# **PUBLIC DISCLOSURE COPY**

### **PLEASE FILE IN A SAFE PLACE**

# ARMANINO LLP

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### \*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047

Inspection

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

	roi u	e 2021 Calendar year, or tax year beginning	anu	enung				
В	Check if applicat	C Name of organization			D Employer iden	tifica	tion number	
	Addr	Je POLICYLINK						
	Name Chan	Doing business as			94-32974	79		
	Initia returi	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone num	ber		
	Final	1438 WEBSTER STREET		303	510-663-23	33		
_	termi ated		ZIP or foreign postal code		G Gross receipts \$		83,42	2,933.
Ļ	Amer	OARDAND, CA 94012-3220			H(a) Is this a grou	-		
	Appli tion pend	na .	AEL MCAFEE		for subordina			_
		SAME AS C ABOVE	. —		<b>H(b)</b> Are all subordinat			No
			(insert no.) 4947(a)(1)	or 527	1		st. See instructio	ons
		te: WWW.POLICYLINK.ORG		1	H(c) Group exemp			
	Form c <b>art I</b>	forganization: X Corporation Trust As Summary	ssociation Other	<b>L</b> Year	of formation: 1998	M :	State of legal dom	nicile: CA
	1	Briefly describe the organization's mission or most	significant activities: POLICY	LINK IS A	NATIONAL			
Governance		RESEARCH AND ACTION INSTITUTE (CONTIN						
rna	2	Check this box  if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net	asșet	ts.	
ove.	3	Number of voting members of the governing body	(Part VI, line 1a)			3		6
Ö	4	Number of independent voting members of the go				4		5
es 2	5	Total number of individuals employed in calendar y				5		105
ΞΞ.	6	Total number of volunteers (estimate if necessary)				6		5
Activities &	7 a	Total unrelated business revenue from Part VIII, co	. ,,			7a		0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b		0.
		0			Prior Year	<u>,                                    </u>	Current Ye	
ne	8				60,283,75	-		1,272.
Revenue	9		1.7-1		1,511,16	-		3,247.
Be	10	Investment income (Part VIII, column (A), lines 3, 4		92,16 76,58	-		.5,957. 12,696.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			61,963,66			3,172.
	12	Total revenue - add lines 8 through 11 (must equal			1,762,76	_		7,611.
	13	Grants and similar amounts paid (Part IX, column (Benefits paid to or for members (Part IX, column (				0.	10,40	0.
	1=	Salaries, other compensation, employee benefits (I	, , , , , , , , , , , , , , , , , , , ,		10,859,31		14 07	9,513.
Expenses	169	Professional fundraising fees (Part IX, column (A), I				0.		0.
Den	h	Total fundraising expenses (Part IX, column (D), lin						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d			6,058,93	7.	12,50	2,980.
	18	Total expenses. Add lines 13-17 (must equal Part I			18,681,01	-		0,104.
	19	Revenue less expenses. Subtract line 18 from line			43,282,64	7.	•	3,068.
or	_				ginning of Current Ye	ar	End of Ye	
Net Assets or	20	Total assets (Part X, line 16)			67,149,92			8,942.
ASS	21	Total liabilities (Part X, line 26)			3,600,49	8.	9,64	8,186.
]     	22	Net assets or fund balances. Subtract line 21 from	line 20		63,549,42	4.	103,88	0,756.
P	art II	Signature Block						
Und	ler pen	alties of perjury, I declare that I have examined this return	, including accompanying schedule	s and stateme	ents, and to the best of	my k	nowledge and bel	ief, it is
true	, corre	ct, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.			
		O'contract of the con-			Data			
Sig		Signature of officer			Date			
He	re	MICHAEL J. HASSID, CFO Type or print name and title						
		7 71	T	Г	Date Check	_	□ PTIN	
D-'		Print/Type preparer's name	Preparer's signature		1 /1 E /00		<b>-</b>	
Pai		MATTHEW PETROSKI	MATTHEW PETROSKI	μ		nployed	P00853132 94-6214841	
	parer Only	Firm's name ARMANINO LLP Firm's address 12657 ALCOSTA BLVD, STE.	500		Firm's EIN	<u> </u>	74-07T404T	
USE	Only	SAN RAMON, CA 94583-4600			Phone no. <sup>9</sup>	25-7	790-2600	
Ma	v the	RS discuss this return with the preparer shown abo			Filolie ilo		X Yes	No
	,	a						

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Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III		Х	
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	O
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No	٥
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiences are considered by experiences.	penses.		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, an	ıd	
	revenue, if any, for each program service reported.			
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.			_
				_
40	(Code:) (Expenses \$ 5 , 858 , 129 . including grants of \$ 1 , 250 , 000 . ) (Revenue \$			_
-10	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.			_
4.1	· · · · · · · · · · · · · · · · · · ·			_
40	Other program services (Describe on Schedule O.)	`		
4-	(Expenses \$ 18,653,882. including grants of \$ 9,486,861.) (Revenue \$  Total program service expenses ▶ 38,793,625.	)		_
40	Total program service expenses 38,793,625.	- 0	00 /	_

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2021)

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POLICYLINK

# Form 990 (2021) POLICYLINK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	$\cdot$	-		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b> </b>		<del></del>
18		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form 990 (2021	1) POLICYLINK	94-3297479	Pa	<sub>age</sub> 4
Part IV Ch	necklist of Required Schedules (continued)			
			Yes	Nο

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?     F   Contract   F   Contract	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Corrodule O contains a response of flote to any line in this fact v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 274		169	140
b	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in 10t applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

POLICYLINK Form 990 (2021) 94-3297479 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 105			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	J 1 7 1	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<b>C</b> -		x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C h		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
a b	· · · · · · · · · · · · · · · · · · ·	7b		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		х
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>├</b>		
1 a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>ra</u>		
b		7b		х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		0.	х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		10b		
115	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Tia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	х	
13		13	Х	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHRIS CAMPBELL - 510-663-2333			
	1438 WEBSTER STREET, 303, OAKLAND, CA 94612-3228			

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# 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.

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

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

<b>(A)</b> Name and title	(B) Average hours per week	box	, unle	Pos heck ss per	(C) Position leck more than one is person is both an id a director/trustee)			( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHAEL A. MCAFEE	40.00									
PRESIDENT & CEO	1.00	Х		Х		_		542,392.	0.	48,698.
(2) ANGELA GLOVER BLACKWELL	40.00									
FOUNDER IN RESIDENCE	1.00					Х		361,872.	0.	62,343.
(3) MICHAEL J. HASSID	40.00									
CHIEF FINANCIAL OFFICER	1.00			Х		_		255,270.	13,694.	47,601.
(4) JOSHUA F. KIRSCHENBAUM	40.00									
CHIEF OPERATING OFFICER	1.00			Х				271,160.	0.	39,105.
(5) ASHLEIGH G. GARDERE	40.00									
EXECUTIVE VICE PRESIDENT OF PROGRAMS	1.00			Х				271,160.	0.	33,772
(6) FELICIA HATCHER	40.00									
FELLOW	1.00		_			Х		241,543.	0.	24,550.
(7) SARAH C. TREUHAFT	40.00									
VICE PRESIDENT OF RESEARCH	1.00					Х		186,522.	0.	25,853.
(8) MAHLET GETACHEW	40.00									
MANAGING DIRECTOR	1.00					Х		187,113.	0.	15,801
(9) ARIA FLORANT	40.00									
FELLOW	1.00					Х		188,456.	0.	10,775
(10) SHERI DUNN BERRY	1.00									
DIRECTOR, CHAIR	1.00	Х		Х		_		0.	0.	0.
(11) DOLORES ACEVEDO-GARCIA	1.00									
DIRECTOR	1.00	Х	_			├		0.	0.	0
(12) RICHARD BARON	1.00									
DIRECTOR (LEFT 4/30/2021)	1.00	Х				_		0.	0.	0
(13) GEOFFREY CANADA	1.00								•	
DIRECTOR	1.00	Х	_			_	_	0.	0.	0.
(14) RADHIKA FOX	1.00								•	_
DIRECTOR (LEFT 2/28/2021)		Х				$\vdash$		0.	0.	0.
(15) STEWART KWOH	1.00								_	_
DIRECTOR	1.00	X	$\vdash$			$\vdash$	_	0.	0.	0.
(16) JOAN WALSH	1.00								•	_
DIRECTOR	1.00	Λ						0.	0.	0.
		-								
132007 12-00-21	l .	l		I	l					Form <b>990</b> (2021

Form 990 (2021) POLICYLINK									94-329747	9 Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	and	l Hiç	jhes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average		not ch		more	than c		Reportable	Reportable	Estimated
	hours per week					s both r/trust		compensation	compensation	amount of
	(list any	or						from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	3e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	ım pe		1099-NEC)		and related
	below	ndividual trustee or director	nstitutional trustee	-ia	Key employee	est co oyee	ıeı	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
1b Subtotal	<u> </u>						<u> </u>	2,505,488.	13,694.	308,498.
c Total from continuation sheets to Part VI							<b>•</b>	0.	0.	0.
. =							<u> </u>	2,505,488.	13,694.	308,498.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										39
									,	Yes No

3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

#### rendered to the organization? If "Yes." complete Schedule J for such person ..... **Section B. Independent Contractors**

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

(A) Name and business address	(B) Description of services	(C) Compensation
MCKINSEY & COMPANY, 3 WORLD TRADE CENTER		
175 GREENWICH STREET, NEW YORK, NY 1000	CONSULTING SERVICES	2,600,000.
BRIDGESPAN GROUP		
2 COPLEY PLACE, BOSTON, MA 02116	CONSULTING SERVICES	1,267,000.
VOX AUDITA SOLUTIONS, 170 AMSTERDAM AVENUE		
APT 3, NEW YORK, NY 10023	WEB DEVELOPMENT SERVICES	526,450.
REVERY, 2222 NORTHEAST OREGON STREET,		
PORTLAND, OR 97232	CREATIVE PRODUCTION ADVISING	342,925.
STUDIO AT BETAWORKS, 29 LITTLE WEST 12TH		
STREET, NEW YORK, NY 10014	PROGRAM ADVISORY	238,000.
<ul> <li>Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization</li> </ul>	those listed above) who received more than	
· · · · · · · · · · · · · · · · · · ·	•	- 000 (

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Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a r	esponse	or note to any line	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues			1b					
يَ ق			Fundraising events			1c					
ifts Ir A						1d					
nie,			Government grants (contri			1e	1,314,144.				
Si Si			All other contributions, gifts,								
he E			similar amounts not included			1f	80,337,128.				
풀턴		g	Noncash contributions included in I			1g \$	7,915,173.				
Sor		_	Total. Add lines 1a-1f		_			81,651,272.			
							Business Code				
o	2	а	CONTRACT REVENUE				541900	1,423,247.	1,423,247.		
Program Service Revenue		b									
Ser		С									
am		d									
g B		е									
ğ.		f	All other program service	ever	nue						
								1,423,247.			
	3		Investment income (includ	ing (	dividen	ds, intere	st, and				
			other similar amounts)					245,718.			245,718.
	4		Income from investment o	f tax	-exemp	ot bond p	roceeds 🕨				
	5		Royalties				<b></b>				
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)				<b></b>				
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
J.			and sales expenses	7b			29,761.				
ther Revenue			Gain or (loss)	7с			-29,761.				
æ			Net gain or (loss)					-29,761.			-29,761.
E	8	а	Gross income from fundraisir	ig ev	ents (no	ot					
Ò			including \$			of					
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
	0		Net income or (loss) from to				<b>P</b>				
	9	d	Gross income from gaming								
		h	Part IV, line 19 Less: direct expenses								
			Net income or (loss) from (								
	10		Gross sales of inventory, le								
		u	and allowances								
		h	Less: cost of goods sold								
			Net income or (loss) from s				<b>•</b>				
						<b>,</b>	Business Code				
snc	11	а	HONORARIA				900099	101,795.	101,795.		
Miscellaneous Revenue	-	b	OTHER REVENUE				900099	901.			901.
ella		С									
lisc			All other revenue								
2		е	Total. Add lines 11a-11d				<b>)</b>	102,696.			
	12		Total revenue. See instructio				<b></b>	83,393,172.	1,525,042.	0.	216,858.

132009 12-09-21

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#### 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 respons	e or note to any line in the (A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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
0	Payroll taxes	806,124.	640,375.	115,930.	49,819
1	Fees for services (nonemployees):				
а	Management				
b	Legal	144,295.		144,295.	
С	Accounting	85,011.		85,011.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	10 044 560	0 201 005	606 210	116 044
	column (A), amount, list line 11g expenses on Sch 0.)	10,044,560.	9,301,297.	626,319.	116,944 392
12	Advertising and promotion	6,353.	5,041.		7,067
13	Office expenses	113,981. 533,993.	90,772. 424,207.	16,142.	
14	Information technology	555,995.	424,207.	76,784.	33,002
15	Royalties	056 454	750 570	127 702	E0 003
16	Occupancy	956,454.	759,578.	137,783.	59,093 576
17	Travel	25,131.	23,917.	638.	576
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	425,449.	406,118.	10,155.	9,176
19	Conferences, conventions, and meetings	5,993.	400,110.	5,993.	9,170
20	Interest	3,333.		3,333.	
21	Payments to affiliates	24,402.	19,360.	3,536.	1,506
2	Depreciation, depletion, and amortization	93,581.	78,353.	9,132.	6,096
23	Other expenses, Itemize expenses not covered	73,301.	10,333.	7,132.	0,090
24	uther 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.)				
а	PRINTING & PUBLICATIONS	33,888.	28,234.	3,457.	2,197
b	OTHER	5,886.	4,684.	843.	359
С	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)				

Page **11** Form 990 (2021)
Part X Balance Sheet POLICYLINK 94-3297479

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	y line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	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				-	
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	•				
	"	under section 4958(f)(1)), and persons describ				6	
	7	Notes and loans receivable, net				7	
Assets	8					8	
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges			178,623.	9	189,359
-		Land, buildings, and equipment: cost or other			1,0,020,	9	207,007
	IUa	basis. Complete Part VI of Schedule D		1,320,562.			
	<u> </u>			203,165.	110,375.	10c	1,117,397
	b   11				32,480,559.	11	77,733,249
	12	Investments - publicly traded securities  Investments - other securities. See Part IV, lin			32,100,333.	12	1,260,000
	13						1,200,000
		Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			58,259.	14	73,129
	15	Other assets. See Part IV, line 11			67,149,922.	15	113,528,942
	16	Total assets. Add lines 1 through 15 (must e			1,909,792.	16	2,425,164
	17	Accounts payable and accrued expenses	1,505,752.	17	6,693,328		
	18 19	Grants payable			125,600.	18 19	0,033,320
	20	Deferred revenue			123,000.		
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D				20	
	22	Loans and other payables to any current or for				21	
ies	22						
Ħ		trustee, key employee, creator or founder, sul controlled entity or family member of any of the				22	
Liabilities	22	• • •	•				
	23 24	Secured mortgages and notes payable to unr				23	
		Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X	1,565,106.	25	529,694
	06	of Schedule D			3,600,498.	26	9,648,186
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, c			3,000,430.	20	3,040,100
S			neck nere				
nç	27	and complete lines 27, 28, 32, and 33.			37,358,561.	27	46,893,391.
<u>a</u>	27	Net assets without donor restrictions  Net assets with donor restrictions			26,190,863.	28	56,987,365
В В	28	Organizations that do not follow FASB ASC			20,130,003.	20	30,301,303
Ë		_	, 956, CHE	eck nere			
Net Assets or Fund Balances	00	and complete lines 29 through 33.	40			20	
)ts	29	Capital stock or trust principal, or current fund				29	
\SS(	30	Paid-in or capital surplus, or land, building, or				30	
)t A	31	Retained earnings, endowment, accumulated			63,549,424.	31	103 880 756
ž	32	Total net assets or fund balances			· · · · · · · · · · · · · · · · · · ·	32	103,880,756
	33	Total liabilities and net assets/fund balances			67,149,922.	33	113,528,942

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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			172.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			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.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2021)	

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

							94-3297479
rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
organ	ization is not a private found	ation because it is: (	For lines 1 through 12, cl	heck only	one box.)		
	A church, convention of ch	urches, or associatio	on of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
					(b)(1)(A)(ii	i).	
	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	<b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,
		·					
	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental unit describ	ed in
				·	, ,		
			nental unit described in	section 17	70(b)(1)(A)	(v).	
X		-					nublic described in
ш			iniai part of its support in	om a gove	on in the state of	ariit or irom the general	pablic accorded in
			(1)(A)(vi) (Complete Par	+ II \			
H	•				ed in conju	unction with a land-grant	college
	•				-	-	-
	· · · · · · · · · · · · · · · · · · ·	grant conege or agric	ulture (see iristructions).	Litter tile i	iairie, city	, and state of the college	5 01
		Illy reasilyes (1) mars	than 22 1/20/ of its supp	ort from o	ontribution	a mambarahin fasa an	d avana ranainta fram
ш							
			•			* *	-
			(less section 511 tax) fro	m busines	sses acquii	red by the organization a	aπer June 30, 1975.
		•				201 1141	
H	-	•	•	•			
	•	•	•	•		•	
		~					Check the box on
	¬ ~ ~						
		•		•	-		
	• • • • •			majority o	of the direc	tors or trustees of the s	upporting
	¬ -	- ·					
		•					-
				ame perso	ns that co	ntrol or manage the sup	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.				
		grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.	
		<b>integrated.</b> A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)
	that is not functionally int	egrated. The organiz	cation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
	<b>-</b> '	•	•	-			
		anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
Ente	er the number of supported o	organizations					
				(iu) le the erge	nization listed		
(	• • • • • • • • • • • • • • • • • • • •	(ii) EIN					(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	Ente Prov	rt I Reason for Public (organization is not a private found A church, convention of cheat A school described in section A hospital or a cooperative A medical research organizative, and state:  An organization operated for section 170(b)(1)(A)(iv). (Compared in the cooperative of section 170(b)(1)(A)(vi). (Compared in the cooperative of supported organization organization organization organization. (Compared in the supported organization. (Compared in the compared in the supported organization. (Compared in the compared in the c	organization is not a private foundation because it is: ( A church, convention of churches, or association of churches, or according organization operated in concity, and state:  An organization operated for the benefit of a consection 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or government or government organization that normally receives a substant of community trust described in section 170(b). An agricultural research organization described or university or a non-land-grant college of agriculturies related to its exempt functions, subject income and unrelated business taxable income see section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusion organization organization described lines 12a through 12d that describes the type of type II. A supporting organization operated, supported organization. You must complete Part IV, See Type II. A supporting organization supervised control or management of the supporting organization organization organization. You must complete Part IV, See Type III functionally integrated. A supporting its supported organization(s) (see instructions Type III functionally integrated. A supporting its supported organization organization received a functionally integrated, or Type III non-functionally integrated. The organization that is not functionally integrated organization received a functionally integrated, or Type III non-functionally integrated. The organization requirement (see instructions). You must complete the following information about the supported (i) Name of supported (ii) EIN	rt I Reason for Public Charity Status. (All organizations must obroganization is not a private foundation because it is: (For lines 1 through 12, cl. A church, convention of churches, or association of churches described A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in set A medical research organization operated in conjunction with a hospital city, and state:  An organization operated for the benefit of a college or university owned section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(or university or a non-land-grant college of agriculture (see instructions). university:  An organization that normally receives (1) more than 33 1/3% of its suppactivities related to its exempt functions, subject to certain exceptions; a income and unrelated business taxable income (less section 511 tax) from See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public sate An organization organized and operated exclusively for the benefit of, to more publicly supported organizations described in section 509(a)(1) of lines 12a through 12d that describes the type of supporting organization Type II. A supporting organization operated, supervised, or controlled the supported organization of organization supervised or controlled in connect control or management of the supporting organization vested in the scorganization. You must complete Part IV, Sections A and B.  Type III non-functionally integrated. A supporting organization operated its supported organization (s) (see instructions). You must complete Part IV, Sections Check this box if the organ	Reason for Public Charity Status. (All organizations must complete the organization is not a private foundation because it is: (For lines 1 through 12, check only A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b) A medical research organization operated in conjunction with a hospital described city, and state:  An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 17 (b) A roganization that normally receives a substantial part of its support from a gove section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operate or university or a non-land-grant college of agriculture (see instructions). Enter the university:  An organization that normally receives (1) more than 33 1/3% of its support from a activities related to its exempt functions, subject to certain exceptions; and (2) no income and unrelated business taxable income (less section 511 tax) from business See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See An organization organized and operated exclusively for the benefit of, to perform the more publicly supported organizations described in section 509(a)(1) or section lines 12a through 12d that describes the type of supporting organization and companization organization organization operated, supervised, or controlled by its supported organization organization operated in connection with its control or management of the supporting organization operated in connection with its control or management of the supporting organization operated in	rt I Reason for Public Charity Status. (All organizations must complete this part.) Sorganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).  A medical research organization operated in conjunction with a hospital described in section ity, and state:  An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(ii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(xi) operated in conjuor university or a non-land-grant college of agriculture (see instructions). Enter the name, city university:  An organization that normally receives (1) more than 33 1/3% of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acquises see section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 50 An organization organized and operated exclusively for the benefit of, to perform the function more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). lines 12a through 12d that describes the type of supporting organization and complete lines  Type II. A supporting organization operated, supporting organization and complete lines  Type II. A supporting organization supervised or controlled in connection with its supported organization(s) (see instructions). You must complet	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.  organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit describ section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college university:  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). (Insect a supporting organization operated exclusively for the benefit of, to perform the functions of orga

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

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

Sec	tion A. Public Support	, , , , , , , , , , , , , , , , , , , ,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	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.
	Public support. Subtract line 5 from line 4.						130,252,199.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</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.
	<b>Total support.</b> Add lines 7 through 10						161,263,782.
	Gross receipts from related activities,	•	,		l	12	13,777,688.
13	First 5 years. If the Form 990 is for the	· ·	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
800	organization, check this box and stop						<b>P</b>
	etion C. Computation of Publi			-1(6)		44	80.77 %
	Public support percentage for 2021 (li					14	
	Public support percentage from 2020					15	,,,
ıba	33 1/3% support test - 2021. If the content have The experimental supplifies						▶ ▼
<b>L</b>	stop here. The organization qualifies		~		line 15 in 22 1/20/		
b	33 1/3% support test - 2020. If the condition have						
17-	and <b>stop here.</b> The organization qual						
ı/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts					•	$\sim$
L	meets the facts-and-circumstances te	_	•		-	70. and line 15 is:	
a	10% -facts-and-circumstances test	<del>-</del>					1U70 UI
	more, and if the organization meets the				-		ightharpoonup
10	organization meets the facts-and-circu		-		• • •		<b>\</b>
Ιδ	Private foundation. If the organization	n dia not check a l	oux on line 13, 16a	i, 100, 17a, 0r 17b	, check this box ar	iu see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

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Schedule A (Form 990) 2021

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
_		
3a		
3b		
0.0		
3с		
30		
_		
4a		
4b		
4c		
F-		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

POLICYLINK 94-3297479 Schedule A (Form 990) 2021 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations plaved in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а h The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,

trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in **Part VI** the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

Schedule A (Form 990) 2021

2b

За

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

these activities but for the organization's involvement.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain in I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.			
Sect	ection A - Adjusted Net Income  (A) Prior Year  (b) Current Year (optional)					
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3_	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3_	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6_	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
_4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021 POLICYLINK 94-3297479 Page 7

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

Par	τν	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	tion D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	3	
4	Amoui	nts paid to acquire exempt-use assets			4	
5	Qualifi	ed set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7		annual distributions. Add lines 1 through 6.			7	
8	Distrib	utions to attentive supported organizations to which th	e organization is responsive			
	(provid	de details in <b>Part VI</b> ). See instructions.			8	
9	Distrib	utable amount for 2021 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distrib	utable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From 2	2016				
b	From 2017					
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	d to underdistributions of prior years				
h	Applie	d to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
j	Remai	nder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	utions for 2021 from Section D,				
	line 7:	\$				
а	Applie	d to underdistributions of prior years				
b	Applie	d to 2021 distributable amount				
С	Remai	nder. Subtract lines 4a and 4b from line 4.				
5	Remai	ning underdistributions for years prior to 2021, if				
	any. S	ubtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in <b>Part VI.</b> See instructions.				
6	Remai	ning underdistributions for 2021. Subtract lines 3h				
	and 4b	o from line 1. For result greater than zero, explain in				
	Part V	1. See instructions.				
7	Exces	s distributions carryover to 2022. Add lines 3j				
	and 4	D.				
8	Break	down of line 7:				
а	Exces	s from 2017				
b	Exces	s from 2018				
С	Exces	s from 2019				
d	Exces	s from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	POLICYLINK	94-3297479	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, line 17a o , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6.	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

Schedule B (Form 990) (2021)

Employer identification number

POL	94-3297479							
Organization type (check one):								
ilers of: Section:								
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $^3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.						
General Rule								
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor?							
Special Rules								
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1. Complete Parts I and II.	d that received from any one						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions 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 <b>General Rule</b> 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 nswer "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).								

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X  Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	Name, audiess, and ZIF + 4	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	\$ 3,050,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$3,010,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 2,750,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 11	Name, address, and ZIP + 4	\$ 2,650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 12	Name, address, and ZIP + 4	\$ 2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art 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
	SECURITIES - PUBLICLY TRADED		
2			
		\$ 7,915,173.	12/31/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
	-	<sub>2</sub>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	<u> </u>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

Name of or	rganization			Employer identification number
POLICYLI	NK			94-3297479
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of \$1,00	e entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
		(e) Transfer of	a diff	
-	Transferee's name, address, a			p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		p of transferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of		p 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	aift	
	Transferee's name, address, a			p of transferor to transferee

#### **SCHEDULE C** (Form 990)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

Name of org	anization	ions. Complete Fait III.		Emn	lover identification number
ivallie of org	POLICYLINK			Emp	94-3297479
Part I-A		anization is exempt und	er section 501(c)	or is a section 527 or	
<ol> <li>Provide</li> <li>Politica</li> </ol>	a description of the organiz	ation's direct and indirect politic ures gn activities	al campaign activities in	n Part IV. ► \$	S
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).	
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax ne amount of any excise tax ganization incurred a sectio	incurred by the organization unc incurred by organization manage n 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?	<b>&gt;</b> \$	S Yes No
Part I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	:)(3).
2 Enter th	ne amount directly expended ne amount of the filing organ	by the filing organization for se- ization's funds contributed to ot	ction 527 exempt functi her organizations for se	ion activities	3
3 Total ex	cempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,		
5 Enter the made purchased	ne names, addresses and en ayments. For each organiza utions received that were pro	nployer identification number (Ell tion listed, enter the amount paid party) and directly delivered to a additional space is needed, proving the space is needed, proving the space is needed.	N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to whicl ation's funds. Also enter th anization, such as a separat	n the filing organization e amount of political
	(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

LHA

132041 11-03-21

Schedule C (F	Form 990) 2021 POLICYLINK	94-3297479	Page 2
Part II-A	Complete if the organization is exempt under section 501(c)(3) and	d filed Form 5768 (election und	der
	section 501(h)).		
A Check ▶	if the filing organization belongs to an affiliated group (and list in Part IV each affil	iated group member's name, address, I	EIN.

A Check ►  if the filing organization below	ngs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share of exce	ess lobbying expenditures).		
B Check ▶ if the filing organization che	cked box A and "limited control" provisions apply.		
	bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion (grassroots lobbying)	14,361.	
<b>b</b> Total lobbying expenditures to influence a l	egislative body (direct lobbying)	58,921.	
c Total lobbying expenditures (add lines 1a a	nd 1b)	73,282.	
		42,976,823.	
e Total exempt purpose expenditures (add lir	es 1c and 1d)	43,050,105.	
f Lobbying nontaxable amount. Enter the am	ount from the following table in both columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%	of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
i If there is an amount other than zero on eitl	ner line 1h or line 1i, did the organization file Form 4720		

### 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)	<b>(a)</b> 2018	<b>(b)</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>b</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

Yes

reporting section 4911 tax for this year?

94 - 3297479Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.  Y			•	b)
	es	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	11 11=			
art III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5),	or sec	ction	
			Yes	N
				+
Were substantially all (90% or more) dues received nondeductible by members?		1		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	r year? <b>1(c)(5),</b>	2 3 or sec		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prious art III-B Complete if the organization is exempt under section 501(c)(4), section 50: 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	r year? 1(c)(5), ' OR (b)	2 3 or sec Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	r year? 1(c)(5), ' OR (b)	2 3 or sec Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members	r year? 1(c)(5), ' OR (b)	2 3 or sec Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	r year? 1(c)(5), OR (b)	2 3 or sec Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50: 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	r year? 1(c)(5), OR (b)	or sec Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50: 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year	r year? 1(c)(5), OR (b)	2 3 or sec ) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior sart III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	r year? 1(c)(5), OR (b)	2 3 or sec ) Part l		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	r year? 1(c)(5), OR (b)	2 3 or sec ) Part l		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio sart III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	r year? 1(c)(5), OR (b)	2 3 or sec ) Part l		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prio art III-B  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	r year? 1(c)(5), ' OR (b)	2 3 or sec ) Part l		3, is

Schedule C (Form 990) 2021

Page 3

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

POLICYLINK

**Employer identification number** 94 - 3297479

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o.  (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	1	(b) i unas ana otner accounts
1 2	Total number at end of year	1,275,000.	
3	Aggregate value of grants from (during year)	1,557,680.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	-		
	Number of conservation easements on a certified historic structure of the		
d	Number of conservation easements included in (c) acquired a		I I
2	listed in the National Register		
3	Number of conservation easements modified, transferred, relevant vear	eased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		<b>.</b>
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
Dos	organization's accounting for conservation easements.	i Art Historical Tracquires or Oth	hay Cimilay Assats
Pai	t III Organizations Maintaining Collections of		iler Sillillar Assets.
	Complete if the organization answered "Yes" on Form		ad balanca abaak wada
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	,	•
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furth	erance or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under FASB A		J . , F · · - ·
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
-	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

POLICYLINK <u> Page</u> **2** Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 33,753,369 10,703,369 12,016,369 7,100,000 5,350,000. **1a** Beginning of year balance 1,000,000. 24,000,000. 5,416,369 1,750,000. Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 1,313,000 3,240,550. 950,000. 500,000. and programs Administrative expenses 31,512,819. 33,753,369. 10,703,369. 12,016,369. 7,100,000. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment 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 Yes No X (i) Unrelated organizations 3a(i) Х (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Schedule D (Form 990) 2021

(d) Book value

995,753.

121,644.

1,117,397.

e Other

(a) Cost or other

basis (investment)

Description of property

Leasehold improvements

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

d Equipment

(b) Cost or other

basis (other)

1,024,490.

296,072

(c) Accumulated

depreciation

28,737

174,428

Schedule D (Form 990) 2021 POLICYLINK		94	1-329/4/9 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		T	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)		<u> </u>	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT LIABILITY			379,694.
(3) OTHER LIABILITES			150,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			529,694.
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	the organization's financial statements the	· —
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII X

Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	12.)	5
Par	t XII Reconciliation of Expenses per Audited Financial S		ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	l l	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII   Supplemental Information.	e 18.)	5
		al 4. Dart IV. Page 415 and Obs D	and W. Ping. As Book W. Ping. On Book W.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		art V, line 4; Part X, line 2; Part XI,
imes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.	
PART	X, LINE 2:		
	<u>.,</u>		
THE	INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE T	TAX BOARD HAVE	
DETE	RMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL ANI	STATE INCOME	
TAXE	S UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE	E CALIFORNIA	
REVE	NUE AND TAXATION CODE SECTION 23701(D). THE ORGANIZATION	ON HAS EVALUATED	
	,,,		
ITS	CURRENT TAX POSITIONS AS OF DECEMBER 31, 2021 AND IS NO	OT AWARE OF ANY	
	,		
SIGN	IFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOU	JLD BE	
NECE	SSARY. THE ORGANIZATIONS TAX RETURNS ARE GENERALLY SUBJ	JECT TO	
EXAM	INATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THE	REE AND FOUR	
YEAR	S, RESPECTIVELY AFTER THEY ARE FILED.		

PART V, LINE 4:

#### 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.

2021
Open to Public Inspection

Name of the organization POLICYLINK							Employer identification number 94-3297479	
Part I General Information on Grants ar	nd Assistance							
Does the organization maintain records to criteria used to award the grants or assist     Describe in Part IV the organization's pro  Part II Grants and Other Assistance to I	tance? cedures for monit	toring the use of grant	funds in the United	l States.			X Yes	No
recipient that received more than \$							,	
(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) ar			a Cara di Aribita					74.
3 Enter total number of other organizations	-	-					·········· <u> </u>	29.

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	F
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HINATOWN 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
QUATNED GOLLEGHTYE							
CHAINBREAKER COLLECTIVE 1500 5TH STREET, #12							
SANTA FE, NM 87505	80-0420443	501/C\/3\	10,000.	0.			CORE SUPPORT
SANTA FE, NM 07303	00-0420443	501(0/(5/	10,000.	0.			CORE SUFFORT
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
WIMED GIRLS IN AGRICU							
KHMER GIRLS IN ACTION 1085 REDONDO AVENUE							
LONG BEACH, CA 90804-3928	27-3087079	501(C)(3)	10,000.	0.			CORE SUPPORT
Lone Bliff, on 50004 3520	2, 3001073		10,000.	0.			DOLL BOLLOKI
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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
SAN FRANCISCO INFORMATION							
CLEARINGHOUSE - 325 CLEMENTINA							
STREET - SAN FRANCISCO, CA 94103	94-3102891	501(C)(3)	10,000.	0.			CORE SUPPORT
JIII. 11111101200, 011 7 1200	71 0102071	002(0)(0)	20,000.	•			
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 LAWNDALE EMPLOYMENT NETWORK							
908 SOUTH HOMAN AVENUE, SUITE 700	26 462-12-	504 (5) (2)		_			
CHICAGO, IL 60624-4107	36-4295189	501(C)(3)	10,000.	0.			CORE SUPPORT
UNDIEM CENCE INC							
HARLEM STAGE INC. 150 CONVENT AVENUE							
NEW YORK, NY 10031-9127	13-3166308	501/C\/3\	20,000.	0.			CORE SUPPORT
MEN TORK, NI 10031-3121	12-2100300	301(0)(3)	20,000.	0.			CORE SUFFORI
TITLE TRACK							
6332 MICHIGAN 72 WEST							
WILLIAMSBURG, MI 49690-9612	38-2742032	501(C)(3)	10,000.	0.			CORE SUPPORT
ASIAN AMERICANS ADVANCING JUSTICE	55 2742052		10,000.	٠.			
- 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) POLICYLINK							94-3297479 P	age ·
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
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 2		501 (9) (2)	150 000	_			GODE GUDDODE	
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	501/0\/3\	25,000.	0.			CORE SUPPORT	
33014	77-0347420	501(0)(3)	25,000.	0.			CORE SUFFORT	
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 2	1							
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 -	04 0050465	501/9//2/	10.000	_			GODE GUDDOE	
BERKELEY, CA 94704	94-2952466	DOT(G)(3)	18,800.	0.			CORE SUPPORT	

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
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
20111, 112 2002			17,000.	••			2011011
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	47 5567306	E01/a\/3\	12.000	0			CORE SUPPORT
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

Part II Continuation of Grants and Other A	Vecietanes to De-	mostic Organizations	and Domastic Ca	wornmonto (Sch	adula I (Form 000) Day		94-3297479 Pa
(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
COPEKA COMMUNITY FOUNDATION 6431 SW 29TH ST COPEKA, KS 66614	48-0972106	501(C)(3)	25,000.	0.			CORE SUPPORT
DESTINATION INNOVATION INC 1333 EAST 21ST STREET NORTH ICHITA, KS 67214	83-1667906	501(C)(3)	25,000.	0.			CORE SUPPORT
ORTHERN CALIFORNIA LAND TRUST B120 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 8655 SOUTH GRAND AVENUE, SUITE 250 AOS ANGELES, CA 90007	27-1487442	501(C)(3)	100,000.	0.			CORE SUPPORT
PREE PRESS POST OFFICE BOX 60238 FORTHAMPTON, MA 01062-0238	41-2106721	501(C)(3)	25,000.	0.			CORE SUPPORT
BELOVED COMMUNITY CENTER OF BREENSBORO, INC POST OFFICE BOX 175 - 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

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Га
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSING SERVICES OF							
OS 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	27 1401033	301(0)(3)	13,000.	· ·			CORE BOITORI
THE ELIMINATION POVERTY & GENOCIDE							
- 9 GAMMON STREET SOUTHEAST -							
ATLANTA, GA 30315	58-1956686	501(C)(3)	7,601,761.	0.			CORE SUPPORT
,			7 7 7 7 7 7 7 7 7				
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
BOD ANGELED, CA 70034	07 2733134	301(0/(3/	33,000.	· ·			CORE BUITORI
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

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) 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 0. CORE SUPPORT 25,000, 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 0. 7,500. 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

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POLICYLINK

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=, =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NAL - NAYLILLY LLC							
5033 ELLIS LANE							
ELLICOTT 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
TABLAIRSSEE, FE 32301	07 2107147		7,500.	· ·			CORE BUITORI
THE FUTURE HAPPENS EVERYDAY INC.							
561 10TH AVENUE 32J							
NEW YORK, NY 10036-3057	85-1634435		7,500.	0.			CORE SUPPORT
HOMBWA I I G							
FONBNK LLC							
CALIFORNIA STREET NORTHWEST	87-2818674		27 500	0.			CORE SUPPORT
WASHINGTON, DC 20008	0/-20100/4		37,500.	0.			COVE BOLLOKI
ROFHIWA BOOKS LLC							
406 SOUTH DRIVER STREET							
DURHAM, NC 27703	85-3680334		7,500.	0.			CORE SUPPORT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	F.
(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
SABA							
1298 JANDRAS LANE SOUTHEAST							
ATLANTA, GA 30316	85-1387632		37,500.	0.			CORE SUPPORT
YAP GLOBAL LLC							
307 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							
3116 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
100001, 111 03/11	32 1301,40		1 30,000.	<u> </u>			PORT BOILOW

94-3297479

Schedule I (Form 990) POLICYLINK

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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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
IRKTASTIC INC											
L155 RIVER OAKS DR NW											
DNCORD, NC 28027	83-2261669		125,000.	0.			CORE SUPPORT				

Schedule I (Form 990) 2021 POLICYLINK 94-3297479 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information		ı e 2; Part III, columr	in (b); and any other ac	I Iditional information.	
PART I, LINE 2:					
POLICYLINK CONDUCTS EXTENSIVE DUE DILIGENCE ON G	RANTEE ORGANIZA	TIONS			
INCLUDING A REVIEW OF FINANCIAL INFORMATION FROM	EXTERNAL AUDIT	'S AND/OR			
FORM 990 WHERE AVAILABLE AND PROGRAMMATIC ACCOMP	LISHMENTS. DEPE	ENDING ON THE			
NATURE AND/OR SIZE OF THE GRANT, POLICYLINK MAY					
·					
FINANCIAL AND NARRATIVE REPORTING. WHEREVER POSS	IBLE, POLICYLIN	IK ENCOURAGES			
ITS GRANTEES TO PROVIDE THIS INFORMATION IN THE	FORM OF PODCAST	S, VIDEOS,			
OR OTHER ARTISTIC EXPRESSION THAT BOTH FULFILS T	HE REPORTING RE	QUIREMENT			
AND PROVIDES SOMETHING OF VALUE TO THE GRANTEE O	RGANIZATION.				

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

POLICYLINK Employer identification number 94-3297479

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

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL A. MCAFEE	(i)	346,160.	196,232.	0.	17,400.	31,298.	591,090.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANGELA GLOVER BLACKWELL	(i)	266,863.	95,009.	0.	17,400.	44,943.	424,215.	0.
FOUNDER IN RESIDENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL J. HASSID	(i)	221,160.	34,110.	0.	14,864.	32,737.	302,871.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	13,694.	0.	0.	13,694.	0.
(4) JOSHUA F. KIRSCHENBAUM	(i)	271,160.	0.	0.	16,500.	22,605.	310,265.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASHLEIGH G. GARDERE	(i)	271,160.	0.	0.	11,000.	22,772.	304,932.	0.
EXECUTIVE VICE PRESIDENT OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FELICIA HATCHER	(i)	241,543.	0.	0.	3,208.	21,342.	266,093.	0.
FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH C. TREUHAFT	(i)	186,522.	0.	0.	11,350.	14,503.	212,375.	0.
VICE PRESIDENT OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAHLET GETACHEW	(i)	172,910.	14,203.	0.	6,540.	9,261.	202,914.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ARIA FLORANT	(i)	115,687.	72,769.	0.	3,100.	7,675.	199,231.	0.
FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Schedule J (Form 990) 2021

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

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94-3297479

### 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 ORGANIZAITON

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

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 Employer identification number POLICYLINK 94-3297479

Par	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amo	ounts	•
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	Х	1	7,915,173.	FAIR MARKET VALUE	Ξ		
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	•	•				•	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement <b>29</b>		Τ.	0	
				=	1	,	⁄es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•		00-		X
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance po	olicy that ro	auires the review o	of any nonetandard contribut	ione?	24	х	
31 220						31	21	
J∠d	Does the organization hire or use third parties of contributions?		-	· · ·		32a		х
h	contributions?  If "Yes," describe in Part II.					oza		
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked			
-	describe in Part II.	101 (U) 101	a type of property	ioi willon column (a) is thet	mou,			

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

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

## SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021

**Employer identification number** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

POLICYLINK 94-3297479 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

<u>Schedule O (Form 990) 2021</u> Page **2** 

**Employer identification number** Name of the organization POLICYLINK 94-3297479 JOSHUA KIRSCHENBAUM, COO, IS MARRIED TO SARAH TREUHAFT, 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

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
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 DECISONS REGARDING COMPENSATION ARE DONE BY INDEPENDENT	
PERSON REVIEW AND APPROVAL, AND ARE CONTEMPORANEOUSLY DOCUMENTED IN THE	
BOARD MEETING MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
POLICYLINK MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS	
WEBSITE AT HTTPS://WWW.POLICYLINK.ORG/ABOUT-US/FINANCIALS-990. THE	
ORGANIZING DOCUMENTS AND CONFLICTS OF INTEREST/ETHICS POLICY AVAILABLE TO	
THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER 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 O (Form 990) 2021					
Name of the organization POLICYLINK	Page 2 Employer identification number 94-3297479				
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.					
	_				

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

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

POLICYLINK

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

94-3297479

(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-year	r assets Direct	(f) controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one	or more related tax-exe	mpt	
(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	contr	g) 512(b)(13) rolled tity?
POLICYLINK EQUITY ACTION NETWORK - 47-3469925, 1714 FRANKLIN STREET, #100-283,						100	110
OAKLAND, CA 94613-3409	ADVOCACY	CALIFORNIA	501(C)(4)		POLICYLINK	Х	
	_						
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.				Schedule R	(Form 99	90) 2021

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

Organizations treated as a partitioning during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	io
										$\vdash$	
							<u> </u>			+	
	l							<u> </u>			

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
	-								
-									
-									

Page 2

POLICYLINK 94-3297479 Schedule R (Form 990) 2021 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Х

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

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

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

<b>b</b> Giπ, grant, or capit	al contribution to related organization(s)				מו		Λ_			
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
f Dividends from rela	ted organization(s)				1f		Х			
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of facilities, equipment, or other assets from related organization(s)										
	vices or membership or fundraising solicitations for related orga				11		Х			
m Performance of ser	vices or membership or fundraising solicitations by related orga	anization(s)			1m		Х			
n Sharing of facilities	, equipment, mailing lists, or other assets with related organizat	ion(s)			1n	Х				
					10	Х				
<b>p</b> Reimbursement pa	id to related organization(s) for expenses				<b>1</b> p		Х			
q Reimbursement paid by related organization(s) for expenses										
r Other transfer of ca	sh or property to related organization(s)				1r		Х			
	sh or property from related organization(s)				1s		Х			
2 If the answer to any	of the above is "Yes," see the instructions for information on v	vho must complete th	is line, including covered rel	ationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	olved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)		1								
(5)										
(6)										
132163 11-17-21				Schedule	R (Forr	n 990)	2021			

Schedule R (Form 990) 2021 POLICYLINK 94-3297479 Page **4** 

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

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

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

<u>Schedule R</u>	(Form 990) 2021 FOLICYLINK	94-329/4/9	Page <b>5</b>
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		