Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
POLICYLINK

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1438 WEBSTER STREET 303

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 946123228

D Employer identification number
94-3297479

E Telephone number
(510) 663-2333

G Gross receipts $ 210,853,058

F Name and address of principal officer:
MICHAEL MCAFEE
1438 WEBSTER STREET 303
OAKLAND, CA 946123228

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.POLICYLINK.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1998

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
POLICYLINK IS A NATIONAL RESEARCH AND ACTION INSTITUTE WORKING (CONTINUE ON SCH O) 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.

Activities & Governance

2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	106
6	Total number of volunteers (estimate if necessary)	**6**	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	42,713,016	62,179,045
9	Program service revenue (Part VIII, line 2g)	2,902,239	1,226,310
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	491,846	3,086,391
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	7,484
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,107,101	66,499,230

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,208,269	9,326,024
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,214,050	16,413,555
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	63,000
b	Total fundraising expenses (Part IX, column (D), line 25) 1,506,998		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,911,216	18,551,477
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	53,333,535	44,354,056
19	Revenue less expenses. Subtract line 18 from line 12	-7,226,434	22,145,174

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	110,956,916	127,758,711
21	Total liabilities (Part X, line 26)	15,002,391	7,891,886
22	Net assets or fund balances. Subtract line 21 from line 20	95,954,525	119,866,825

Part II Signature Block

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

Sign Here

Signature of officer
MICHAEL J HASSID CFO
Type or print name and title

2024-11-12
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2024-11-08		P00853132

Firm's name ARMANINO ADVISORY LLC — Firm's EIN 94-6214841

Firm's address 2700 CAMINO RAMON STE 350
SAN RAMON, CA 945835004 — Phone no. (925) 790-2600

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part 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? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

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 PLACES--GOVERNING 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)

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 STANDARDS--PARTICULARLY CORPORATE AND INDUSTRIAL POLICY STANDARDS--DESIGNED 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.

(Code:) (Expenses $ 25,007,145 including grants of $ 7,228,264) (Revenue $ 625,464)

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 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.

4d Other program services (Describe in Schedule O.)
(Expenses $ 25,007,145 including grants of $ 7,228,264) (Revenue $ 625,464)

4e **Total program service expenses** 36,735,772

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	187		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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 returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	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**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	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:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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

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

Section 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	9		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
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?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: VICTOR JENSEN 1438 WEBSTER STREET 303 OAKLAND,CA 946123228 (510) 663-2333

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL A MCAFEE PRESIDENT AND CEO	40.00 1.00	X		X				605,225	0	53,529
(2) SHERI DUNN BERRY BOARD CHAIR	1.00 1.00	X		X				0	0	0
(3) KAY FERNANDEZ SMITH SECRETARY	1.00 1.00	X		X				0	0	0
(4) GEOFFREY CANADA TREASURER	1.00 1.00	X		X				0	0	0
(5) DOLORES ACEVEDO-GARCIA DIRECTOR	1.00 1.00	X						0	0	0
(6) JEFFREY L BRADACH DIRECTOR	1.00 1.00	X						0	0	0
(7) SANDRA GASCA-GONZALEZ DIRECTOR	1.00 1.00	X						0	0	0
(8) DARRICK HAMILTON DIRECTOR	1.00 1.00	X						0	0	0
(9) STEWART KWOH DIRECTOR	1.00 1.00	X						0	0	0
(10) ASHLEIGH G GARDERE EXECUTIVE VICE PRESIDENT	40.00			X				444,530	0	44,386
(11) JOSHUA F KIRSCHENBAUM CHIEF ADV. & S.I. OFFICER	40.00			X				464,823	0	57,935
(12) JOSEPHINE WONG CHIEF OPERATING OFFICER	40.00			X				201,791	0	25,286
(13) MICHAEL J HASSID CHIEF FINANCIAL OFFICER	39.95 0.05			X				419,347	577	57,634
(14) OMAR STANTON CHIEF IMPACT OFFICER	40.00			X				181,750	0	51,255
(15) VANICE DUNN VICE PRESIDENT OF COMMUNICATIONS	40.00				X			241,845	0	25,673
(16) JERRY MALDONADO VICE PRESIDENT OF PROGRAMS	40.00				X			281,990	0	51,032
(17) ABIGAIL J LANGSTON VICE PRESIDENT OF RESEARCH	40.00				X			161,916	0	31,063

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(18) ANGELA GLOVER BLACKWELL FOUNDER IN RESIDENCE	40.00					X		267,342	0	62,233
(19) ARIA FLORANT SENIOR FELLOW	40.00					X		211,297	0	22,805
(20) JENNIFER E THOMPSON DIR. OF H.R. & FACILITIES	40.00					X		211,074	0	42,359
(21) MAHLET GETACHEW MANAGING DIRECTOR	40.00					X		206,276	0	24,373
(22) JUDITH W DANGERFIELD MANAGING DIRECTOR	40.00					X		201,073	0	31,907

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
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 60

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c			
d Related organizations	1d			
e Government grants (contributions)	1e	298,000		
f All other contributions, gifts, grants, and similar amounts not included above	1f	61,881,045		
g Noncash contributions included in lines 1a - 1f:$	1g	263,002		
h Total. Add lines 1a-1f		62,179,045		
Program Service Revenue	Business Code			
2a CONTRACT REVENUE	541900	1,109,703	1,109,703	
b HONORARIA	541900	116,607	116,607	
c				
d				
e				
f All other program service revenue.				
g Total. Add lines 2a–2f.	1,226,310			
3 Investment income (including dividends, interest, and other similar amounts)		3,086,056		3,086,056
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	144,354,163			
b Less: cost or other basis and sales expenses 7b	144,353,828			
c Gain or (loss) 7c	335			
d Net gain or (loss)		335		335
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events . .				
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . .				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . .				
Other Revenue	Business Code			
11a MISCELLANEOUS INCOME	900099	7,484		7,484
b				
c				
d All other revenue				
e Total. Add lines 11a–11d		7,484		
12 Total revenue. See instructions		66,499,230	1,226,310	0 3,093,875

OtherRevenueMiscAmt

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,326,024	9,326,024		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,154,576	1,829,926	805,374	519,276
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,263,177	8,395,590	1,375,677	491,910
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	587,334	476,848	81,560	28,926
9 Other employee benefits	1,500,186	1,194,111	236,645	69,430
10 Payroll taxes	908,282	727,045	134,329	46,908
11 Fees for services (non-employees):				
a Management				
b Legal	758,662	41,089	717,573	
c Accounting	103,949		103,949	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	63,000			63,000
f Investment management fees	57,600		57,600	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,912,349	10,369,672	1,542,677	
12 Advertising and promotion	2,333	13	2,320	
13 Office expenses	867,999	663,025	160,158	44,816
14 Information technology	1,024,509	861,953	137,324	25,232
15 Royalties				
16 Occupancy	1,015,139	821,931	138,038	55,170
17 Travel	1,187,232	1,074,175	49,191	63,866
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	724,094	604,493	45,356	74,245
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	393,873	319,122	53,438	21,313
23 Insurance	182,075	30,755	148,414	2,906
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNCOLLECT. RECEIVABLES	321,663		321,663	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	44,354,056	36,735,772	6,111,286	1,506,998
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		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	Less: accumulated depreciation	10b 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 11		1,335,000	12	0
	13	Investments—program-related. See Part IV, line 11			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 equal line 33)		110,956,916	16	127,758,711
Liabilities	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. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		3,945,106	25	3,028,380
	26	**Total liabilities.** Add lines 17 through 25		15,002,391	26	7,891,886
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		56,954,323	27	74,009,631
	28	Net assets with donor restrictions		39,000,202	28	45,857,194
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		95,954,525	32	119,866,825
	33	Total liabilities and net assets/fund balances		110,956,916	33	127,758,711

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	95,954,525
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	119,866,825

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or 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	Yes	
	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 ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

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.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ 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).**

4 ☐ 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:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **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 university:

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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	12,339,651	42,283,754	80,337,128	42,713,016	62,179,045	239,852,594
2 Tax revenues levied for the organization'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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	12,339,651	42,283,754	80,337,128	42,713,016	62,179,045	239,852,594
8 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

12	Gross receipts from related activities, etc. (see instructions)	12	10,755,147

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	76.240 %
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	81.530 %

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	3a		
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.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
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.*	4a		
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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
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.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the 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**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
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: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c 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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is 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:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

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

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
POLICYLINK

Employer identification number
94-3297479

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
POLICYLINK

Employer identification number
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
		$	

Name of organization	Employer identification number
POLICYLINK	94-3297479

Part 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 information once. See instructions.) ▶ $** __________

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

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 the organization	**Employer identification number**
POLICYLINK	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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B 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? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 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 filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	13,906	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	232,934	
c Total lobbying expenditures (add lines 1a and 1b)	246,840	
d Other exempt purpose expenditures	44,107,216	
e Total exempt purpose expenditures (add lines 1c and 1d)	44,354,056	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	74,838	73,282	57,302	246,840	452,262
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	35,198	14,361	16,881	13,906	80,346

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

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

2022

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 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?. . . ☐ **Yes** ☐ **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**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,705,819	31,512,819	33,753,369	10,703,369	12,016,369
b Contributions . . .	3,050,000	2,400,000	1,000,000	24,000,000	
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	2,972,247	4,207,000	3,240,550	950,000	1,313,000
f Administrative expenses					
g End of year balance	29,783,572	29,705,819	31,512,819	33,753,369	10,703,369

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 100.000 %
- **b** Permanent endowment ▶ 0 %
- **c** Term endowment ▶ 0 %

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 organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,860,273	373,216	2,487,057
d Equipment		812,504	95,321	717,183
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				3,204,240

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RIGHT OF USE LIABILITY	3,028,380
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,028,380

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	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**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, 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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	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:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD HAVE DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 501(C)(4) AND THE CALIFORNIA REVENUE AND TAXATION CODE SECTIONS 23701(D) AND 23701(F). THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AS OF DECEMBER 31, 2023 AND IS NOT AWARE OF ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY. THE ORGANIZATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THREE AND FOUR YEARS, RESPECTIVELY AFTER THEY ARE FILED.
PART V, LINE 4:	THE BOARD ESTABLISHED THE RESERVE FUND AND GROWTH FUND TO ENSURE THE STABILITY OF THE MISSION, PROGRAMS, PERSONNEL, AND ONGOING OPERATIONS OF POLICYLINK AND TO PROVIDE A SOURCE OF INTERNAL FUNDS FOR CAPACITY BUILDING. THE CEO FUND IS A BOARD-DESIGNATED FUND INTENDED FOR LARGE-SCALE INVESTMENTS IN THE RACIAL EQUITY MOVEMENT, BOTH INTERNALLY AND THROUGHOUT THE RACIAL EQUITY MOVEMENT.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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? . . . . . ☐ **Yes** ☐ **No**

2 **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 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	SOUTH AMERICA	0	0	PROGRAM SERVICES	CROSSCUTTING STRATEGIES	2,002
(2)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CROSSCUTTING STRATEGIES	9,656
(3)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	CROSSCUTTING STRATEGIES	22,067
(4)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CROSSCUTTING STRATEGIES	8,078
(5)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CROSSCUTTING STRATEGIES	3,457
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			45,260
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			45,260

Part II **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)** 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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . . ▶

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.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

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 Instructions for Form 926)*	☐ Yes	☑ 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ 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 Instructions for Form 8621)* .	☐ Yes	☑ 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 Instructions for Form 8865)*	☐ Yes	☑ 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 Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

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, lines 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

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
1	THE SUDDES GROUP FOR IMPACT INC 1500 LAKE SHORE DRIVE SUITE 300 COLUMBUS, OH 43204	SUPPORT FISCAL SPONSEE DEVELOPMENT PROCESS		No	4,020,940	63,000	3,957,940
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶					4,020,940	63,000	3,957,940

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col.**(a)** through col.**(c)**)
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	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 ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

2023

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AAERO AT MELCHOR-QUICK MEETING HOUSE 669 COUNTRY CLUB DRIVE FAYETTEVILLE,NC 28301	84-3981568	501(C)(3)	52,500	0			CROSSCUTTING STRATEGIES
(2) ACCE INSTITUTE 3655 S GRAND AVENUE SUITE 250 LOS ANGELES,CA 90007	27-1487442	501(C)(3)	250,000	0			THRIVING COMMUNITIES
(3) ACCE INSTITUTE 3655 S GRAND AVENUE SUITE 250 LOS ANGELES,CA 90007	27-1487442	501(C)(3)	145,000	0			CROSSCUTTING STRATEGIES
(4) AFRICAN-AMERICAN COMMUNITY TRUST 5113 S HARPER AVENUE SUITE 2C CHICAGO,IL 60615	47-5681832	501(C)(3)	52,500	0			CROSSCUTTING STRATEGIES
(5) BAYOU CITY WATERKEEPER 2010 N LOOP WEST SUITE 103 HOUSTON,TX 77018	26-0187498	501(C)(3)	50,000	0			THRIVING COMMUNITIES
(6) BELOVED COMMUNITY CENTER OF GREENSBORO INC PO BOX 875 GREENSBORO,NC 27402	56-1877250	501(C)(3)	102,500	0			CROSSCUTTING STRATEGIES
(7) BLACK AMBITION OPPORTUNITY INC 360 NORTHWEST 27TH STREET MIAMI,FL 33127	85-1559517	501(C)(3)	1,393,887	0			CROSSCUTTING STRATEGIES
(8) BLACK BELT COMMUNITY FOUNDATION INC 609 LAUDERDALE STREET SELMA,AL 36701	63-1270745	501(C)(3)	10,000	0			FLOURISHING DEMOCRACY
(9) BLACK VETERANS PROJECT 111 S CHESTER STREET BALTIMORE,MD 21231	83-4476025	501(C)(3)	27,500	0			CROSSCUTTING STRATEGIES
(10) BOSTON TENANT COALITION INC 11 BEACON STREET UNIT 510 BOSTON,MA 02108	81-0616711	501(C)(3)	20,000	0			THRIVING COMMUNITIES
(11) CENTER FOR COMMUNITY CHANGE 1536 U STREET NW WASHINGTON,DC 20009	52-0888113	501(C)(3)	200,000	0			CROSSCUTTING STRATEGIES
(12) 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
(13) CENTER FOR INDEPENDENT DOCUMENTARY INC 1300 SOLDIERS FIELD ROAD SUITE 5 BOSTON,MA 02135	04-2738458	501(C)(3)	102,500	0			CROSSCUTTING STRATEGIES
(14) CENTER FOR NEIGHBORHOOD TECHNOLOGY 17 N STATE STREET SUITE 1400 CHICAGO,IL 60602	36-2967283	501(C)(3)	8,000	0			THRIVING COMMUNITIES
(15) CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET SUITE A BROOKLYN,NY 11237	45-3813436	501(C)(3)	36,000	0			CROSSCUTTING STRATEGIES
(16) CHOICES INTERLINKING INC 5900 BALCONES DRIVE UNIT 11132 AUSTIN,TX 78731	75-2451267	501(C)(3)	40,000	0			THRIVING COMMUNITIES
(17) COALICIN DE COALICIONES PRO PERSONAS SIN HOGAR DE PUERTO RICO INC 606 AVE TITO CASTRO SUITE 21-B LA RAMBLA PLAZA PONCE,PR 00716	66-0635464	501(C)(3)	450,000	0			THRIVING COMMUNITIES
(18) COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM,NC 27703	47-5567396	501(C)(3)	10,000	0			CROSSCUTTING STRATEGIES
(19) COMMUNITY WATER CENTER 222 NORTH GARDEN STREET SUITE 130 VISALIA,CA 93291	80-0267674	501(C)(3)	49,500	0			THRIVING COMMUNITIES
(20) COUNCIL OF COMMUNITY HOUSING ORGANIZATIONS 325 CLEMENTINA STREET SAN FRANCISCO,CA 94103	94-3102891	501(C)(3)	10,000	0			THRIVING COMMUNITIES
(21) EAGLE MARKET STREETS DEVELOPMENT CORPORATION CDC 38 SOUTH MARKET STREET ASHEVILLE,NC 28801	58-2140995	501(C)(3)	102,500	0			CROSSCUTTING STRATEGIES
(22) EQUICITY 1956 S HAMLIN AVENUE UNIT 3 CHICAGO,IL 60623	85-3668073	501(C)(3)	8,000	0			THRIVING COMMUNITIES
(23) EQUITY AND TRANSFORMATION 10 W 35TH STREET CHICAGO,IL 60616	83-4701430	501(C)(3)	102,500	0			CROSSCUTTING STRATEGIES
(24) FIRSTREPAIR 1900 ASBURY AVENUE EVANSTON,IL 60201	86-3191322	501(C)(3)	130,000	0			CROSSCUTTING STRATEGIES
(25) FORD FOUNDATION 320 EAST 43RD STREET NEW YORK,NY 10017	13-1684331	501(C)(3)	829,466	0			CROSSCUTTING STRATEGIES
(26) FORWARD JUSTICE PO BOX 1932 DURHAM,NC 27702	81-2450800	501(C)(3)	109,430	0			CROSSCUTTING STRATEGIES
(27) FREE PRESS PO BOX 60238 FLORENCE,MA 01062	41-2106721	501(C)(3)	175,000	0			CROSSCUTTING STRATEGIES
(28) FREEDOM FORUM 610 WATER STREET SW 300 WASHINGTON,DC 20024	54-1604427	501(C)(3)	10,000	0			FLOURISHING DEMOCRACY
(29) FSG INC 179 LINCOLN STREET SUITE 301 BOSTON,MA 02111	20-2776974	501(C)(3)	0	54,472	ACCOUNTS RECEIVABLE AMOUNT	ACCOUNTS RECEIVABLE	CROSSCUTTING STRATEGIES
(30) 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
(31) HARLEM STAGE INC 150 CONVENT AVENUE NEW YORK,NY 10031	13-3166308	501(C)(3)	10,000	0			CROSSCUTTING STRATEGIES
(32) HOPE COMMUNITY INC 611 EAST FRANKLIN AVENUE MINNEAPOLIS,MN 55404	41-1292817	501(C)(3)	10,000	0			THRIVING COMMUNITIES
(33) HOUSING CALIFORNIA 1107 9TH STREET SUITE 560 SACRAMENTO,CA 95814	68-0133565	501(C)(3)	81,000	0			CROSSCUTTING STRATEGIES
(34) HOUSING JUSTICE LEAGUE INC 315 W PONCE DE LEON AVENUE SUITE 865 DECATUR,GA 30030	46-1271164	501(C)(3)	10,000	0			THRIVING COMMUNITIES
(35) HUMANITARIAN SOCIAL INNOVATIONS 301 BROADWAY SUITE 115 BETHLEHEM,PA 18015	46-4779591	501(C)(3)	27,500	0			CROSSCUTTING STRATEGIES
(36) INDEPENDENT SECTOR 1602 L STREET NORTHWEST SUITE 900 WASHINGTON,DC 20036	52-1081024	501(C)(3)	10,000	0			CROSSCUTTING STRATEGIES
(37) INDIVISIBLE AURORA 3015 EAST NEW YORK STREET SUITE A2-273 AURORA,IL 60504	82-2112368	501(C)(3)	22,000	0			CROSSCUTTING STRATEGIES
(38) 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
(39) INTERNATIONAL TRANSPORTATION LEARNING CENTER 8402 COLESVILLE ROAD SILVER SPRING,MD 20091	52-2298427	501(C)(3)	8,000	0			THRIVING COMMUNITIES
(40) JUST CAPITAL FOUNDATION INC 44 E 30TH STREET 11TH FLOOR NEW YORK,NY 10016	36-4764467	501(C)(3)	254,810	0			EQUITABLE ECONOMY
(41) KREATIVE ARTS COLLECTIVE 2426 ORLEANS AVENUE NEW ORLEANS,LA 70119	81-2519402	501(C)(3)	102,500	0			CROSSCUTTING STRATEGIES
(42) LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS INC 1620 L STREET NORTHWEST SUITE 1100 WASHINGTON,DC 20036	52-0789800	501(C)(4)	13,650	0			FLOURISHING DEMOCRACY
(43) LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY 2210 SAN JOAQUIN STREET FRESNO,CA 93721	46-1517800	501(C)(3)	50,000	0			THRIVING COMMUNITIES
(44) LEAGUE OF AMERICAN WHEELMEN INC 1612 K STREET NW SUITE 1102 WASHINGTON,DC 20006	36-6206225	501(C)(3)	8,000	0			THRIVING COMMUNITIES
(45) LIBERATION IN A GENERATION 9435 LORTON MARKET STREET NO 801 LORTON,VA 22079	93-4009651	501(C)(3)	1,434,288	0			CROSSCUTTING STRATEGIES
(46) LILAC 6614 MORRIS PARK ROAD PHILADELPHIA,PA 19151	84-3032280	501(C)(4)	40,000	0			CROSSCUTTING STRATEGIES
(47) LIVABLE STREETS TRANSPORTATION ALLIANCE OF BOSTON 70 PACIFIC STREET CAMBRIDGE,MA 02139	30-0331222	501(C)(3)	8,000	0			THRIVING COMMUNITIES
(48) LOCAL PROGRESS POLICY INSTITUTE 1200 18TH STREET NW SUITE 700 WASHINGTON,DC 20036	86-3590543	501(C)(3)	150,000	0			THRIVING COMMUNITIES
(49) MILPA 339 MELODY LANE SALINAS,CA 93901	83-2137871	501(C)(3)	12,000	0			CROSSCUTTING STRATEGIES
(50) MOVERS AND SHAKERS FOUNDATION 254 ADELPHI STREET BROOKLYN,NY 11205	82-3658329	501(C)(3)	52,500	0			CROSSCUTTING STRATEGIES
(51) MT ZION GREATER FAITH APOSTOLIC CHURCH INC 1629 CHESTER STREET SAVANAH,GA 31415	26-0768265	501(C)(3)	27,500	0			CROSSCUTTING STRATEGIES
(52) MULTIPLIER 548 MARKET STREET PMB 81178 SAN FRANCISCO,CA 94104	91-2166435	501(C)(3)	27,500	0			CROSSCUTTING STRATEGIES
(53) NATIONAL ACADEMY OF SOCIAL INSURANCE 1441 L STREET NW SUITE 530 WASHINGTON,DC 20005	52-1451753	501(C)(3)	10,000	0			CROSSCUTTING STRATEGIES
(54) NATIONAL ASSEMBLY OF AMERICAN SLAVERY DESCENDANTS 3351 CORRIDOR MARKETPLACE S400-45 LAUREL,MD 20724	87-2121420	501(C)(3)	12,500	0			CROSSCUTTING STRATEGIES
(55) 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
(56) NEW JERSEY INSTITUTE FOR SOCIAL JUSTICE INC 60 PARK PLACE SUITE 511 NEWARK,NJ 07102	22-3478143	501(C)(3)	52,500	0			CROSSCUTTING STRATEGIES
(57) NEXT CITY PO BOX 22449 PHILADELPHIA,PA 19110	22-3886361	501(C)(3)	32,500	0			CROSSCUTTING STRATEGIES
(58) NORTH LAWNDALE EMPLOYMENT NETWORK 1111 SOUTH HOMAN AVENUE CHICAGO,IL 60624	36-4295189	501(C)(3)	25,000	0			CROSSCUTTING STRATEGIES
(59) NORTHEASTERN ILLINOIS UNIVERSITY FOUNDATION 5500 NORTH SAINT LOUIS AVENUE CHICAGO,IL 60625	23-7034689	501(C)(3)	102,500	0			CROSSCUTTING STRATEGIES
(60) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 540-177 BOSTON,MA 02115	04-1679980	501(C)(3)	150,000	0			CROSSCUTTING STRATEGIES
(61) NUESTRA CASA DE EAST PALO ALTO 2396 UNIVERSITY AVENUE EAST PALO ALTO,CA 94303	46-4040538	501(C)(3)	25,000	0			THRIVING COMMUNITIES
(62) OAKLAND PROMISE 300 FRANK H OGAWA PLAZA SUITE 430 OAKLAND,CA 94612	54-2103707	501(C)(3)	15,000	0			CROSSCUTTING STRATEGIES
(63) PARTNERSHIP FOR SOUTHERN EQUITY 55 IVAN ALLEN JR BOULEVARD NW SUITE 530 ATLANTA,GA 30308	27-4424115	501(C)(3)	25,000	0			CROSSCUTTING STRATEGIES
(64) PHILADELPHIA COMMUNITY LAND TRUST 2007 SOUTH BEECHWOOD STREET PHILADELPHIA,PA 19145	85-3756042	501(C)(3)	10,000	0			THRIVING COMMUNITIES
(65) PROJECT SOUTH 9 GAMMON AVENUE SE ATLANTA,GA 30315	58-1956686	501(C)(3)	36,500	0			CROSSCUTTING STRATEGIES
(66) PROJECT TRUTH AND RECONCILIATION INC 780 ST MARKS AVENUE NO 4A BROOKLYN,NY 11213	85-0554243	501(C)(3)	127,500	0			CROSSCUTTING STRATEGIES
(67) RACE FORWARD 145 EAST 57TH STREET 4TH FLOOR NEW YORK,NY 10022	94-2759879	501(C)(3)	25,000	0			CROSSCUTTING STRATEGIES
(68) REPARATION EDUCATION PROJECT INC 5735 27TH STREET NW WASHINGTON,DC 20015	88-1782233	501(C)(3)	52,500	0			CROSSCUTTING STRATEGIES
(69) RESIST INC 42 SEAVERMS AVENUE JAMAICA PLAIN,MA 02130	04-2433182	501(C)(3)	27,500	0			CROSSCUTTING STRATEGIES
(70) RIGHT TO THE CITY ALLIANCE 388 ATLANTIC AVENUE BROOKLYN,NY 11217	94-3462187	501(C)(3)	75,000	0			CROSSCUTTING STRATEGIES
(71) RIO GRANDE INTERNATIONAL STUDY CENTER 1 WEST END WASHINGTON STREET BUILDING P-11 LAREDO,TX 78040	74-2742037	501(C)(3)	65,000	0			THRIVING COMMUNITIES
(72) ROOT CAUSE RESEARCH CENTER INC 900 SOUTH SHELBY STREET LOUISVILLE,KY 40203	61-1260839	501(C)(3)	10,000	0			THRIVING COMMUNITIES
(73) SACRAMENTO AREA CONGREGATIONS TOGETHER 2701 DEL PASO ROAD SUITE 130-601 SACRAMENTO,CA 95835	94-3146791	501(C)(3)	38,000	0			THRIVING COMMUNITIES
(74) SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT 1321 GARDEN HIGHWAY SACRAMENTO,CA 95833	45-5282243	501(C)(3)	50,000	0			THRIVING COMMUNITIES
(75) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (SEE) INC 23564 CALABASAS ROAD SUITE 201 CALABASAS,CA 91302	95-4116679	501(C)(3)	12,250	0			CROSSCUTTING STRATEGIES
(76) ST LOUIS COMMUNITY FOUNDATION 2 OAK KNOLL PARK ST LOUIS,MO 63105	43-1758789	501(C)(3)	10,000	0			CROSSCUTTING STRATEGIES
(77) STRIDELABS STEP UP 5706 SAN JOSE AVENUE RICHMOND,CA 94804	83-2499181	501(C)(3)	10,000	0			CROSSCUTTING STRATEGIES
(78) THE ACCOMPLIS COLLECTIVE INC 167 ECKFORD STREET 3RD FLOOR BROOKLYN,NY 11222	85-2503070	501(C)(3)	27,500	0			CROSSCUTTING STRATEGIES
(79) THE GOOD NATION FOUNDATION INC 100 CROSBY STREET ROOM 301 NEW YORK,NY 10012	81-4768448	501(C)(3)	285,813	0			CROSSCUTTING STRATEGIES
(80) THE HEISING-SIMONS FOUNDATION 400 MAIN STREET SUITE 300 LOS ALTOS,CA 94022	26-0799587	501(C)(3)	71,298	0			CROSSCUTTING STRATEGIES
(81) THE REDRESS MOVEMENT PO BOX 1232 WEST TISBURY,MA 02575	88-0717262	501(C)(3)	52,500	0			CROSSCUTTING STRATEGIES
(82) 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
(83) THE URBAN INSTITUTE 500 LENFANT PLAZA SOUTHWEST 2ND FLOOR WASHINGTON,DC 20024	52-0880375	501(C)(3)	210,000	0			FLOURISHING DEMOCRACY
(84) 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
(85) THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET SUITE 700 BOSTON,MA 02111	04-2261109	501(C)(3)	70,000	0			CROSSCUTTING STRATEGIES
(86) TRANSPORT FOR NOLA DBA RIDE NEW ORLEANS PO BOX 19231 NEW ORLEANS,LA 70179	27-0530291	501(C)(3)	8,000	0			THRIVING COMMUNITIES
(87) UNKITAWA 816 CENTRAL AVENUE NORTH KENT,WA 98032	83-2398323	501(C)(3)	25,000	0			THRIVING COMMUNITIES
(88) URBAN HABITAT PROGRAM 2000 FRANKLIN STREET OAKLAND,CA 94612	20-0275424	501(C)(3)	8,000	0			THRIVING COMMUNITIES
(89) VERDE 7001 NORTHEAST CULLY BOULEVARD PORTLAND,OR 97218	20-3685723	501(C)(3)	24,000	0			THRIVING COMMUNITIES
(90) WE THE PEOPLE OF DETROIT 1520 CHATEAUFORT PLACE DETROIT,MI 48207	47-5123903	501(C)(3)	49,000	0			THRIVING COMMUNITIES
(91) WEST STREET RECOVERY 2012 EMANCIPATION AVENUE HOUSTON,TX 77003	82-2708194	501(C)(3)	25,000	0			THRIVING COMMUNITIES
(92) YOUNG FOUNDATION FOR SOCIAL JUSTICE & THE ARTS INC 4 LONG SHOALS ROAD SUITE B832 ARDEN,NC 28704	86-1929492	501(C)(3)	27,500	0			CROSSCUTTING STRATEGIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 92

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	Explanation
PART I, LINE 2:	POLICYLINK CONDUCTS EXTENSIVE DUE DILIGENCE ON GRANTEE ORGANIZATIONS INCLUDING A REVIEW OF FINANCIAL INFORMATION FROM EXTERNAL AUDITS AND/OR FORM 990 WHERE AVAILABLE AND PROGRAMMATIC ACCOMPLISHMENTS. DEPENDING ON THE NATURE AND/OR SIZE OF THE GRANT, POLICYLINK MAY REQUIRE INTERIM AND FINAL FINANCIAL AND NARRATIVE REPORTING. WHEREVER POSSIBLE, POLICYLINK ENCOURAGES ITS GRANTEES TO PROVIDE THIS INFORMATION IN THE FORM OF PODCASTS, VIDEOS, OR OTHER ARTISTIC EXPRESSION THAT BOTH FULFILS THE REPORTING REQUIREMENT AND PROVIDES SOMETHING OF VALUE TO THE GRANTEE ORGANIZATION.

Additional Data

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Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or 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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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.

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

Part III Supplemental Information

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

Return Reference	Explanation
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 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.

Additional Data

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **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 the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 VALUE
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 EQUIPMENT)	X	1	61,863	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THIS NUMBER REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS NOT THE ITEMS CONTRIBUTED.

Additional Data

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

Return Reference	Explanation
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 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, 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 ORGANIZING DOCUMENTS AND CONFLICTS OF INTEREST/ETHICS POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G	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.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
POLICYLINK

Employer identification number
94-3297479

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) POLICYLINK EQUITY ACTION NETWORK 1714 FRANKLIN STREET 100-283 OAKLAND, CA 946133409 47-3469925	ADVOCACY	CA	501(C)(4)		POLICYLINK	Yes	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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Software Version: