING COMMUNITIES
COALICIN DE COALICIONES PRO	, , , , , , , , , , , , , , , , , , , ,		20,000.	-			
PERSONAS SIN HOGAR DE PUERTO RICO,							
INC 606 AVE. TITO CASTRO, SUITE							
21-B, LA RAMBLA PLAZA - PONCE, PR	66-0635464	501(C)(3)	450,000.	0.			THRIVING COMMUNITIES
COMMUNITIES IN PARTNERSHIP							
P.O. BOX 11247	47-5567396	E01/G)/2)	10 000	0.			
DURHAM, NC 27703	4/-556/396	501(C)(3)	10,000.	0.			CROSSCUTTING STRATEGIES
COMMUNITY WATER CENTER							
222 NORTH GARDEN STREET, SUITE 130							
VISALIA, CA 93291	80-0267674	501(C)(3)	49,500.	0.			THRIVING COMMUNITIES
			21,555				
COUNCIL OF COMMUNITY HOUSING							
ORGANIZATIONS - 325 CLEMENTINA							
STREET - SAN FRANCISCO, CA 94103	94-3102891	501(C)(3)	10,000.	0.			THRIVING COMMUNITIES
EAGLE MARKET STREETS DEVELOPMENT							
CORPORATION, CDC - 38 SOUTH MARKET							
STREET - ASHEVILLE, NC 28801	58-2140995	501(C)(3)	102,500.	0.			CROSSCUTTING STRATEGIES
POUTGINY							
EQUICITY							
1956 S HAMLIN AVENUE, UNIT 3 CHICAGO, IL 60623	85-3668073	501/01/31	8,000.	0.			THRIVING COMMUNITIES
	03-3000073	501(0)(3)	0,000.	0.			THRIVING COFFICINITIES
EQUITY AND TRANSFORMATION							
10 W 35TH STREET							
CHICAGO, IL 60616	83-4701430	501(C)(3)	102,500.	0.			CROSSCUTTING STRATEGIES
·							
FIRSTREPAIR							
1900 ASBURY AVENUE							
EVANSTON, IL 60201	86-3191322	501(C)(3)	130,000.	0.			CROSSCUTTING STRATEGIES

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FORD FOUNDATION							
320 EAST 43RD STREET							
NEW YORK, NY 10017	13-1684331	501(C)(3)	829,466.	0.			CROSSCUTTING STRATEGIES
FORWARD JUSTICE							
P.O. BOX 1932							
DURHAM, NC 27702	81-2450800	501(C)(3)	109,430.	0.			CROSSCUTTING STRATEGIES
FREE PRESS							
P.O. BOX 60238							
FLORENCE, MA 01062	41-2106721	501(C)(3)	175,000.	0.			CROSSCUTTING STRATEGIES
FREEDOM FORUM							
610 WATER STREET SW 300							
WASHINGTON, DC 20024	54-1604427	501(C)(3)	10,000.	0.			FLOURISHING DEMOCRACY
			20,000.	•			
FSG INC					ACCOUNTS		
179 LINCOLN STREET, SUITE 301					RECEIVABLE	ACCOUNTS	
BOSTON, MA 02111	20-2776974	501(C)(3)	0.	54,472.		RECEIVABLE	CROSSCUTTING STRATEGIES
GREATER NEW ORLEANS HOUSING				,			
ALLIANCE INC - 4640 S CARROLLTON							
AVENUE, SUITE 160 - NEW ORLEANS,							
LA 70119	46-2122510	501(C)(4)	100,000.	0.			CROSSCUTTING STRATEGIES
HARLEM STAGE INC.							
150 CONVENT AVENUE							
NEW YORK, NY 10031	13-3166308	501(C)(3)	10,000.	0.			CROSSCUTTING STRATEGIES
,			, ,				
HOPE COMMUNITY INC.							
611 EAST FRANKLIN AVENUE							
MINNEAPOLIS, MN 55404	41-1292817	501(C)(3)	10,000.	0.			THRIVING COMMUNITIES
HOUSING CALIFORNIA							
1107 9TH STREET, SUITE 560							
SACRAMENTO, CA 95814	68-0133565	501(C)(3)	81,000.	0.			CROSSCUTTING STRATEGIES
	1 22 2133333	(-/(-/	1 01,000.	· ·	L	1	Schodule I /Form 9

(a) Name and address of organization or government	Part II Continuation of Grants and Other A	ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ugo r
31.5 W PONCE DE LEON AVENUE, SUITE   0		<b>(b)</b> EIN			noncash	valuation (book, FMV,		
HUMANITARIAN SOCIAL INNOVATIONS 301 BROADMAY, SUITE 115 BETHLEHEM, FA 18015 46-4779591 501(C)(3) 27,500. 0. CROSSCUTTING STRATEGIES  INDEPENDENT SECTOR 1602 L STREET NORTHWEST, SUITE 900 MASKINGTON, DC 20036 52-1081024 501(C)(3) 10,000. 0. CROSSCUTTING STRATEGIES  INDIVISIBLE AURGRA 3015 EAST NEW YORK STREET, SUITE A2 AURGRA, IL 60504 82-2112368 501(C)(3) 22,000. 0. CROSSCUTTING STRATEGIES  INSTITUTE OF THE BLACK WORLD 21ST CENTURY - 31-35 95TH STREET - EAST ELMHURT, NY 11369 30-0186895 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  INTERNATIONAL TRANSPORTATION LEARNING CENTER - 8402 COLESVILLE ROAD - SILVER SPRING, MD 20091 52-2298427 501(C)(3) 8,000. 0. THRIVING COMMUNITIES  UST CASITAL FOUNDATION, INC. 44 E 30TH STREET 1 HE FLOOR NEW YORK, NY 10016 36-4764467 501(C)(3) 254,810. 0. CROSSCUTTING STRATEGIES  EMULTANDED  REPAIR STREET 1 HE FLOOR NEW YORK, NY 10016 80-4764467 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  LEADERSHIP CONTERNED ON CIVIL AND HUMAN RIGHTS, INC 1620 L STREET	315 W PONCE DE LEON AVENUE, SUITE	3						
101 BROADWAY, SUITE 115 BETHLEHEM, PA 18015 46-4779591 501(C)(3) 27,500. 0. CROSSCUTTING STRATEGIES  INDEPENDENT SECTOR 1602 L STREET NORTHWEST, SUITE 900 MASSINGTON, DC 20036 52-1081024 501(C)(3) 10,000. 0. CROSSCUTTING STRATEGIES  INDIVISIBLE AURORA 3015 EAST NEW YORK STREET, SUITE A2 AURORA, IL 60504 82-2112368 501(C)(3) 22,000. 0. CROSSCUTTING STRATEGIES  INSTITUTE OF THE BLACK WORLD 21ST CENTURY - 31-35 95TH STREET - BAST EMMURT, NY 11369 30-0186895 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  INTERNATIONAL TRANSPORTATION LEARNING CENTURY - 8402 COLEVILLE ROAD - SILVER SPRING, MD 20091 52-2298427 501(C)(3) 8,000. 0. THRIVING COMMUNITIES  JUST CAPITAL FOUNDATION, INC. 44 E 30°H STREET 11TH FLOOR NEW YORK, NY 10016 36-4764467 501(C)(3) 254,810. 0. CROSSCUTTING STRATEGIES  LEADERS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  LEADERS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  LEADERS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES	DECATUR, GA 30030	46-1271164	501(C)(3)	10,000.	0.			THRIVING COMMUNITIES
INDEPENDENT SECTOR 1602 L STREET NORTHWEST, SUITE 900 WASHINGTON, DC 20036 52-1081024 501(C)(3) 10,000. 0. CROSSCUTTING STRATEGIES  INDIVISIBLE AURORA 3015 EAST NEW YORK STREET, SUITE A2 AURORA, IL 60504 82-2112368 501(C)(3) 22,000. 0. CROSSCUTTING STRATEGIES  INSTITUTE OF THE BLACK WORLD 21ST CENTURY - 31-35 95TH STREET - EAST ELMMUNT, NY 11369 30-0186895 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  INTERNATIONAL TRANSPORTATION LEARNING CENTER - 8402 COLESVILLE ROAD - SILVER SFRING, MD 20091 52-2298427 501(C)(3) 8,000. 0. THRIVING COMMUNITIES  JUST CAPITAL FOUNDATION, INC. 44 E 30TH STREET 11TH FLOOR NEW YORK, NY 10016 36-4764467 501(C)(3) 254,810. 0. EQUITABLE ECONOMY  KREATIVE ARTS COLLECTIVE 2426 ORLEANS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -	301 BROADWAY, SUITE 115	46-4779591	501(C)(3)	27,500.	0.			CROSSCUTTING STRATEGIES
1602 L STREET NORTHWEST, SUITE 900 WASHINGTON, DC 20036  52-1081024 501(C)(3)  10,000.  0.  CROSSCUTTING STRATEGIES  INDIVISIBLE AURORA 3015 EAST NEW YORK STREET, SUITE APARTOR ARE AURORA, IL 60504  82-2112368 501(C)(3)  22,000.  0.  CROSSCUTTING STRATEGIES  INSTITUTE OF THE BLACK WORLD 21ST ELMHURT, NY 11369  30-0186895 501(C)(3)  102,500.  0.  CROSSCUTTING STRATEGIES  INTERNATIONAL TRANSPORTATION LEARNING CENTER - 8402 COLESVILLE ROAD - SILVER SPRING, MD 20091  52-2298427 501(C)(3)  8,000.  0.  THRIVING COMMUNITIES  JUST CAPITAL FOUNDATION, INC. 44 E 30TH STREET 11TH FLOOR NEW YORK, NY 10016  36-4764467 501(C)(3)  254,810.  0.  CROSSCUTTING STRATEGIES  THRIVING COMMUNITIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  102,500.  0.  CROSSCUTTING STRATEGIES  LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -	,			,	-			
3015 EAST NEW YORK STREET, SUITE A2 AURORA, IL 60504  82-2112368 501(C)(3)  22,000.  0.  CROSSCUTTING STRATEGIES  INSTITUTE OF THE BLACK WORLD 21ST CENTURY - 31-35 95TH STREET - EAST ELMHURT, NY 11369  30-0186895 501(C)(3)  102,500.  0.  CROSSCUTTING STRATEGIES  INTERNATIONAL TRANSFORTATION LEARNING CENTER - 8402 COLESVILLE ROAD - SILVER SPRING, MD 20091  52-2298427 501(C)(3)  8,000.  0.  THRIVING COMMUNITIES  JUST CAPITAL FOUNDATION, INC. 44 E 30TH STREET 11TH FLOOR NEW YORK, NY 10016  36-4764467 501(C)(3)  254,810.  0.  EQUITABLE ECONOMY  KREATIVE ARTS COLLECTIVE 2426 ORLEANS, LA 70119  81-2519402 501(C)(3)  102,500.  0.  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES  CROSSCUTTING STRATEGIES	1602 L STREET NORTHWEST, SUITE 900	52-1081024	501(C)(3)	10,000.	0.			CROSSCUTTING STRATEGIES
INSTITUTE OF THE BLACK WORLD 21ST CENTURY - 31-35 95TH STREET - EAST ELMHURT, NY 11369  30-0186895 501(c)(3)  102,500.  0.  CROSSCUTTING STRATEGIES  INTERNATIONAL TRANSPORTATION LEARNING CENTER - 8402 COLESVILLE ROAD - SILVER SPRING, MD 20091  52-2298427 501(c)(3)  8,000.  0.  THRIVING COMMUNITIES  JUST CAPITAL FOUNDATION, INC. 44 E 30TH STREET 11TH FLOOR NEW YORK, NY 10016  36-4764467 501(c)(3)  254,810.  0.  EQUITABLE ECONOMY  KREATIVE ARTS COLLECTIVE 2426 ORLEANS, LA 70119  NEW ORLEANS, LA 70119  B1-2519402 501(c)(3)  102,500.  0.  CROSSCUTTING STRATEGIES  HOWAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -	3015 EAST NEW YORK STREET, SUITE A		501(C)(3)	22 000	0			CDOSSCIIMATING SADVAMEGIES
INTERNATIONAL TRANSPORTATION LEARNING CENTER - 8402 COLESVILLE ROAD - SILVER SPRING, MD 20091 52-2298427 501(C)(3) 8,000. 0. THRIVING COMMUNITIES  JUST CAPITAL FOUNDATION, INC. 44 E 30TH STREET 11TH FLOOR NEW YORK, NY 10016 36-4764467 501(C)(3) 254,810. 0. EQUITABLE ECONOMY  KREATIVE ARTS COLLECTIVE 2426 ORLEANS AVENUE NEW ORLEANS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -	INSTITUTE OF THE BLACK WORLD 21ST	02 2112300	501(0)(3)	22,000.				CROBBEOTIERS BINGERED
LEARNING CENTER - 8402 COLESVILLE  ROAD - SILVER SPRING, MD 20091 52-2298427 501(C)(3) 8,000. 0. THRIVING COMMUNITIES  JUST CAPITAL FOUNDATION, INC.  44 E 30TH STREET 11TH FLOOR  NEW YORK, NY 10016 36-4764467 501(C)(3) 254,810. 0. EQUITABLE ECONOMY  KREATIVE ARTS COLLECTIVE  2426 ORLEANS AVENUE  NEW ORLEANS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -	ELMHURT, NY 11369	30-0186895	501(C)(3)	102,500.	0.			CROSSCUTTING STRATEGIES
44 E 30TH STREET 11TH FLOOR  NEW YORK, NY 10016  36-4764467 501(C)(3)  254,810.  0.  EQUITABLE ECONOMY  KREATIVE ARTS COLLECTIVE  2426 ORLEANS AVENUE  NEW ORLEANS, LA 70119  81-2519402 501(C)(3)  102,500.  CROSSCUTTING STRATEGIES  HUMAN RIGHTS, INC 1620 L STREET  NORTHWEST, SUITE 1100 -	LEARNING CENTER - 8402 COLESVILLE	52-2298427	501(C)(3)	8,000.	0.			THRIVING COMMUNITIES
KREATIVE ARTS COLLECTIVE  2426 ORLEANS AVENUE  NEW ORLEANS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -	44 E 30TH STREET 11TH FLOOR	36-4764467	501(C)(3)	254,810.	0.			EQUITABLE ECONOMY
NEW ORLEANS, LA 70119 81-2519402 501(C)(3) 102,500. 0. CROSSCUTTING STRATEGIES  LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -								
HUMAN RIGHTS, INC 1620 L STREET NORTHWEST, SUITE 1100 -		81-2519402	501(C)(3)	102,500.	0.			CROSSCUTTING STRATEGIES
	HUMAN RIGHTS, INC 1620 L STREET							
	•	52-0789800	501(C)(4)	13,650.	0.			FLOURISHING DEMOCRACY

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP COUNSEL FOR JUSTICE AND							
ACCOUNTABILITY - 2210 SAN JOAQUIN							
STREET - FRESNO, CA 93721	46-1517800	501(C)(3)	50,000.	0.			THRIVING COMMUNITIES
LEAGUE OF AMERICAN WHEELMEN INC.							
1612 K STREET NW, SUITE 1102							
WASHINGTON, DC 20006	36-6206225	501(C)(3)	8,000.	0.			THRIVING COMMUNITIES
LIBERATION IN A GENERATION							
9435 LORTON MARKET STREET, NO. 801							
LORTON, VA 22079	93-4009651	501(C)(3)	1,434,288.	0.			CROSSCUTTING STRATEGIES
LILAC							
6614 MORRIS PARK ROAD							
PHILADELPHIA, PA 19151	84-3032280	501(C)(4)	40,000.	0.			CROSSCUTTING STRATEGIES
				- •			
LIVABLE STREETS TRANSPORTATION							
ALLIANCE OF BOSTON - 70 PACIFIC							
STREET - CAMBRIDGE, MA 02139	30-0331222	501(C)(3)	8,000.	0.			THRIVING COMMUNITIES
LOCAL PROGRESS POLICY INSTITUTE							
1200 18TH STREET NW, SUITE 700							
WASHINGTON, DC 20036	86-3590543	501(C)(3)	150,000.	0.			THRIVING COMMUNITIES
MILPA							
339 MELODY LANE							
SALINAS, CA 93901	83-2137871	501(C)(3)	12,000.	0.			CROSSCUTTING STRATEGIES
				•			
MOVERS AND SHAKERS FOUNDATION							
254 ADELPHI STREET							
BROOKLYN, NY 11205	82-3658329	501(C)(3)	52,500.	0.			CROSSCUTTING STRATEGIES
MT. ZION GREATER FAITH APOSTOLIC							
CHURCH, INC - 1629 CHESTER STREET							
- SAVANAH, GA 31415	26-0768265	501(C)(3)	27,500.	0.			CROSSCUTTING STRATEGIES

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTIPLIER							
548 MARKET STREET, PMB 81178							
SAN FRANCISCO, CA 94104	91-2166435	501(C)(3)	27,500.	0.			CROSSCUTTING STRATEGIES
NATIONAL ACADEMY OF SOCIAL							
INSURANCE - 1441 L STREET NW,							
SUITE 530 - WASHINGTON, DC 20005	52-1451753	501(C)(3)	10,000.	0.			CROSSCUTTING STRATEGIES
NATIONAL ASSEMBLY OF AMERICAN			,				
SLAVERY DESCENDANTS - 3351							
CORRIDOR MARKETPLACE S400-45 -							
LAUREL, MD 20724	87-2121420	501(C)(3)	12,500.	0.			CROSSCUTTING STRATEGIES
NEIGHBORHOOD HOUSING SERVICES OF							
LOS ANGELES COUNTY - 3926 WILSHIRE							
BOULEVARD, SUITE 200 - LOS							
ANGELES, CA 90010	95-3938955	501(C)(3)	102,500.	0.			CROSSCUTTING STRATEGIES
NEW TENANT INGESTIGATION FOR GOOTAL							
NEW JERSEY INSTITUTE FOR SOCIAL							
JUSTICE, INC 60 PARK PLACE, SUITE 511 - NEWARK, NJ 07102	22-3478143	501/0\/3\	52,500.	0.			CROSSCUTTING STRATEGIES
SOTIE SII - NEWARK, NO 07102	22-34/0143	501(0)(3)	32,300.	0.			CROSSCOTTING STRATEGIES
NEXT CITY							
P.O. BOX 22449							
PHILADELPHIA, PA 19110	22-3886361	501(C)(3)	32,500.	0.			CROSSCUTTING STRATEGIES
·			,				
NORTH LAWNDALE EMPLOYMENT NETWORK							
1111 SOUTH HOMAN AVENUE							
CHICAGO, IL 60624	36-4295189	501(C)(3)	25,000.	0.			CROSSCUTTING STRATEGIES
NORTHEASTERN ILLINOIS UNIVERSITY							
FOUNDATION - 5500 NORTH SAINT				_			
LOUIS AVENUE - CHICAGO, IL 60625	23-7034689	501(C)(3)	102,500.	0.			CROSSCUTTING STRATEGIES
NORTHEASTERN UNIVERSITY							
360 HUNTINGTON AVENUE 540-177							
BOSTON, MA 02115	04-1679980	501(C)(3)	150,000.	0.			CROSSCUTTING STRATEGIES
DODION, FMI VELLO	04 10/2200	P = 1 ( C / ( S /	1 130,000.	υ,		I	PRODUCTING DIRATEGIES

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa		94-3297479 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUESTRA CASA DE EAST PALO ALTO							
2396 UNIVERSITY AVENUE							
EAST PALO ALTO, CA 94303	46-4040538	501(C)(3)	25,000.	0.			THRIVING COMMUNITIES
ONE NO DROWIGE							
OAKLAND PROMISE 300 FRANK H OGAWA PLAZA SUITE 430							
	54-2103707	501/01/31	15 000	0.			CROSSCUTTING STRATEGIES
OAKLAND, CA 94612	54-2103707	501(C)(3)	15,000.	0.			CROSSCUTTING STRATEGIES
PARTNERSHIP FOR SOUTHERN EQUITY							
55 IVAN ALLEN JR BOULEVARD NW, SUIT	?						
ATLANTA, GA 30308	27-4424115	501(C)(3)	25,000.	0.			CROSSCUTTING STRATEGIES
PHILADELPHIA COMMUNITY LAND TRUST							
2007 SOUTH BEECHWOOD STREET							
PHILADELPHIA, PA 19145	85-3756042	501(C)(3)	10,000.	0.			THRIVING COMMUNITIES
PROJECT SOUTH							
9 GAMMON AVENUE SE	E0 10ECC0C	E01/G)/2)	36 500	_			anogacimming ampampating
ATLANTA, GA 30315	58-1956686	501(C)(3)	36,500.	0.			CROSSCUTTING STRATEGIES
PROJECT TRUTH AND RECONCILIATION,							
INC 780 ST. MARKS AVENUE, NO.							
4A - BROOKLYN, NY 11213	85-0554243	501(C)(3)	127,500.	0.			CROSSCUTTING STRATEGIES
RACE FORWARD							
145 EAST 57TH STREET, 4TH FLOOR							
NEW YORK, NY 10022	94-2759879	501(C)(3)	25,000.	0.			CROSSCUTTING STRATEGIES
REPARATION EDUCATION PROJECT, INC.							
5735 27TH STREET NW							
WASHINGTON, DC 20015	88-1782233	501(C)(3)	52,500.	0.			CROSSCUTTING STRATEGIES
DEGLOS ING							
RESIST, INC 42 SEAVERMS AVENUE							
JAMAICA PLAIN, MA 02130	04-2433182	501(C)(3)	27,500.	0.			CROSSCUTTING STRATEGIES
OAMATCA FUATIV, MA UZIJU	04-2433102	Pot (C)(3)	27,300.	<u> </u>	l	<u> </u>	CROSSCUTTING STRATEGIES

Part II Continuation of Grants and Other A	Assistance to Do	meetic Organizations	and Domestic Go	vernmente (Sch	edule I (Form 990) Pa		94-3297479 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIGHT TO THE CITY ALLIANCE							
388 ATLANTIC AVENUE							
BROOKLYN, NY 11217	94-3462187	501 (C) (3)	75,000.	0.			CROSSCUTTING STRATEGIES
RIO GRANDE INTERNATIONAL STUDY	31 3102107	301(3)(3)	75,000.	••			
CENTER - 1 WEST END WASHINGTON							
STREET, BUILDING P-11 - LAREDO, TX							
78040	74-2742037	501 (C) (3)	65,000.	0.			THRIVING COMMUNITIES
70040	74 2742037	501(0)(3)	03,000.	· ·			I COMMONITUE
ROOT CAUSE RESEARCH CENTER, INC.							
900 SOUTH SHELBY STREET							
LOUISVILLE, KY 40203	61-1260839	501(C)(3)	10,000.	0.			THRIVING COMMUNITIES
SACRAMENTO AREA CONGREGATIONS	01 120003	301(3)(3)	10,000.	••			I I I I I I I I I I I I I I I I I I I
TOGETHER - 2701 DEL PASO ROAD,							
SUITE 130-601 - SACRAMENTO, CA							
95835	94-3146791	501(C)(3)	38,000.	0.			THRIVING COMMUNITIES
SIERRA HEALTH FOUNDATION: CENTER	31 3110,31	301(3)(3)	30,000.	· ·			
FOR HEALTH PROGRAM MANAGEMENT -							
1321 GARDEN HIGHWAY - SACRAMENTO,							
CA 95833	45-5282243	501 (C) (3)	50,000.	0.			THRIVING COMMUNITIES
SOCIAL AND ENVIRONMENTAL	43 3202243	501(0)(3)	30,000.	· ·			I COMPONITIES
ENTREPRENEURS (SEE), INC 23564							
CALABASAS ROAD, SUITE 201 -							
CALABASAS, CA 91302	95-4116679	501(C)(3)	12,250.	0.			CROSSCUTTING STRATEGIES
CADADADA, CA 71302	JJ 411007J	501(0)(3)	12,230.	0.			CROSSCOTTING STRATEGIES
ST. LOUIS COMMUNITY FOUNDATION							
2 OAK KNOLL PARK							
ST. LOUIS, MO 63105	43-1758789	501 (C) (3)	10,000.	0.			CROSSCUTTING STRATEGIES
51: HOULD, NO 03103	43 1730703	501(0)(3)	10,000.	· ·			CROSSCOTTING STRITTEGIES
STRIDELABS STEP UP							
5706 SAN JOSE AVENUE							
RICHMOND, CA 94804	83-2499181	501 (C) (3)	10,000.	0.			CROSSCUTTING STRATEGIES
TIOMIOND, ON STOOT	03 2433101	551(5)(5)	10,000.	0.			CHOSSECTIING STRATEGIES
THE ACCOMPLIS COLLECTIVE, INC							
167 ECKFORD STREET, 3RD FLOOR							
BROOKLYN, NY 11222	85-2503070	501(C)(3)	27,500.	0.			CROSSCUTTING STRATEGIES
	03 2303070	(-),(-)	1 27,300.	<u> </u>			DINITION DIMITING

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		94-3291419 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GOOD NATION FOUNDATION, INC. 100 CROSBY STREET, ROOM 301 NEW YORK, NY 10012	81-4768448	501(C)(3)	285,813.	0.			CROSSCUTTING STRATEGIES
THE HEISING-SIMONS FOUNDATION 400 MAIN STREET, SUITE 300 LOS ALTOS, CA 94022	26-0799587	501(C)(3)	71,298.	0.			CROSSCUTTING STRATEGIES
THE REDRESS MOVEMENT P.O. BOX 1232 WEST TISBURY, MA 02575	88-0717262	501(C)(3)	52,500.	0.			CROSSCUTTING STRATEGIES
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 622 WEST 113TH STREET - NEW YORK, NY 10027	13-5598093	501(C)(3)	100,000.	0.			CROSSCUTTING STRATEGIES
THE URBAN INSTITUTE 500 L'ENFANT PLAZA SOUTHWEST, 2ND E WASHINGTON, DC 20024	? 52-0880375	501(C)(3)	210,000.	0.			FLOURISHING DEMOCRACY
THE WATER COLLABORATIVE OF GREATER NEW ORLEANS - 1433 NORTH CLAIBORNE AVENUE - NEW ORLEANS, LA 70116	82-3230968	501(C)(3)	20,000.	0.			THRIVING COMMUNITIES
THIRD SECTOR NEW ENGLAND, INC 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	70,000.	0.			CROSSCUTTING STRATEGIES
TRANSPORT FOR NOLA DBA RIDE NEW ORLEANS - P.O. BOX 19231 - NEW ORLEANS, LA 70179	27-0530291	501(C)(3)	8,000.	0.			THRIVING COMMUNITIES
UNKITAWA 816 CENTRAL AVENUE NORTH KENT, WA 98032	83-2398323	501(C)(3)	25,000.	0.			THRIVING COMMUNITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RBAN HABITAT PROGRAM 000 FRANKLIN STREET AKLAND, CA 94612	20-0275424	501(C)(3)	8,000.	0.			THRIVING COMMUNITIES
ERDE 001 NORTHEAST CULLY BOULEVARD ORTLAND, OR 97218	20-3685723	501(C)(3)	24,000.	0.			THRIVING COMMUNITIES
E THE PEOPLE OF DETROIT 520 CHATEAUFORT PLACE ETROIT, MI 48207	47-5123903	501(C)(3)	49,000.	0.			THRIVING COMMUNITIES
TEST STREET RECOVERY 1012 EMANCIPATION AVENUE 10USTON, TX 77003	82-2708194	501(C)(3)	25,000.	0.			THRIVING COMMUNITIES
OUNG FOUNDATION FOR SOCIAL USTICE & THE ARTS, INC - 4 LONG HOALS ROAD, SUITE B832 - ARDEN, IC 28704	86-1929492	501(C)(3)	27,500.	0.			CROSSCUTTING STRATEGIE

Schedule I (Form 990) 2023 POLICYLINK 94-3297479 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the informati	on required in Part I, lin	e 2; Part III, column	l n (b); and any other ac	Iditional information.	
ART I, LINE 2:					
	I CDANIEE ODCANIZA	MTONG.			
OLICYLINK CONDUCTS EXTENSIVE DUE DILIGENCE ON	GRANIEE ORGANIZA	.110N5			
NCLUDING A REVIEW OF FINANCIAL INFORMATION FR	ROM EXTERNAL AUDIT	S AND/OR			
ORM 990 WHERE AVAILABLE AND PROGRAMMATIC ACCO	MPLISHMENTS, DEPE	NDING ON THE			
ATURE AND/OR SIZE OF THE GRANT, POLICYLINK MA	Y REQUIRE INTERIM	AND FINAL			
TNANCIAL AND NADDAMINE DEDODMING MURDENED DO	ACCIDI E DOLICALITA	Z ENCOIDACEC			
INANCIAL AND NARRATIVE REPORTING. WHEREVER PO	DSSIBLE, POLICILIN	K ENCOURAGES			
TS GRANTEES TO PROVIDE THIS INFORMATION IN TH	IE FORM OF PODCAST	S, VIDEOS,			
R OTHER ARTISTIC EXPRESSION THAT BOTH FULFILS	THE REPORTING RE	QUIREMENT			
ND PROVIDES SOMETHING OF VALUE TO THE GRANTEE	C ORGANIZATION				

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

POLICYLINK

Part I Questions Regarding Compensation

Employer identification number
94-3297479

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on 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	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ū	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			
	X   Independent compensation consultant   X   Compensation survey or study			
	Torm 990 of other organizations     Torm 990 of other organizations			
	Approval by the board of compensation committee			
4	During the year, did any person listed on 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?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on 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		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued 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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL A. MCAFEE	(i)	452,367.	152,858.	0.	19,766.	33,763.	658,754.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSHUA F. KIRSCHENBAUM	(i)	347,219.	117,604.	0.	19,593.	38,342.	522,758.	0.
CHIEF ADV. & S.I. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHLEIGH G. GARDERE	(i)	350,450.	94,080.	0.	19,908.	24,478.	488,916.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL J. HASSID	(i)	300,248.	119,099.	0.	19,746.	37,777.	476,870.	0.
CHIEF FINANCIAL OFFICER	(ii)	577.	0.	0.	38.	73.	688.	0.
(5) JERRY MALDONADO	(i)	281,990.	0.	0.	16,892.	34,140.	333,022.	0.
VICE PRESIDENT OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANGELA GLOVER BLACKWELL	(i)	267,342.	0.	0.	15,886.	46,347.	329,575.	0.
FOUNDER IN RESIDENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VANICE DUNN	(i)	221,623.	20,222.	0.	14,636.	11,037.	267,518.	0.
VICE PRESIDENT OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER E. THOMPSON	(i)	170,796.	40,278.	0.	13,092.	29,267.	253,433.	0.
DIR. OF H.R. & FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ARIA FLORANT	(i)	148,797.	62,500.	0.	12,545.	10,260.	234,102.	0.
SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) OMAR STANTON	(i)	175,310.	6,440.	0.	10,965.	40,290.	233,005.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JUDITH W. DANGERFIELD	(i)	184,878.	16,195.	0.	11,990.	19,917.	232,980.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MAHLET GETACHEW	(i)	187,853.	18,423.	0.	12,452.	11,921.	230,649.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOSEPHINE WONG	(i)	201,791.	0.	0.	12,080.	13,206.	227,077.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ABIGAIL J. LANGSTON	(i)	161,916.	0.	0.	9,705.	21,358.	192,979.	0.
VICE PRESIDENT OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III | Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS TRAVEL- 1 OFFICER. GRANTED AS A DOCUMENTED MEDICAL

ACCOMMODATION AND NOT TREATED AS TAXABLE COMPENSATION.

GROSS-UP PAYMENT/NET BONUS- 5 OFFICERS, 1 KEY EMPLOYEE, AND 4 HIGHEST

COMPENSATED EMPLOYEES. TREATED AS TAXABLE COMPENSATION.

PART I, LINE 3:

THE SALARY FOR THE CEO WAS APPROVED BY THE BOARD OF DIRECTORS. AFTER A

REVIEW OF A COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A

CONSULTANT SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION, COMPENSATION

DATA FOR THE SAME POSITION IN SIMILAR ORGANIZATIONS, COMPLIED FROM

NONPROFIT INDUSTRY SURVEYS. AS WELL AS INFORMATION FROM SPECIFIC

ORGANIZATIONS OF SIMILAR IMPACT.

DECEMBER 2022 IS THE DATE OF THE MOST RECENT COMPENSATION STUDY.

SALARIES FOR THE COO AND EXECUTIVE VICE PRESIDENT OF PROGRAMS INFORMED BY A

COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A CONSULTANT

Schedule J (Form 990) 2023

### Part III Supplemental Information

Schedule J (Form 990) 2023

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.

SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION.

PART I, LINE 7:

POLICYLINK'S BOARD OF DIRECTORS DETERMINED A BONUS PAID TO THE PRESIDENT

AND CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE CHIEF FINANCIAL

OFFICER. AND INFORMED BY A COMPENSATION STUDY PREPARED FOR THE ORGANIZATION

BY A CONSULTANT SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION. TO ENSURE

HIS TOTAL COMPENSATION IS IN LINE WITH ORGANIZATIONS OF COMPARABLE SIZE.

THE SALARY AND INCENTIVE COMPENSATION FOR THE CFO WERE REVIEWED BY THE

BOARD AND WERE INFORMED BY A COMPENSATION STUDY PREPARED FOR THE

ORGANIZATION BY A CONSULTANT SPECIALIZING IN NONPROFIT EXECUTIVE

COMPENSATION. SALARIES AND INCENTIVE COMPENSATION FOR OTHER LISTED PERSONS

WERE DETERMINED BY THE CEO IN CONSULTATION WITH THE CFO AND COO AND

INFORMED BY COMPENSATION DATA FOR THE SAME POSITIONS IN SIMILAR

ORGANIZATIONS COMPILED FROM NONPROFIT INDUSTRY SURVEYS AS WELL AS

INFORMATION FROM SPECIFIC ORGANIZATIONS OF SIMILAR IMPACT.

Page 3

## SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

POLICYLINK Employer identification number 94-3297479

Par	t I Types of Property							
		(a)	<b>(b)</b> Number of	(c)	(d)			
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	9
		арріісавіс		Form 990, Part VIII, line 1g	Tioricasii continua	LIOIT AII	iount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	201,139.	FAIR MARKET VALUI	3		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( AUDIO/VISUAL EQ )	Х	1	61,863.	FAIR MARKET VALUI	<u> </u>		
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiza	_	•				0	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>			0	
	5						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the					20-		Х
<b>L</b>	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance po	alicy that ra	quires the review of	of any nonetandard contribut	ione?	24	х	
31 222		•	•	•		31		
J∠d	Does the organization hire or use third parties of contributions?		-	· ·		32a		х
h	contributions?  If "Yes," describe in Part II.					3Za		
33	If the organization didn't report an amount in co	dumn (c) for	a type of proporty	for which column (a) is choo	rked			
55	describe in Part II.		a type or property	io. Willott Colditilit (a) is criec				

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

**Employer identification number** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

POLICYLINK 94-3297479 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: TO BUILD A FUTURE WHERE ALL PEOPLE IN THE UNITED STATES OF AMERICA CAN PARTICIPATE IN A FLOURISHING MULTIRACIAL DEMOCRACY. PROSPER IN AN EQUITABLE ECONOMY, AND LIVE IN THRIVING COMMUNITIES OF OPPORTUNITY, FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: A) DATA + RESEARCH - DEVELOPING DATA AND RESEARCH TO EQUIP COMMUNITY LEADERS AND POLICYMAKERS WITH THE TOOLS NECESSARY TO ADVANCE EQUITABLE GROWTH AND TO INFORM COMMUNITY ACTION, B) COMMUNICATIONS - ESTABLISHING A NATIONAL VOICE--THROUGH NARRATIVE ARTS. AND CULTURE--TO ADVANCE POLICY AND CATALYZE THE IMAGINATION NECESSARY TO ENVISION ALTERNATIVE FUTURES AND BUILD THE WILL TO MAKE THEM REAL. C) IMPACT - LEVERAGING RESULTS-BASED ACCOUNTABILITY TO MEASURE THE EFFECTIVENESS OF OUR WORK AND DRIVE CONTINUOUS IMPROVEMENT OF OUR PROGRAMS AND INTERNAL OPERATIONS, D) OTHER - FISCAL SPONSORSHIPS, PODCASTS, AND CONSULTING ENGAGEMENTS THE ACTIVITIES DESCRIBED IN FORM 990, PART III, LINE 4, ARE SUPPORTED BY ADMINISTRATIVE AND FUNDRAISING WORK. THE ORGANIZATION'S MANAGEMENT AND GENERAL WORK CENTERS OPERATIONAL EXCELLENCE INCLUDING FUNCTIONS CRITICAL TO: ENSURE A SUPPORTIVE WORKING ENVIRONMENT THAT CENTERS LOVE AND ACCOUNTABILITY; PROVIDE THE COORDINATION OF ORGANIZATIONAL STRATEGY; PROPERLY IMPLEMENT THE DIRECTIVES OF THE BOARD OF DIRECTORS; MANAGE THE FINANCIAL AND BUDGETARY RESPONSIBILITIES OF THE ORGANIZATION; AND BUILD AND PROTECT AN ENDURING INSTITUTION IN A MANNER

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

Schedule O (Form 990) 2023	Page 2
Name of the organization POLICYLINK	Employer identification number 94-3297479
CONSISTENT WITH THE RULES AND REGULATIONS THAT GOVERN NOT-FOR-PROFIT	
ORGANIZATIONS. MANAGEMENT AND GENERAL EXPENSES ARE REPORTED IN FORM	
990, PART IX, COLUMN C. THE ORGANIZATION'S FUNDRAISING WORK FOCUSES ON	
SECURING THE FINANCIAL RESOURCES NECESSARY FOR THE ORGANIZATION TO	
ACHIEVE ITS MISSION. THAT FUNDING PROVIDES CAPITAL FOR CURRENT	
ACTIVITIES IN ADDITION TO RESERVE AND GROWTH FUNDS TO ENSURE THE	
LONG-TERM SUSTAINABILITY CRITICAL TO DELIVERING ON THE ORGANIZATION'S	
MISSION. FUNDRAISING EXPENSES ARE REPORTED IN FORM 990, PART IX, COLUMN	
D.	
EXPENSES \$ 25,007,145. INCL GRANTS OF \$ 7,228,264. REVENUE \$ 625,464.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM IN CONJUNCTION WITH THE	
ORGANIZATION'S CONTROLLER AND CFO. A DRAFT OF FORM 990 IS THEN REVIEWED BY	
THE CONTROLLER AND CFO AND ANY CORRECTIONS/MODIFICATIONS ARE THEN MADE BY	
THE OUTSIDE CPA. THE REVISED DRAFT IS THEN REVIEWED BY THE CFO AND CHIEF	
OPERATING OFFICER. ANY CONCERNS THAT THE CFO HAS ARE RAISED WITH THE CPA	
FIRM, AND WHEN NECESSARY, THE CHIEF OPERATING OFFICER. WHEN A CONSENSUS IS	
ACHIEVED, A FULL COPY OF THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE	
GOVERNING BOARD BEFORE FINALIZATION AND ELECTRONICALLY FILED WITH THE	
TAXING AUTHORITIES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS RENEW THEIR CONFLICT OF INTEREST STATEMENT ANUALLY. IN THE	
STATEMENT THEY PLEDGE TO ALERT THE ORGANIZATION OF ANY CONFLICTS AS THEY	
ARISE, NOT JUST ON AN ANNUAL BASIS.	

CONFLICTS OF INTEREST ARE APPROVED BY THE BOARD OF DIRECTORS IN WHICH

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization  POLICYLINK	Employer identification number 94-3297479
DETERMINATIONS ARE MADE BY THE BOARD IN GOOD FAITH, WITH KNOWLEDGE OF THE	
MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR'S INTEREST IN	
THE TRANSACTION, AND BY VOTE OF A MAJORITY OF THE DIRECTORS IN OFFICE NOT	
COUNTING THE VOTE OF THE INTERESTED DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE SALARIES FOR THE CEO AND CFO WERE APPROVED BY THE BOARD OF DIRECTORS,	
AFTER A REVIEW OF A COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A	
CONSULTANT SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION, COMPENSATION	
DATA FOR THE SAME POSITIONS IN SIMILAR ORGANIZATIONS, COMPILED FROM	
NONPROFIT INDUSTRY SURVEYS, AS WELL AS INFORMATION FROM SPECIFIC	
ORGANIZATIONS OF SIMILAR IMPACT. THE SALARIES FOR THE COO AND THE EXECUTIVE	
VICE PRESIDENT OF PROGRAMS, WERE SET BY THE CEO BASED ON A COMPENSATION	
STUDY PREPARED FOR THE ORGANIZATION BY A CONSULTANT SPECIALIZING IN	
NONPROFIT EXECUTIVE COMPENSATION, COMPENSATION DATA FOR THE SAME POSITIONS	
IN SIMILAR ORGANIZATIONS COMPILED FROM NONPROFIT INDUSTRY SURVEYS, AS WELL	
AS INFORMATION FROM SPECIFIC ORGANIZATIONS OF SIMILAR IMPACT. ALL	
DELIBERATIONS AND DECISONS REGARDING COMPENSATION ARE DONE BY INDEPENDENT	
PERSON REVIEW AND APPROVAL, AND ARE CONTEMPORANEOUSLY DOCUMENTED IN THE	
BOARD MEETING MINUTES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM	
NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
POLICYLINK MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS	
WEBSITE AT HTTPS://WWW.POLICYLINK.ORG/ABOUT-US/FINANCIALS-990. THE	Schodulo () (Form 990) 2022

Schedule O (Form 990) 2023		Page <b>2</b>
Name of the organization POLICYLINK		Employer identification number 94-3297479
ORGANIZING DOCUMENTS AND CONFLICTS OF INTEREST/ETHICS POLICY	Y AVAILABLE TO	
THE PUBLIC UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER PROJECT CONSULTANT FEES:		
PROGRAM SERVICE EXPENSES	10,369,672.	
MANAGEMENT AND GENERAL EXPENSES	1,542,677.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	11,912,349.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,912,349.	

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

POLICYLINK

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

94-3297479

	Τ					T		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	1	e) ar assets	Direct o	(f) controlling ntity	j
	_							
	-							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had or	e or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio		(f) ct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?
POLICYLINK EQUITY ACTION NETWORK -				501(c)(3))	_		Yes	No
17-3469925, 1714 FRANKLIN STREET, #100-283, DAKLAND, CA 94613-3409	ADVOCACY	CALIFORNIA	501(C)(4)		POLICY	T.TNK	x	
or Panerwork Reduction Act Notice, see the Instruction						Schedule R		

332161 09-28-23 LHA

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

organizations treated as a par	thership during the tax	v year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana parti	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes	No	
		•		1	L				·	•		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?			
		country)		,				Yes	No			
									1			
-												
									_			

Page 2

POLICYLINK 94-3297479 Schedule R (Form 990) 2023 Page 3

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							Х	
b Gift, grant, or capital contribution to related organization(s)							Х	
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)							Х	
f Dividends from related organization(s)								
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
	Performance of services or membership or fundraising solicitations for related organization				11		Х	
	n Performance of services or membership or fundraising solicitations by related organization(				1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who must	st complete this	s line, including covered re	lationships and transaction thresholds.				
	· · · · · · · · · · · · · · · · · · ·	(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved			
1)		+						
2)								
<u>~)</u>		+						
3)								
-,								
4)								
,								
5)								
-								
6)								
3216	33 09-28-23	•		Schedule B	(Forn	n 990)	2023	

Yes No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership

<u>Schedule R</u>	(Form 990) 2023 POLICYLINK	94-329/4/9	Page <b>5</b>
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		