

PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

12657 Alcosta Blvd., Suite 500
San Ramon, CA 94583
ph 925.790.2600
fx 925.790.2601

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: POLICYLINK
D Employer identification number: 94-3297479
E Telephone number: 510-663-2333
F Name and address of principal officer: MICHAEL MCAFEE
G Gross receipts \$: 83,422,933
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.POLICYLINK.ORG
K Form of organization: Corporation
L Year of formation: 1998
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer MICHAEL J. HASSID, CFO. Date. Preparer: MATTHEW PETROSKI. Date 11/15/22. PTIN P00853132. Firm: ARMANINO LLP, 12657 ALCOSTA BLVD, STE. 500, SAN RAMON, CA 94583-4600.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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 [X]

1 Briefly describe the organization's mission: POLICYLINK IS A NATIONAL RESEARCH AND ACTION INSTITUTE ADVANCING RACIAL AND ECONOMIC EQUITY BY LIFTING UP WHAT WORKS.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 10,293,792. including grants of \$ 5,031,267.) (Revenue \$ 1,525,042.) HEALTHY COMMUNITIES OF OPPORTUNITY - THIS PORTFOLIO IS DEDICATED TO CREATING AND MAINTAINING OPPORTUNITY-RICH COMMUNITIES IN ALL NEIGHBORHOODS AND ALL REGIONS OF THE COUNTRY THROUGH STRONG NETWORKS AND SOCIAL CAPITAL, EQUITABLE DEVELOPMENT, AND INFRASTRUCTURE INVESTMENTS THAT ENABLE LOW-INCOME PEOPLE AND COMMUNITIES OF COLOR TO THRIVE. WORK IN THIS AREA INCLUDES ADVANCING HOUSING JUSTICE, ADVOCATING FOR EQUITABLE INFRASTRUCTURE INVESTMENTS, CULTIVATING INCLUSIVE SOCIAL ENTERPRISES IN AN EQUITABLE FOOD SYSTEM, PUSHING FOR WATER JUSTICE AND CLIMATE RESILIENCE, AND SUPPORTING CRADLE-TO-CAREER POLICIES AND PRACTICES. THIS PROGRAM INCLUDES SUCH PROJECTS AS ANTI-DISPLACEMENT POLICY NETWORK; AFFIRMATIVELY FURTHERING FAIR HOUSING; WATER EQUITY AND CLIMATE RESILIENCE CAUCUS; THE CONVERGENCE

4b (Code:) (Expenses \$ 3,987,822. including grants of \$ 699,483.) (Revenue \$) JUST SOCIETY - THIS PORTFOLIO IS DEDICATED TO BUILDING POWER AND EXPANDING AGENCY TO ENSURE THAT ALL SYSTEMS AND INSTITUTIONS ARE JUST, FREE OF RACIAL BIAS, AND LEAD TO A VIBRANT DEMOCRACY WHERE ALL, ESPECIALLY THE MOST VULNERABLE, CAN PARTICIPATE AND PROSPER. TO DO SO, POLICYLINK PROVIDES REPRESENTATION, ANALYSIS, AND STRATEGIES TO COMMUNITY-BASED COALITIONS WORKING TOWARD EQUITY IN ECONOMIC DEVELOPMENT AND CRIMINAL JUSTICE. THIS INCLUDES ADVANCING POLICIES RELATED TO INEQUITABLE FINES, POLICE ACCOUNTABILITY AND ALTERNATIVES, AND THE NEEDS OF BOYS AND MEN OF COLOR. SPECIFIC PROJECTS INCLUDE POLICYLINK LEGAL; ALLIANCE FOR BOYS AND MEN OF COLOR; COMMUNITY SAFETY AND JUSTICE, FINES AND FEES; AND PUBLIC SAFETY METRICS.

4c (Code:) (Expenses \$ 5,858,129. including grants of \$ 1,250,000.) (Revenue \$) EQUITABLE ECONOMY - THIS PORTFOLIO IS DEDICATED TO PROMOTING ECONOMIC INCLUSION AND OWNERSHIP TO ELIMINATE POVERTY, SHRINK INEQUALITY, AND INCREASE MOBILITY. THIS PROGRAM INCLUDES ALL-IN-CITIES, NATIONAL EQUITY ATLAS, BAY AREA EQUITY ATLAS, THE FEDERAL JOB GUARANTEE, RACIAL WEALTH GAP, CORPORATE RACIAL EQUITY INDEX AND FINANCIAL SECURITY AND IS A BODY OF WORK DRIVEN BY DATA AND DEMOGRAPHIC ANALYSIS THAT IS APPLIED TO THE DEVELOPMENT OF POLICY PROPOSALS AND STRATEGY DEVELOPMENT TO SECURE OPPORTUNITY FOR ALL, INCLUDING PEOPLE IN LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. THESE PROGRAMS ARE DESIGNED TO FURTHER THE DEVELOPMENT OF AN EQUITABLE ECONOMY: ONE IN WHICH WORKING-CLASS PEOPLE AND PEOPLE OF COLOR HAVE GOOD JOBS, ECONOMIC SECURITY, RISING STANDARDS OF LIVING, AND INCREASED VOICE, POWER, AND OWNERSHIP.

4d Other program services (Describe on Schedule O.) (Expenses \$ 18,653,882. including grants of \$ 9,486,861.) (Revenue \$)

4e Total program service expenses 38,793,625.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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 on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, LA, CA, WA, DC
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 CHRIS CAMPBELL - 510-663-2333 1438 WEBSTER STREET, 303, OAKLAND, CA 94612-3228

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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 & CEO	40.00 1.00	X		X				542,392.	0.	48,698.
(2) ANGELA GLOVER BLACKWELL FOUNDER IN RESIDENCE	40.00 1.00					X		361,872.	0.	62,343.
(3) MICHAEL J. HASSID CHIEF FINANCIAL OFFICER	40.00 1.00			X				255,270.	13,694.	47,601.
(4) JOSHUA F. KIRSCHENBAUM CHIEF OPERATING OFFICER	40.00 1.00			X				271,160.	0.	39,105.
(5) ASHLEIGH G. GARDERE EXECUTIVE VICE PRESIDENT OF PROGRAMS	40.00 1.00			X				271,160.	0.	33,772.
(6) FELICIA HATCHER FELLOW	40.00 1.00					X		241,543.	0.	24,550.
(7) SARAH C. TREUHAFT VICE PRESIDENT OF RESEARCH	40.00 1.00					X		186,522.	0.	25,853.
(8) MAHLET GETACHEW MANAGING DIRECTOR	40.00 1.00					X		187,113.	0.	15,801.
(9) ARIA FLORANT FELLOW	40.00 1.00					X		188,456.	0.	10,775.
(10) SHERI DUNN BERRY DIRECTOR, CHAIR	1.00 1.00	X		X				0.	0.	0.
(11) DOLORES ACEVEDO-GARCIA DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) RICHARD BARON DIRECTOR (LEFT 4/30/2021)	1.00 1.00	X						0.	0.	0.
(13) GEOFFREY CANADA DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) RADHIKA FOX DIRECTOR (LEFT 2/28/2021)	1.00 1.00	X						0.	0.	0.
(15) STEWART KWOH DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) JOAN WALSH DIRECTOR	1.00 1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,314,144.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	80,337,128.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,915,173.				
	h Total. Add lines 1a-1f		81,651,272.				
Program Service Revenue	2 a CONTRACT REVENUE	Business Code					
		541900	1,423,247.	1,423,247.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,423,247.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		245,718.			245,718.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		29,761.			
	c Gain or (loss)	7c		-29,761.			
	d Net gain or (loss)			-29,761.		-29,761.	
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue	11 a HONORARIA	Business Code					
		900099	101,795.	101,795.			
	b OTHER REVENUE	900099	901.			901.	
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		102,696.					
12 Total revenue. See instructions		83,393,172.	1,525,042.	0.	216,858.		

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 X

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 ...	16,467,611.	16,467,611.		
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	1,886,747.	821,180.	609,309.	456,258.
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	9,685,387.	8,303,424.	1,095,590.	286,373.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	403,001.	344,181.	45,457.	13,363.
9 Other employee benefits	1,298,254.	1,075,293.	158,662.	64,299.
10 Payroll taxes	806,124.	640,375.	115,930.	49,819.
11 Fees for services (nonemployees):				
a Management				
b Legal	144,295.		144,295.	
c Accounting	85,011.		85,011.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	10,044,560.	9,301,297.	626,319.	116,944.
12 Advertising and promotion	6,353.	5,041.	920.	392.
13 Office expenses	113,981.	90,772.	16,142.	7,067.
14 Information technology	533,993.	424,207.	76,784.	33,002.
15 Royalties				
16 Occupancy	956,454.	759,578.	137,783.	59,093.
17 Travel	25,131.	23,917.	638.	576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	425,449.	406,118.	10,155.	9,176.
20 Interest	5,993.		5,993.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,402.	19,360.	3,536.	1,506.
23 Insurance	93,581.	78,353.	9,132.	6,096.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATIONS	33,888.	28,234.	3,457.	2,197.
b OTHER	5,886.	4,684.	843.	359.
c EQUIPMENT RENTAL	4,003.		4,003.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	43,050,104.	38,793,625.	3,149,959.	1,106,520.
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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,933,462.	1	3,426,581.
	2 Savings and temporary cash investments	21,453,101.	2	2,457,026.
	3 Pledges and grants receivable, net	9,780,000.	3	27,138,444.
	4 Accounts receivable, net	155,543.	4	133,757.
	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	178,623.	9	189,359.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,320,562.		
	b Less: accumulated depreciation	10b 203,165.		
	11 Investments - publicly traded securities	32,480,559.	11	77,733,249.
	12 Investments - other securities. See Part IV, line 11		12	1,260,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	58,259.	15	73,129.
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,149,922.	16	113,528,942.	
Liabilities	17 Accounts payable and accrued expenses	1,909,792.	17	2,425,164.
	18 Grants payable		18	6,693,328.
	19 Deferred revenue	125,600.	19	0.
	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	1,565,106.	25	529,694.
	26 Total liabilities. Add lines 17 through 25	3,600,498.	26	9,648,186.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,358,561.	27	46,893,391.
	28 Net assets with donor restrictions	26,190,863.	28	56,987,365.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	63,549,424.	32	103,880,756.
33 Total liabilities and net assets/fund balances	67,149,922.	33	113,528,942.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	83,393,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,050,104.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,343,068.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,549,424.
5	Net unrealized gains (losses) on investments	5	-12,834.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,098.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,880,756.

Part XII Financial Statements and Reporting

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

- 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?
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?
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?
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,600,017.	10,219,323.	12,339,651.	42,283,754.	80,337,128.	160,779,873.
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	15,600,017.	10,219,323.	12,339,651.	42,283,754.	80,337,128.	160,779,873.
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)						30,527,674.
6 Public support. Subtract line 5 from line 4.						130,252,199.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	15,600,017.	10,219,323.	12,339,651.	42,283,754.	80,337,128.	160,779,873.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,636.	19,896.	109,177.	92,160.	245,718.	483,587.
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.)	322.					322.
11 Total support. Add lines 7 through 10						161,263,782.
12 Gross receipts from related activities, etc. (see instructions)					12	13,777,688.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	80.77 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	70.59 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

POLICYLINK

Employer identification number

94-3297479

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 8,366,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 7,915,173.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,049,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,515,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 3,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 3,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 2,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 2,650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 1,943,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
2	SECURITIES - PUBLICLY TRADED _____ _____ _____	\$ 7,915,173.	12/31/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization POLICYLINK	Employer identification number 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 info. once.) ▶ \$ _____
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	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">POLICYLINK</p>	Employer identification number <p style="text-align: center;">94-3297479</p>
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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 (grassroots lobbying)	14,361.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	58,921.													
c	Total lobbying expenditures (add lines 1a and 1b)	73,282.													
d	Other exempt purpose expenditures	42,976,823.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	43,050,105.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	903,502.	839,015.	1,000,000.	1,000,000.	3,742,517.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,613,776.
c Total lobbying expenditures	92,722.	16,282.	74,838.	73,282.	257,124.
d Grassroots nontaxable amount	225,876.	209,754.	250,000.	250,000.	935,630.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,403,445.
f Grassroots lobbying expenditures	6,136.	1,904.	35,198.	14,361.	57,599.

Schedule C (Form 990) 2021

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures.

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.

Blank lines for providing supplemental information as required by the instructions.

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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

Schedule D (Form 990) 2021

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 make 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 program
 - 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 on 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	33,753,369.	10,703,369.	12,016,369.	7,100,000.	5,350,000.
b Contributions	1,000,000.	24,000,000.		5,416,369.	1,750,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	3,240,550.	950,000.	1,313,000.	500,000.	
f Administrative expenses					
g End of year balance	31,512,819.	33,753,369.	10,703,369.	12,016,369.	7,100,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - c Term endowment %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		1,024,490.	28,737.	995,753.
d Equipment		296,072.	174,428.	121,644.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,117,397.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes rows for Federal income taxes, DEFERRED RENT LIABILITY, and OTHER LIABILITES.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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 SECTION 501(C)(3) AND THE CALIFORNIA

REVENUE AND TAXATION CODE SECTION 23701(D). THE ORGANIZATION HAS EVALUATED

ITS CURRENT TAX POSITIONS AS OF DECEMBER 31, 2021 AND IS NOT AWARE OF ANY

SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE

NECESSARY. THE ORGANIZATIONS 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:

Part XIII Supplemental Information (continued)

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.

**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

2021

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE CENTER FOR EMPOWERED POLITICS 1042 GRANT AVENUE, SUITE 5 SAN FRANCISCO, CA 94133-5025	45-3084134	501(C)(3)	10,000.	0.			CORE SUPPORT
HARLEM CHILDREN'S ZONE, INC. 35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501(C)(3)	940,000.	0.			CORE SUPPORT
NEW VENTURE FUND 1828 L STREET NORTHWEST, SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	10,000.	0.			CORE SUPPORT
CALIFORNIA CALLS EDUCATION FUND 4801 WEST EXPOSITION BOULEVARD LOS ANGELES, CA 90016-3911	46-2301623	501(C)(3)	600,000.	0.			CORE SUPPORT
CAUSA JUSTA :: JUST CAUSE POST OFFICE BOX 7737 OAKLAND, CA 94601	55-0883038	501(C)(3)	10,000.	0.			CORE SUPPORT
HOUSING JUSTICE LEAGUE, INC. 75 MARIETTA STREET ATLANTA, GA 30301	46-1271164	501(C)(3)	9,000.	0.			CORE SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **74.**
- 3** Enter total number of other organizations listed in the line 1 table **29.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINATOWN COMMUNITY LAND TRUST, INC. - 28 ASH STREET - BOSTON, MA 02111-1517	47-3187874	501(C)(3)	10,000.	0.			CORE SUPPORT
INQUILINXS UNIDXS POR JUSTICIA-UNITED RENTERS FOR JUSTICE - 3715 CHICAGO AVENUE SOUTH - MINNEAPOLIS, MN 55407	47-4987940	501(C)(3)	10,000.	0.			CORE SUPPORT
CHAINBREAKER COLLECTIVE 1500 5TH STREET, #12 SANTA FE, NM 87505	80-0420443	501(C)(3)	10,000.	0.			CORE SUPPORT
VOICES OF COMMUNITY ACTIVISTS & LEADERS (VOCAL-NY), INC. - 80A 4TH AVENUE - BROOKLYN, NY 11217-1908	13-4094385	501(C)(3)	10,000.	0.			CORE SUPPORT
SOUTHEAST ASIAN COMMUNITY ALLIANCE 840 NORTH BROADWAY, SUITE 203E LOS ANGELES, CA 90012-2360	45-2156435	501(C)(3)	10,000.	0.			CORE SUPPORT
URBAN HABITAT PROGRAM 900 FRANKLIN STREET, 3RD FLOOR OAKLAND, CA 94607	20-0275424	501(C)(3)	51,500.	0.			CORE SUPPORT
KHMER GIRLS IN ACTION 1085 REDONDO AVENUE LONG BEACH, CA 90804-3928	27-3087079	501(C)(3)	10,000.	0.			CORE SUPPORT
THRIVE SANTA ANA, INC. 401 EAST PELTASON DRIVE, SUITE 1000 IRVINE, CA 92617-3122	82-0724453	501(C)(3)	10,000.	0.			CORE SUPPORT
URBAN AFFAIRS COALITION 1207 CHESTNUT STREET, SUITE 700 PHILADELPHIA, PA 19107-4131	23-7046393	501(C)(3)	10,000.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO INFORMATION CLEARINGHOUSE - 325 CLEMENTINA STREET - SAN FRANCISCO, CA 94103	94-3102891	501(C)(3)	10,000.	0.			CORE SUPPORT
NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM - 303 HEGENBERGER ROAD - OAKLAND, CA 94621-1419	81-5269212	501(C)(3)	95,000.	0.			CORE SUPPORT
THE URBAN INSTITUTE 500 L'ENFANT PLAZA SOUTHWEST, 2ND F WASHINGTON, DC 20024-2274	52-0880375	501(C)(3)	1,000,000.	0.			CORE SUPPORT
INDEPENDENT SECTOR 1602 L STREET NORTHWEST, SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	10,000.	0.			CORE SUPPORT
BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET, SUITE 900 SAN FRANCISCO, CA 94108-9800	94-2827909	501(C)(3)	10,000.	0.			CORE SUPPORT
NORTH LAWDALE EMPLOYMENT NETWORK 908 SOUTH HOMAN AVENUE, SUITE 700 CHICAGO, IL 60624-4107	36-4295189	501(C)(3)	10,000.	0.			CORE SUPPORT
HARLEM STAGE INC. 150 CONVENT AVENUE NEW YORK, NY 10031-9127	13-3166308	501(C)(3)	20,000.	0.			CORE SUPPORT
TITLE TRACK 6332 MICHIGAN 72 WEST WILLIAMSBURG, MI 49690-9612	38-2742032	501(C)(3)	10,000.	0.			CORE SUPPORT
ASIAN AMERICANS ADVANCING JUSTICE - AAJC, INC. - 1620 L STREET NORTHWEST, SUITE 1050 - WASHINGTON, DC 20036-5660	13-3619000	501(C)(3)	15,000.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENLATINOS POST OFFICE BOX 60217 WASHINGTON, DC 20039-0217	26-3386082	501(C)(3)	10,000.	0.			CORE SUPPORT
THE CHICAGO COMMUNITY TRUST 225 NORTH MICHIGAN AVENUE, SUITE 22 CHICAGO, IL 60601	36-2167000	501(C)(3)	150,000.	0.			CORE SUPPORT
CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE - 1107 9TH STREET, SUITE 910 - SACRAMENTO, CA 95814	77-0347420	501(C)(3)	25,000.	0.			CORE SUPPORT
PURPOSE FOCUSED ALTERNATIVE LEARNING - 11532 FIRESIDE DRIVE - WHITTIER, CA 90604-4024	26-1631692	501(C)(3)	10,000.	0.			CORE SUPPORT
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET, SUITE 24 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	126,083.	0.			CORE SUPPORT
CENTER FOR COMMUNITY CHANGE 1536 U STREET NORTHWEST WASHINGTON, DC 20009	27-0061100	501(C)(3)	2,266,667.	0.			CORE SUPPORT
TIDES CENTER POST OFFICE BOX 29901 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	140,000.	0.			CORE SUPPORT
UNKITAWA 23103 MARINE VIEW DRIVE SOUTH DES MOINES, WA 98198	83-2398323	501(C)(3)	10,000.	0.			CORE SUPPORT
RESOURCES FOR COMMUNITY DEVELOPMENT - 2220 OXFORD STREET - BERKELEY, CA 94704	94-2952466	501(C)(3)	18,800.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMOS MAYFAIR 370-B SOUTH KING ROAD SAN JOSE, CA 95116	77-0499813	501(C)(3)	29,900.	0.			CORE SUPPORT
EAST PALO ALTO COMMUNITY ALLIANCE AND NEIGHBORHOOD DEVELOPMENT ORGANIZATION (EPA - 2369 UNIVERSITY AVENUE - EAST PALO	94-3145270	501(C)(3)	29,900.	0.			CORE SUPPORT
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET, 12TH FLOOR NEW YORK, NY 10017	13-2617681	501(C)(3)	47,500.	0.			CORE SUPPORT
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DRIVE, SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	29,900.	0.			CORE SUPPORT
FORWARD JUSTICE 400 WEST MAIN STREET DURHAM, NC 27701	81-2450800	501(C)(3)	85,000.	0.			CORE SUPPORT
COMMUNITIES IN PARTNERSHIP PO. BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	12,000.	0.			CORE SUPPORT
TAKEACTION MINNESOTA 705 RAYMOND AVENUE #100 SAINT PAUL, MN 55114	20-3338691	501(C)(3)	25,000.	0.			CORE SUPPORT
NETWORK ON WOMEN IN PRISON 4400 MARKET ST. OAKLAND, CA 94608	94-3080408	501(C)(3)	101,500.	0.			CORE SUPPORT
BEGREAT TOGETHER 3429 CHARLOTTE STREET KANSAS CITY, MO 64109	85-2533202	501(C)(3)	150,000.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 2210 SAN JOAQUIN STREET - FRESNO, CA 93721-1127	46-1517800	501(C)(3)	150,000.	0.			CORE SUPPORT
TOPEKA COMMUNITY FOUNDATION 5431 SW 29TH ST TOPEKA, KS 66614	48-0972106	501(C)(3)	25,000.	0.			CORE SUPPORT
DESTINATION INNOVATION INC 2333 EAST 21ST STREET NORTH WICHITA, KS 67214	83-1667906	501(C)(3)	25,000.	0.			CORE SUPPORT
NORTHERN CALIFORNIA LAND TRUST 3120 SHATTUCK AVENUE BERKELEY, CA 94705	23-7380534	501(C)(3)	19,100.	0.			CORE SUPPORT
HUTCHINSON COMMUNITY FOUNDATION PO BOX 298 MEDORA, KS 67502	48-1076910	501(C)(3)	25,000.	0.			CORE SUPPORT
ACCE INSTITUTE 3655 SOUTH GRAND AVENUE, SUITE 250 LOS ANGELES, CA 90007	27-1487442	501(C)(3)	100,000.	0.			CORE SUPPORT
FREE PRESS POST OFFICE BOX 60238 NORTHAMPTON, MA 01062-0238	41-2106721	501(C)(3)	25,000.	0.			CORE SUPPORT
BELOVED COMMUNITY CENTER OF GREENSBORO, INC. - POST OFFICE BOX 875 - GREENSBORO, NC 27402	56-1877250	501(C)(3)	25,000.	0.			CORE SUPPORT
THE WATERSHED CENTER, INC. 44 KAYE ROAD MILLERTON, NY 12546	36-4624060	501(C)(3)	25,000.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSING SERVICES OF LOS ANGELES COUNTY - 3926 WILSHIRE BOULEVARD, SUITE 200 - LOS ANGELES, CA 90010	95-3938955	501(C)(3)	25,000.	0.			CORE SUPPORT
THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)(3)	200,000.	0.			CORE SUPPORT
TEXAS ORGANIZING PROJECT EDUCATION FUND - 2404 CAROLINE ST - HOUSTON, TX 77004	27-1481855	501(C)(3)	15,000.	0.			CORE SUPPORT
PROJECT SOUTH THE INSTITUTION FOR THE ELIMINATION POVERTY & GENOCIDE - 9 GAMMON STREET SOUTHEAST - ATLANTA, GA 30315	58-1956686	501(C)(3)	7,601,761.	0.			CORE SUPPORT
FIRST PEOPLES FUND 706 WEST BOULEVARD RAPID CITY, SD 57701	82-0583682	501(C)(3)	10,000.	0.			CORE SUPPORT
NORTHEASTERN ILLINOIS UNIVERSITY FOUNDATION - 5500 N ST LOUIS AVE - CHICAGO, IL 60625	23-7034689	501(C)(3)	25,000.	0.			CORE SUPPORT
MAPPING POLICE VIOLENCE, INC. 1976 PREUSS RD LOS ANGELES, CA 90034	87-2753154	501(C)(3)	95,000.	0.			CORE SUPPORT
INSTITUTE OF THE BLACK WORLD 21ST CENTURY, INC. - 3135 95TH STREET - EAST ELMHURST, NY 11369-1745	30-0186895	501(C)(3)	125,000.	0.			CORE SUPPORT
TANOSHI INC. 505 14TH STREET OAKLAND, CA 94612	35-2589199		7,500.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BODDLE LEARNING, INC. 5437 NORTH FAIRMOUNT AVENUE KANSAS CITY, MO 64118	83-4588858		25,000.	0.			CORE SUPPORT
LIVEGISTICS, LLC 1001 WOODWARD AVENUE DETROIT, MI 48226	82-2777451		750,000.	0.			CORE SUPPORT
AVEC DRINKS CO. 2077 FIFTH AVE, 5B NEW YORK, NY 10035	85-0832787		50,000.	0.			CORE SUPPORT
BEEREADERS INC. 115 WILD BASIN RD. S. AUSTIN, TX 78746	84-4832323		125,000.	0.			CORE SUPPORT
OPENFIELD CO. 4836 NE PRINCETON WAY SEATTLE, WA 98115	57-3340432		25,000.	0.			CORE SUPPORT
ALODIA HEALTHY HAIR, LLC 3217 WINTERBOURNE DRIVE UPPER MARLBORO, MD 20774	47-3340497		125,000.	0.			CORE SUPPORT
FEMLY LLC 858 S. MACON STREET BALTIMORE, MD 21224	81-1228220		7,500.	0.			CORE SUPPORT
HEALTH IN HER HUE INC. 2914 PEARSALL AVENUE BRONX, NY 10469	85-2465420		50,000.	0.			CORE SUPPORT
DAYE ENTERPRISES 19200 INDEX STREET PORTER RANCH, CA 91326	82-4050808		7,500.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAL - NAYLILLY LLC 5033 ELLIS LANE ELLCOTT CITY, MD 21043	21-9517598		7,500.	0.			CORE SUPPORT
STEREOTHEQUE 833 BROADWAY NEW YORK, NY 10003	81-3992434		7,500.	0.			CORE SUPPORT
DOSSO BEAUTY LLC 2201 BRYN MAWR AVENUE PHILADELPHIA, PA 19131	82-4366043		125,000.	0.			CORE SUPPORT
YEUMA, INC 701 BRAZOS STREET AUSTIN, TX 78701-3232	36-4898337		25,000.	0.			CORE SUPPORT
REACH AI INC 10 AKRON STREET CAMBRIDGE, MA 02138	86-2009533		7,500.	0.			CORE SUPPORT
REALTOURHUB, INC. 3025 S ADAMS ST TALLAHASSEE, FL 32301	87-2167147		7,500.	0.			CORE SUPPORT
THE FUTURE HAPPENS EVERYDAY INC. 561 10TH AVENUE 32J NEW YORK, NY 10036-3057	85-1634435		7,500.	0.			CORE SUPPORT
FONBNK LLC CALIFORNIA STREET NORTHWEST WASHINGTON, DC 20008	87-2818674		37,500.	0.			CORE SUPPORT
ROFHIWA BOOKS LLC 406 SOUTH DRIVER STREET DURHAM, NC 27703	85-3680334		7,500.	0.			CORE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GABA 1298 JANDRAS LANE SOUTHEAST ATLANTA, GA 30316	85-1387632		37,500.	0.			CORE SUPPORT
YAP GLOBAL LLC 807 ATLANTA STUDENT MOVEMENT BLD. ATLANTA, GA 30314	87-2808770		25,000.	0.			CORE SUPPORT
VAGIOME LLC 1206 JACKSON ST. APT 2 NASHVILLE, TN 37208	87-1816981		7,500.	0.			CORE SUPPORT
EXTRUO LLC 121 PLEASANT STREET MELROSE, MA 02176	87-3338984		7,500.	0.			CORE SUPPORT
VAILA SHOES, LLC 9805 STATESVILLE ROAD CHARLOTTE, NC 28269	86-2278996		7,500.	0.			CORE SUPPORT
OKAY, GIRLFRIEND!, LLC 42911 SACHS DRIVE LANCASTER, CA 93536	87-3249672		7,500.	0.			CORE SUPPORT
ROTORX LLC 8116 PERRINCREST PLACE MECHANICSVILLE, VA 23116	86-1935654		50,000.	0.			CORE SUPPORT
MUMTAILS LLC 4640 GARFIELD STREET WASHINGTON, DC 20007	81-4661678		37,500.	0.			CORE SUPPORT
EMAGINE SOLUTIONS TECHNOLOGY LLC 9040 S. RITA ROAD, SUITE 1270 TUCSON, AZ 85747	82-1501746		50,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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 FULFILLS THE REPORTING REQUIREMENT AND PROVIDES SOMETHING OF VALUE TO THE GRANTEE ORGANIZATION.

**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

2021

Open to Public Inspection

Name of the organization

POLICYLINK

Employer identification number

94-3297479

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input checked="" type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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 & CEO	(i)	346,160.	196,232.	0.	17,400.	31,298.	591,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANGELA GLOVER BLACKWELL FOUNDER IN RESIDENCE	(i)	266,863.	95,009.	0.	17,400.	44,943.	424,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL J. HASSID CHIEF FINANCIAL OFFICER	(i)	221,160.	34,110.	0.	14,864.	32,737.	302,871.	0.
	(ii)	0.	0.	13,694.	0.	0.	13,694.	0.
(4) JOSHUA F. KIRSCHENBAUM CHIEF OPERATING OFFICER	(i)	271,160.	0.	0.	16,500.	22,605.	310,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASHLEIGH G. GARDERE EXECUTIVE VICE PRESIDENT OF PROGRAMS	(i)	271,160.	0.	0.	11,000.	22,772.	304,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FELICIA HATCHER FELLOW	(i)	241,543.	0.	0.	3,208.	21,342.	266,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH C. TREUHAFI VICE PRESIDENT OF RESEARCH	(i)	186,522.	0.	0.	11,350.	14,503.	212,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAHLET GETACHEW MANAGING DIRECTOR	(i)	172,910.	14,203.	0.	6,540.	9,261.	202,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ARIA FLORANT FELLOW	(i)	115,687.	72,769.	0.	3,100.	7,675.	199,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE FOUNDER IN RESIDENCE LEASES AN APARTMENT IN NEW YORK WHERE POLICYLINK'S SECOND LARGEST OFFICE IS LOCATED. TO MANAGE LODGING COSTS FOR ORGANIZATIONAL RELATED TRAVEL, POLICYLINK REIMBURSES THE FOUNDER IN RESIDENCE FOR A PORTION OF THE COSTS RELATED TO THE NEW YORK LEASE BASED ON AN ACCOUNTABLE PLAN. POLICYLINK MAINTAINS A CURRENT COPY OF THE LEASE. THIS ARRANGEMENT HAS RESULTED IN SAVINGS TO THE ORGANIZATION AND AMOUNTS PAID IN EXCESS OF DOCUMENTED BUSINESS USE ARE INCLUDABLE IN HER TAXABLE INCOME.

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.

SALARIES FOR THE COO AND EXECUTIVE VICE PRESIDENT OF PROGRAMS INFORMED BY A COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A CONSULTANT

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.

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	1	7,915,173.	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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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** X
- 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** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

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.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS AND NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

POLICYLINK

Employer identification number

94-3297479

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

ADVANCING RACIAL AND ECONOMIC EQUITY BY LIFTING UP WHAT WORKS.

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

PARTNERSHIP; CRADLE-TO-CAREER ADVOCACY; BUILDING AND SUSTAINING HEALTHY

COMMUNITIES; HEALTHY FOOD PROCUREMENT; HEALTH EQUITY FELLOWSHIP FOR

SYSTEMS CHANGE LEADERS; COMMUNITY DEVELOPMENT INVESTMENT INITIATIVE;

AND ARTS, CULTURE, AND EQUITABLE DEVELOPMENT INITIATIVE.

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

OTHER PROGRAMS - CENTRAL TO ITS MISSION, POLICYLINK SEEKS TO EXPAND THE

THINKING, REACH, AND POWER OF LOCAL PARTNERS BY CREATING MORE FERTILE

GROUND FOR ACTION THROUGH FRAMING NATIONAL DEBATES AND POLICY ADVOCACY.

THIS PORTFOLIO IS DEDICATED TO SUPPORTING AND GROWING THE EQUITY

MOVEMENT AND BUILDING NEW ALLIANCES AND PARTNERSHIPS ACROSS THE

POLICYLINK PROGRAM AREAS THAT EMPOWER ADVOCATES TO WIN ON EQUITY.

POLICYLINK'S FLAGSHIP INITIATIVE IS THE EQUITY SUMMIT, WHICH IS HELD

APPROXIMATELY EVERY THREE YEARS AND ASSEMBLES OVER 4,000 LEADERS TO

DESIGN AND CHART THE COURSE OF THE EQUITY MOVEMENT. ADDITIONAL PROJECTS

INCLUDE THE FOLLOWING: THE OFFICE OF THE FOUNDER IN RESIDENCE, RACE

EQUITY AND INCLUSION CONSULTANCIES, AND STRATEGIC COMMUNICATIONS

INITIATIVES.

EXPENSES \$ 18,653,882. INCLUDING GRANTS OF \$ 9,486,861. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization POLICYLINK	Employer identification number 94-3297479
--	--

JOSHUA KIRSCHENBAUM, COO, IS MARRIED TO SARAH TREUHAF, VICE PRESIDENT OF RESEARCH.

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

Name of the organization POLICYLINK	Employer identification number 94-3297479
--	--

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 DECISIONS 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](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 FEES:

OTHER PROJECT CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	9,301,297.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	626,319.
---------------------------------	----------

FUNDRAISING EXPENSES	116,944.
----------------------	----------

TOTAL EXPENSES	10,044,560.
----------------	-------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,044,560.
--	-------------

FORM 990, PART XII, LINE 2C

**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

2021

**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	No
POLICYLINK EQUITY ACTION NETWORK - 47-3469925, 1714 FRANKLIN STREET, #100-283, OAKLAND, CA 94613-3409	ADVOCACY	CALIFORNIA	501(C)(4)		POLICYLINK	X	

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) Disproportionate 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	

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	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.

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Lined area for providing supplemental information.