

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO <sup>LLP</sup>**

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ph 925.790.2600  
fx 925.790.2601

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

## A For the 2022 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization POLICYLINK		<b>D</b> Employer identification number 94-3297479
	Doing business as		<b>E</b> Telephone number 510-663-2333
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1438 WEBSTER STREET		303
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612-3228		<b>G</b> Gross receipts \$ 151,517,728.
<b>F</b> Name and address of principal officer: MICHAEL MCAFEE SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: WWW.POLICYLINK.ORG		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1998	<b>M</b> State of legal domicile: CA
<b>H(c)</b> Group exemption number			

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: POLICYLINK IS A NATIONAL RESEARCH AND ACTION INSTITUTE (CONTINUE ON SCHEDULE O)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	119
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	8
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	81,651,272.	42,713,016.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,423,247.	2,902,239.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	215,957.	491,846.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,696.	0.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,393,172.	46,107,101.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	16,467,611.	17,208,269.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	14,079,513.	14,214,050.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,340,475.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,502,980.	21,911,216.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	43,050,104.	53,333,535.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	40,343,068.	-7,226,434.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	113,528,942.	110,956,916.
		9,648,186.	15,002,391.
		103,880,756.	95,954,525.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	MICHAEL J. HASSID, CFO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MATTHEW PETROSKI	MATTHEW PETROSKI	11/13/23		P00853132
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		94-6214841	
	Firm's address	2700 CAMINO RAMON, STE. 350		SAN RAMON, CA 94583-5004	
		Phone no.		925-790-2600	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 9,276,078. including grants of \$ 950,674. ) (Revenue \$ 916,955. )
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.

4b (Code: ) (Expenses \$ 7,828,733. including grants of \$ 2,655,205. ) (Revenue \$ 26,400. )
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

4c (Code: ) (Expenses \$ 5,789,590. including grants of \$ 2,998,204. ) (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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 19,687,728. including grants of \$ 10,604,186. ) (Revenue \$ 1,958,884. )

4e Total program service expenses 42,582,129.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. Marked 'X' in Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
VICTOR JENSEN - 510-663-2333
1438 WEBSTER STREET, 303, OAKLAND, CA 94612-3228

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL A. MCAFEE PRESIDENT AND CEO	39.90 1.10	X		X				574,231.	1,439.	46,459.
(2) JOSHUA F. KIRSCHENBAUM CHIEF OPERATING OFFICER	40.00 0.00			X				406,850.	0.	40,828.
(3) MICHAEL J. HASSID CHIEF FINANCIAL OFFICER	39.55 0.45			X				378,021.	4,342.	46,207.
(4) ASHLEIGH G. GARDERE EXECUTIVE VICE PRESIDENT	40.00 0.00			X				378,384.	0.	37,369.
(5) ANGELA GLOVER BLACKWELL FOUNDER IN RESIDENCE	40.00 0.00					X		284,276.	0.	58,876.
(6) JERRY MALDONADO VICE PRESIDENT OF PROGRAMS	40.00 0.00					X		251,959.	0.	40,568.
(7) VANICE DUNN VICE PRESIDENT OF COMMUNICATIONS	40.00 0.00					X		217,678.	0.	19,708.
(8) CHRISTOPHER J CAMPBELL CONTROLLER	40.00 0.00					X		193,342.	0.	16,455.
(9) DEMOND DRUMMER MANAGING DIRECTOR	39.40 0.60					X		191,251.	2,952.	12,455.
(10) SHERI DUNN BERRY BOARD CHAIR	1.00 1.00	X		X				0.	0.	0.
(11) KAY FERNANDEZ SMITH SECRETARY (STARTED 4/22)	1.00 1.00	X		X				0.	0.	0.
(12) GEOFFREY CANADA TREASURER	1.00 1.00	X		X				0.	0.	0.
(13) STEWART KWOH DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) JEFFREY L. BRADACH DIRECTOR (STARTED 9/22)	1.00 1.00	X						0.	0.	0.
(15) SANDRA GASCA-GONZALEZ DIRECTOR (STARTED 4/22)	1.00 1.00	X						0.	0.	0.
(16) DARRICK HAMILTON DIRECTOR (STARTED 4/22)	1.00 1.00	X						0.	0.	0.
(17) DOLORES ACEVEDO-GARCIA DIRECTOR	1.00 1.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	42,713,016.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		42,713,016.				
Program Service Revenue	<b>2 a</b>	CONTRACT REVENUE	Business Code					
			541900	2,824,818.	2,824,818.			
	<b>b</b>	HONORARIA	541900	77,421.	77,421.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		2,902,239.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		494,098.			494,098.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					105,408,375.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	105,408,375.	2,252.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	0.	-2,252.			
<b>d</b>	Net gain or (loss) .....		-2,252.			-2,252.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			46,107,101.	2,902,239.	0.	491,846.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	17,208,269.	17,208,269.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,907,709.	764,227.	574,789.	568,693.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	9,620,855.	8,051,665.	1,184,772.	384,418.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	660,811.	536,060.	89,059.	35,692.
<b>9</b> Other employee benefits .....	1,256,036.	1,053,265.	167,120.	35,651.
<b>10</b> Payroll taxes .....	768,639.	592,226.	115,335.	61,078.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	100,474.	43,157.	57,317.	
<b>c</b> Accounting .....	56,000.		56,000.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	32,123.		32,123.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,994,005.	11,791,424.	1,066,613.	135,968.
<b>12</b> Advertising and promotion .....	103,390.	98,505.	4,885.	
<b>13</b> Office expenses .....	410,362.	267,913.	129,250.	13,199.
<b>14</b> Information technology .....	535,886.	279,059.	241,249.	15,578.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,015,777.	800,095.	168,117.	47,565.
<b>17</b> Travel .....	429,960.	301,433.	94,580.	33,947.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...	50,636.	50,636.		
<b>19</b> Conferences, conventions, and meetings .....	932,715.	689,562.	237,708.	5,445.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	14,573.	11,901.	1,966.	706.
<b>23</b> Insurance .....	156,195.	42,732.	110,928.	2,535.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> UNCOLLECT. RECEIVABLES	5,079,120.		5,079,120.	
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	53,333,535.	42,582,129.	9,410,931.	1,340,475.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,426,581.	<b>1</b>	6,798,515.
	<b>2</b> Savings and temporary cash investments .....	2,457,026.	<b>2</b>	9,193,687.
	<b>3</b> Pledges and grants receivable, net .....	27,138,444.	<b>3</b>	16,261,436.
	<b>4</b> Accounts receivable, net .....	133,757.	<b>4</b>	299,078.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	189,359.	<b>9</b>	830,094.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,218,612.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 76,106.		
	<b>11</b> Investments - publicly traded securities .....	1,117,397.	<b>10c</b>	2,142,506.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	77,733,249.	<b>11</b>	70,225,296.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,260,000.	<b>12</b>	1,335,000.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	73,129.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	113,528,942.	<b>15</b>	3,871,304.	
		<b>16</b>	110,956,916.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,425,164.	<b>17</b>	4,280,996.
	<b>18</b> Grants payable .....	6,693,328.	<b>18</b>	6,701,289.
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	75,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	529,694.	<b>25</b>	3,945,106.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	9,648,186.	<b>26</b>	15,002,391.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	46,893,391.	<b>27</b>	56,954,323.
	<b>28</b> Net assets with donor restrictions .....	56,987,365.	<b>28</b>	39,000,202.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	103,880,756.	<b>32</b>	95,954,525.
<b>33</b> Total liabilities and net assets/fund balances .....	113,528,942.	<b>33</b>	110,956,916.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	46,107,101.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,333,535.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-7,226,434.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	103,880,756.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-699,797.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	95,954,525.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2022)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10,219,323.	12,339,651.	42,283,754.	80,337,128.	42,713,016.	187,892,872.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10,219,323.	12,339,651.	42,283,754.	80,337,128.	42,713,016.	187,892,872.
<b>5</b> 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) .....						33,917,867.
<b>6 Public support.</b> Subtract line 5 from line 4.						153,975,005.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	10,219,323.	12,339,651.	42,283,754.	80,337,128.	42,713,016.	187,892,872.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	19,896.	109,177.	92,160.	245,718.	494,098.	961,049.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						188,853,921.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	13,351,608.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	81.53	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	80.77	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

POLICYLINK

Employer identification number

94-3297479

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  POLICYLINK	Employer identification number  94-3297479
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 8,425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,148,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  POLICYLINK	Employer identification number  94-3297479
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 4,782,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,017,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 4,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  POLICYLINK	Employer identification number  94-3297479
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 975,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  POLICYLINK	Employer identification number  94-3297479
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  POLICYLINK	Employer identification number  94-3297479
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Table with 2 columns: Name of organization (POLICYLINK) and Employer identification number (94-3297479)

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	16,881.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	40,421.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	57,302.													
<b>d</b>	Other exempt purpose expenditures .....	53,276,233.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	53,333,535.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	839,015.	1,000,000.	1,000,000.	1,000,000.	3,839,015.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,758,523.
<b>c</b> Total lobbying expenditures	16,282.	74,838.	73,282.	57,302.	221,704.
<b>d</b> Grassroots nontaxable amount	209,754.	250,000.	250,000.	250,000.	959,754.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,439,631.
<b>f</b> Grassroots lobbying expenditures	1,904.	35,198.	14,361.	16,881.	68,344.

Schedule C (Form 990) 2022

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

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

Blank lines for providing supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	0	
2 Aggregate value of contributions to (during year)	75,000.	
3 Aggregate value of grants from (during year)	2,196,145.	
4 Aggregate value at end of year	0.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,512,819.	33,753,369.	10,703,369.	12,016,369.	7,100,000.
b Contributions	2,400,000.	1,000,000.	24,000,000.		5,416,369.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	4,207,000.	3,240,550.	950,000.	1,313,000.	500,000.
f Administrative expenses					
g End of year balance	29,705,819.	31,512,819.	33,753,369.	10,703,369.	12,016,369.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ 100 %
  - b Permanent endowment \_\_\_\_\_ .0000 %
  - c Term endowment \_\_\_\_\_ .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,009,723.	33,361.	1,976,362.
d Equipment		208,889.	42,745.	166,144.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,142,506.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LIABILITY	3,945,106.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD HAVE

DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME

TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE CALIFORNIA

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

ITS CURRENT TAX POSITIONS AS OF DECEMBER 31, 2022 AND IS NOT AWARE OF ANY

SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE

NECESSARY. THE ORGANIZATIONS TAX RETURNS ARE GENERALLY SUBJECT TO

EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THREE AND FOUR

YEARS, RESPECTIVELY AFTER THEY ARE FILED.

PART V, LINE 4:

**Part XIII** Supplemental Information (continued)

THE BOARD ESTABLISHED THE RESERVE FUND AND GROWTH FUND TO ENSURE THE STABILITY OF THE MISSION, PROGRAMS, PERSONNEL, AND ONGOING OPERATIONS OF POLICYLINK AND TO PROVIDE A SOURCE OF INTERNAL FUNDS FOR CAPACITY BUILDING.

THE CEO FUND IS A BOARD-DESIGNATED FUND INTENDED FOR LARGE-SCALE INVESTMENTS IN THE RACIAL EQUITY MOVEMENT, BOTH INTERNALLY AND THROUGHOUT THE RACIAL EQUITY MOVEMENT.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

POLICYLINK

Employer identification number

94-3297479

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCE INSTITUTE 3655 S GRAND AVENUE, SUITE 250 LOS ANGELES, CA 90007	27-1487442	501(C)(3)	25,000.	0.			CORE SUPPORT
ALLIED MEDIA PROJECTS 4126 THIRD STREET DETROIT, MI 48201	01-0559608	501(C)(3)	105,000.	0.			CORE SUPPORT
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	10,000.	0.			CORE SUPPORT
APPALSHOP, INC. P.O. BOX 1325 WHITESBURG, KY 41858	61-0890210	501(C)(3)	10,000.	0.			CORE SUPPORT
BAYOU CITY WATERKEEPER 2010 N LOOP WEST, SUITE 103 HOUSTON, TX 77018	26-0187498	501(C)(3)	15,000.	0.			CORE SUPPORT
BELOVED COMMUNITY CENTER OF GREENSBORO, INC. - P.O. BOX 875 - GREENSBORO, NC 27402	56-1877250	501(C)(3)	75,000.	0.			CORE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 95.

3 Enter total number of other organizations listed in the line 1 table ..... 4.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK AMBITION OPPORTUNITY INC. 360 NORTHWEST 27TH STREET MIAMI, FL 33127	85-1559517	501(C)(3)	8,608,566.	1,000,000.	AMOUNT PLEGDED	FISCAL SPONSEE PLEDGE RECEIVABLE	CORE SUPPORT
BLACK UNITED FUND OF ILLINOIS 1809 EAST 71ST STREET CHICAGO, IL 60649	36-3397908	501(C)(3)	25,000.	0.			CORE SUPPORT
BLACKROOTS ALLIANCE 5061 S PRAIRIE AVENUE CHICAGO, IL 60615	82-3487898	501(C)(3)	22,000.	0.			CORE SUPPORT
BYP 100 EDUCATION FUND P.O. BOX 15254 CHICAGO, IL 60615	81-0975889	501(C)(3)	14,350.	0.			CORE SUPPORT
CALIFORNIA IMMIGRANT POLICY CENTER 634 S SPRING STREET, SUITE 600A LOS ANGELES, CA 90014	81-5304541	501(C)(3)	7,500.	0.			CORE SUPPORT
CATALYST MIAMI INC. P.O. BOX 381949 MIAMI, FL 33239	65-0690368	501(C)(3)	7,500.	0.			CORE SUPPORT
CENTER FOR DISABILITY RIGHTS 497 STATE STREET ROCHESTER, NY 14608	22-3141275	501(C)(3)	50,000.	0.			CORE SUPPORT
CENTER FOR INDEPENDENT DOCUMENTARY INC. - 1300 SOLDIERS FIELD ROAD, SUITE 5 - BOSTON, MA 02135	04-2738458	501(C)(3)	25,000.	0.			CORE SUPPORT
CENTER ON POLICY INITIATIVES 3727 CAMINO DEL RIO SOUTH, SUITE 10 SAN DIEGO, CA 92108	33-0824881	501(C)(3)	8,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 56 E MAIN STREET, SUITE 210 - VENTURA, CA 93001	77-0578864	501(C)(3)	8,000.	0.			CORE SUPPORT
CHAINBREAKER COLLECTIVE 1500 5TH STREET, UNIT 12 SANTA FE, NM 87505	80-0420443	501(C)(3)	7,500.	0.			CORE SUPPORT
CHOICES INTERLINKING 6001 W PARMER LANE, SUITE 370 UNIT AUSTIN, TX 78727	75-2451267	501(C)(3)	15,000.	0.			CORE SUPPORT
CITY AND COUNTY OF SAN FRANCISCO 1 DOCTOR CARLTON B GOODLETT PLACE SAN FRANCISCO, CA 94102	94-6000417		200,000.	0.			CORE SUPPORT
CLEAN WATER LEGACY P.O. BOX 591 RAPID CITY, SD 57709	47-0982430	501(C)(3)	7,500.	0.			CORE SUPPORT
COFFEEPRENEUR LLC DBA SIP AND SONDER - 108 S MARKET STREET - INGLEWOOD, CA 90301	47-4502289		37,000.	0.			CORE SUPPORT
COMMUNITY AID AND DEVELOPMENT CORPORATION - 2616 OLD WESLEY CHAPEL ROAD, SUITE 105D - DECATUR, GA 30034	95-3402456	501(C)(3)	25,000.	0.			CORE SUPPORT
COMMUNITY SERVICE CARE 36 PERKINS STREET JAMAICA PLAIN, MA 02130	04-2754281	501(C)(3)	15,000.	0.			CORE SUPPORT
COMMUNITY WATER CENTER 222 NORTH GARDEN STREET, SUITE 130 VISALIA, CA 93291	80-0267674	501(C)(3)	40,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECT, INC. 515 MAIN STREET BUFFALO, NY 14203	46-1542603	501(C)(3)	15,000.	0.			CORE SUPPORT
E3 ALLIANCE 5930 MIDDLE FISKVILLE ROAD SUITE 50 AUSTIN, TX 78752	64-0963235	501(C)(3)	9,500.	0.			CORE SUPPORT
EAST PALO ALTO COMMUNITY ALLIANCE AND NEIGHBORHOOD DEVELOPMENT ORGANIZATION - 2369 UNIVERSITY AVENUE - EAST PALO ALTO, CA 94303	94-3145270	501(C)(3)	13,539.	0.			CORE SUPPORT
EFFORTS OF GRACE, INC. 1712 ORETHA CASTLE HALEY BOULEVARD NEW ORLEANS, LA 70113	72-1266819	501(C)(3)	7,000.	0.			CORE SUPPORT
FAITH FOR JUSTICE 2142 VICTOR STREET ST. LOUIS, MO 63104	83-1374949	501(C)(3)	25,000.	0.			CORE SUPPORT
FAMILIES AND FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN - P.O. BOX 56877 - NEW ORLEANS, LA 70156	20-5924561	501(C)(3)	7,500.	0.			CORE SUPPORT
FAMILY TREE CLINIC 1919 NICOLLET AVENUE MINNEAPOLIS, MN 55403	23-7133742	501(C)(3)	25,000.	0.			CORE SUPPORT
FILANTROPIA PUERTO RICO INC 76 KINGS COURT STREET, APARTMENT 70 SAN JUAN, PR 00911	66-0770270	501(C)(3)	10,000.	0.			CORE SUPPORT
FLORECIENDO (OAKLAND BLOOM) 1721 BROADWAY, SUITE 201 OAKLAND, CA 94612	81-1393321	501(C)(3)	10,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA IMMIGRANT COALITION INC 2800 BISCAYNE BOULEVARD, SUITE 300 MIAMI, FL 33137	20-2123833	501(C)(3)	10,000.	0.			CORE SUPPORT
FORWARD THROUGH FERGUSON 20 SOUTH SARAH STREET ST LOUIS, MO 63108	81-1359671	501(C)(3)	10,000.	0.			CORE SUPPORT
FREE PRESS P.O. BOX 60238 FLORENCE, MA 01062	41-2106721	501(C)(3)	75,000.	0.			CORE SUPPORT
FREEDOM COMMUNITY CENTER 3450 OHIO AVENUE SAINT LOUIS, MO 63118	85-3332122	501(C)(3)	20,000.	0.			CORE SUPPORT
FSG, INC. 500 BOYLSTON STREET SUITE 600 BOSTON, MA 02116	20-2776974	501(C)(3)	148,729.	0.			CORE SUPPORT
GRAND CAILLOU/DULAC BAND OF BILOXI CHITIMACHA CHOCTAW - 5256 SHRIMPERS ROW - HOUMA, LA 70363	35-2466382	501(C)(3)	50,000.	0.			CORE SUPPORT
GROWING KINGS, INC. P.O. BOX 291 BIRMINGHAM, AL 35201	27-0708543	501(C)(3)	7,500.	0.			CORE SUPPORT
HEAD AND HEART PHILANTHROPY 5111 TELEGRAPH, UNIT 146 OAKLAND, CA 94609	47-1516795	501(C)(3)	10,000.	0.			CORE SUPPORT
HEARTLAND ALLIANCE 208 S LASALLE STREET CHICAGO, IL 60604	36-1877640	501(C)(3)	15,000.	0.			CORE SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIJRA HOUSE 340 MENGE AVENUE PASS CHRISTIAN, MS 39571	51-0650863	501(C)(3)	15,000.	0.			CORE SUPPORT
INDIVISIBLE AURORA 3015 EAST NEW YORK STREET, SUITE A2 AURORA, IL 60504	82-2112368	501(C)(3)	15,000.	0.			CORE SUPPORT
INTERNATIONAL DOCUMENTARY ASSOCIATION - 3470 WILSHIRE BOULEVARD, SUITE 980 - LOS ANGELES, CA 90010	95-3911227	501(C)(3)	10,000.	0.			CORE SUPPORT
INTERRELIGIOUS FOUNDATION FOR COMMUNITY ORGANIZATION - 418 W 145TH STREET - NEW YORK, NY 10031	13-2590548	501(C)(3)	25,000.	0.			CORE SUPPORT
JUST CAPITAL FOUNDATION, INC. 44 E 30TH ST 11TH FLOOR NY, NY 10016	36-4764467	501(C)(3)	319,445.	0.			CORE SUPPORT
JUSTICE COMMITTEE INC. 3440 79TH STREET 3G JACKSON HEIGHTS, NY 11372	36-4576355	501(C)(3)	10,000.	0.			CORE SUPPORT
KREATIVE ARTS COLLECTIVE 2426 ORLEANS AVENUE NEW ORLEANS, LA 70119	81-2519402	501(C)(3)	125,000.	0.			CORE SUPPORT
LA UNION DEL PUEBLO ENTERO P.O. BOX 188 SAN JUAN, TX 78589	93-1029197	501(C)(3)	7,500.	0.			CORE SUPPORT
LA VOICE 3660 WILSHIRE BOULEVARD, SUITE 602 LOS ANGELES, CA 90010	95-4781974	501(C)(3)	25,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 2210 SAN JOAQUIN STREET - FRESNO, CA 93721	46-1517800	501(C)(3)	50,000.	0.			CORE SUPPORT
LILAC 6614 MORRIS PARK ROAD PHILADELPHIA, PA 19151	84-3032280	501(C)(4)	26,076.	0.			CORE SUPPORT
LIVE FREE CHICAGO 4445 S KING DRIVE CHICAGO, IL 60653	81-5487128	501(C)(3)	101,500.	0.			CORE SUPPORT
LTSC COMMUNITY DEVELOPMENT CORPORATION - 231 E 3RD STREET, SUITE G106 - LOS ANGELES, CA 90013	95-4444102	501(C)(3)	48,000.	0.			CORE SUPPORT
MILWAUKEE ENVIRONMENTAL CONSORTIUM 1836 W FOND DU LAC AVENUE MILWAUKEE, WI 53205	83-0373300	501(C)(3)	15,000.	0.			CORE SUPPORT
NATIONAL ASSEMBLY OF AMERICAN SLAVERY DESCENDANTS - 3351 CORRIDOR MARKETPLACE S400-45 - LAUREL, MD 20724	87-2121420	501(C)(3)	25,000.	0.			CORE SUPPORT
NATIONAL COUNCIL FOR INCARCERATED AND FORMERLY INCARCERATED WOMEN - 100R WARREN STREET - BOSTON, MA 02119	81-3980673	501(C)(3)	44,000.	0.			CORE SUPPORT
NATIONAL INSTITUTE FOR PEER SUPPORT - 5800 NICHOLSON LANE, UNIT 401 - ROCKVILLE, MD 20852	20-1398650	501(C)(3)	25,000.	0.			CORE SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF LOS ANGELES COUNTY - 3926 WILSHIRE BOULEVARD, SUITE 200 - LOS ANGELES, CA 90010	95-3938955	501(C)(3)	75,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEO PHILANTHROPY, INC. 45 WEST 36TH STREET NEW YORK, NY 10018	13-3191113	501(C)(3)	1,295,348.	350,000.	AMOUNT PLEGDED	FISCAL SPONSEE PLEDGE RECEIVABLE	CORE SUPPORT
NEW VENTURE FUND 1828 L STREET, SUITE 300A WASHINGTON, DC 20036	20-5806345	501(C)(3)	62,000.	0.			CORE SUPPORT
NO EXCEPTIONS, INC. 701 GALLATIN ROAD S, SUITE 206 MADISON, TN 37115	81-5151868	501(C)(3)	45,000.	0.			CORE SUPPORT
NORTH LAWDALE EMPLOYMENT NETWORK 908 SOUTH HOMAN AVENUE, SUITE 700 CHICAGO, IL 60624	36-4295189	501(C)(3)	10,000.	0.			CORE SUPPORT
NORTHEASTERN ILLINOIS UNIVERSITY FOUNDATION - 5500 NORTH SAINT LOUIS AVENUE - CHICAGO, IL 60625	23-7034689	501(C)(3)	75,000.	0.			CORE SUPPORT
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 540-177 BOSTON, MA 02115	04-1679980	501(C)(3)	25,000.	0.			CORE SUPPORT
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	24,500.	0.			CORE SUPPORT
NORTHWEST BRONX COMMUNITY AND CLERGY COALITION - 103 EAST 196TH STREET - BRONX, NY 10468	13-2806160	501(C)(3)	7,500.	0.			CORE SUPPORT
OAKLAND PROMISE 300 FRANK H. OGAWA PLAZA SUITE 430 OAKLAND, CA 94612	54-2103707	501(C)(3)	10,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR SOUTHERN EQUITY 55 IVAN ALLEN JR BOULEVARD NW, SUITE ATLANTA, GA 30308	27-4424115	501(C)(3)	7,500.	0.			CORE SUPPORT
PEACE DEVELOPMENT FUND 44 NORTH PROSPECT STREET AMHERST, MA 01002	04-2738794	501(C)(3)	15,000.	0.			CORE SUPPORT
PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC. - 429 PLYMOUTH AVENUE, SUITE 1 - BUFFALO, NY 14213	20-3558447	501(C)(3)	130,000.	0.			CORE SUPPORT
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DRIVE SUITE 201 TOWSON, MD 21204	27-6601178	501(C)(3)	45,000.	0.			CORE SUPPORT
PROJECT SOUTH INC 9 GAMMON AVENUE SE ATLANTA, GA 30315	58-1956686	501(C)(3)	26,000.	0.			CORE SUPPORT
PUPUSAS FOR EDUCATION 1114 N DRIVER STREET DURHAM, NC 27701	81-3347437	501(C)(3)	10,000.	0.			CORE SUPPORT
RACE FORWARD 145 EAST 57TH STREET, 4TH FLOOR NEW YORK, NY 10022	94-2759879	501(C)(3)	50,000.	0.			CORE SUPPORT
RESIST, INC 42 SEAVERMS AVENUE JAMAICA PLAIN, MA 02130	04-2433182	501(C)(3)	25,000.	0.			CORE SUPPORT
RESULTS FOR AMERICA 1701 RHODE ISLAND AVENUE NORTHWEST WASHINGTON, DC 20036	81-2709681	501(C)(3)	752,045.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	13-3615533	501(C)(3)	75,000.	0.			CORE SUPPORT
SAFER FOUNDATION 571 WEST JACKSON BOULEVARD CHICAGO, IL 60661	36-2762168	501(C)(3)	15,000.	0.			CORE SUPPORT
SHEA'D 1009 WILLOUGHBY AVENUE BROOKLYN, NY 11221	88-1023553		50,000.	0.			CORE SUPPORT
SIERRA HEALTH FOUNDATION: CENTER FOR HEALTH PROGRAM MANAGEMENT - 1321 GARDEN HIGHWAY - SACRAMENTO, CA 95833	45-5282243	501(C)(3)	1,142,505.	0.			CORE SUPPORT
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (SEE), INC. - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	20,500.	0.			CORE SUPPORT
SPRINGBOARD TO OPPORTUNITIES 854 N JEFFERSON STREET JACKSON, MS 39202	46-1917760	501(C)(3)	7,500.	0.			CORE SUPPORT
STARTING OVER, INC. 6355 RIVERSIDE AVENUE, SUITE 100 RIVERSIDE, CA 92506	90-0455003	501(C)(3)	15,000.	0.			CORE SUPPORT
SV@HOME 350 W JULIAN STREET, BUILDING 5 SAN JOSE, CA 95110	81-4755729	501(C)(3)	40,400.	0.			CORE SUPPORT
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMOND AVENUE, SUITE 100 - ST PAUL, MN 55114	41-1635130	501(C)(3)	7,500.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAPROOT EARTH 2685 SLIDELL AVENUE SLIDELL, LA 70458	87-1961840	501(C)(3)	37,500.	0.			CORE SUPPORT
THE CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	95-4523232	501(C)(3)	228,204.	0.			CORE SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1608 FOURTH STREET, SUITE 201 - BERKELEY, CA 94710	94-6002123	501(C)(3)	421,620.	0.			CORE SUPPORT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 622 WEST 113TH STREET - NEW YORK, NY 10027	13-5598093	501(C)(3)	25,000.	0.			CORE SUPPORT
THE WATERSHED CENTER INC 44 KAYE ROAD MILLERTON, NY 12546	36-4624060	501(C)(3)	75,000.	0.			CORE SUPPORT
THE WESLEYAN CHURCH CORPORATION 13300 OLIO ROAD FISHERS, IN 46037	35-1148762	501(C)(3)	25,000.	0.			CORE SUPPORT
THURSDAY LABS 206 MANTLE DRIVE MADISON, AL 35757	88-1262874		25,000.	0.			CORE SUPPORT
UNITED HOUMA NATION 400 MONARCH DRIVE HOUMA, LA 70364	72-0742264	501(C)(3)	50,000.	0.			CORE SUPPORT
URBAN ED ACADEMY 1485 BAYSHORE BOULEVARD, SUITE 317 SAN FRANCISCO, CA 94124	46-1329910	501(C)(3)	10,000.	0.			CORE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN HABITAT PROGRAM 2000 FRANKLIN STREET OAKLAND, CA 94612	20-0275424	501(C)(3)	47,000.	0.			CORE SUPPORT
VERDE 7001 NORTHEAST CULLY BOULEVARD PORTLAND, OR 97218	20-3685723	501(C)(3)	40,000.	0.			CORE SUPPORT
WE THE PEOPLE OF DETROIT 1520 CHATEAUFORT PLACE DETROIT, MI 48207	47-5123903	501(C)(3)	40,000.	0.			CORE SUPPORT

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

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

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

PART I, LINE 2:

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

POLICYLINK

Employer identification number

94-3297479

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL A. MCAFEE PRESIDENT AND CEO	(i)	378,695.	195,536.	0.	18,254.	28,088.	620,573.	0.
	(ii)	1,439.	0.	0.	46.	71.	1,556.	0.
(2) JOSHUA F. KIRSCHENBAUM CHIEF OPERATING OFFICER	(i)	292,922.	113,928.	0.	18,300.	22,528.	447,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL J. HASSID CHIEF FINANCIAL OFFICER	(i)	259,927.	118,094.	0.	15,445.	30,238.	423,704.	0.
	(ii)	4,342.	0.	0.	177.	347.	4,866.	0.
(4) ASHLEIGH G. GARDERE EXECUTIVE VICE PRESIDENT	(i)	285,218.	93,166.	0.	17,058.	20,311.	415,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANGELA GLOVER BLACKWELL FOUNDER IN RESIDENCE	(i)	284,276.	0.	0.	16,223.	42,653.	343,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JERRY MALDONADO VICE PRESIDENT OF PROGRAMS	(i)	215,172.	36,787.	0.	14,228.	26,340.	292,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VANICE DUNN VICE PRESIDENT OF COMMUNICATIONS	(i)	176,518.	41,160.	0.	12,905.	6,803.	237,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTOPHER J CAMPBELL CONTROLLER	(i)	154,702.	38,640.	0.	10,389.	6,066.	209,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DEMOND DRUMMER MANAGING DIRECTOR	(i)	191,251.	0.	0.	11,466.	800.	203,517.	0.
	(ii)	2,952.	0.	0.	177.	12.	3,141.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

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

REVIEW OF A COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A

CONSULTANT SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION, COMPENSATION

DATA FOR THE SAME POSITION IN SIMILAR ORGANIZATIONS, COMPLIED FROM

NONPROFIT INDUSTRY SURVEYS, AS WELL AS INFORMATION FROM SPECIFIC

ORGANIZATIONS OF SIMILAR IMPACT.

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

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

COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A CONSULTANT

SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION.

PART I, LINE 7:

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

AND CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE CHIEF FINANCIAL

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

**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.

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.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SARA TREUHAF	SPOUSE OF COO, JOSH	191,173.	COMPENSATIO		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SARA TREUHAF

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF COO, JOSHUA F. KIRSCHENBAUM

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

POLICYLINK

Employer identification number

94-3297479

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

ADVANCING RACIAL AND ECONOMIC EQUITY BY LIFTING UP WHAT WORKS.

FORM 990, PART III, LINE 4B, 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 \$ 19,687,728. INCL GRANTS OF \$ 10,604,186. REVENUE \$ 1,958,884.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

POLICYLINK

Employer identification number

94-3297479

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM IN CONJUNCTION WITH THE ORGANIZATION'S CONTROLLER AND CFO. A DRAFT OF FORM 990 IS THEN REVIEWED BY THE CONTROLLER AND CFO AND ANY CORRECTIONS/MODIFICATIONS ARE THEN MADE BY THE OUTSIDE CPA. THE REVISED DRAFT IS THEN REVIEWED BY THE CFO AND CHIEF OPERATING OFFICER. ANY CONCERNS THAT THE CFO HAS ARE RAISED WITH THE CPA FIRM, AND WHEN NECESSARY, THE CHIEF OPERATING OFFICER. WHEN A CONSENSUS IS ACHIEVED, A FULL COPY OF THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE GOVERNING BOARD BEFORE FINALIZATION AND ELECTRONICALLY FILED WITH THE TAXING AUTHORITIES.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS RENEW THEIR CONFLICT OF INTEREST STATEMENT ANUALLY. IN THE STATEMENT THEY PLEDGE TO ALERT THE ORGANIZATION OF ANY CONFLICTS AS THEY ARISE, NOT JUST ON AN ANNUAL BASIS.

CONFLICTS OF INTEREST ARE APPROVED BY THE BOARD OF DIRECTORS IN WHICH DETERMINATIONS ARE MADE BY THE BOARD IN GOOD FAITH, WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR'S INTEREST IN THE TRANSACTION, AND BY VOTE OF A MAJORITY OF THE DIRECTORS IN OFFICE NOT COUNTING THE VOTE OF THE INTERESTED DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARIES FOR THE CEO AND CFO WERE APPROVED BY THE BOARD OF DIRECTORS, AFTER A REVIEW OF A COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A CONSULTANT SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION, COMPENSATION DATA FOR THE SAME POSITIONS IN SIMILAR ORGANIZATIONS, COMPILED FROM NONPROFIT INDUSTRY SURVEYS, AS WELL AS INFORMATION FROM SPECIFIC ORGANIZATIONS OF SIMILAR IMPACT. THE SALARIES FOR THE COO AND THE EXECUTIVE



Name of the organization POLICYLINK	Employer identification number 94-3297479
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VICE PRESIDENT OF PROGRAMS, WERE SET BY THE CEO BASED ON A COMPENSATION STUDY PREPARED FOR THE ORGANIZATION BY A CONSULTANT SPECIALIZING IN NONPROFIT EXECUTIVE COMPENSATION, COMPENSATION DATA FOR THE SAME POSITIONS IN SIMILAR ORGANIZATIONS COMPILED FROM NONPROFIT INDUSTRY SURVEYS, AS WELL AS INFORMATION FROM SPECIFIC ORGANIZATIONS OF SIMILAR IMPACT. ALL DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARE DONE BY INDEPENDENT PERSON REVIEW AND APPROVAL, AND ARE CONTEMPORANEOUSLY DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM  
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
POLICYLINK MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT [HTTPS://WWW.POLICYLINK.ORG/ABOUT-US/FINANCIALS-990](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	11,791,424.
MANAGEMENT AND GENERAL EXPENSES	1,066,613.
FUNDRAISING EXPENSES	135,968.
TOTAL EXPENSES	12,994,005.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	12,994,005.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <p align="center">POLICYLINK</p>	Employer identification number <p align="center">94-3297479</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
POLICYLINK EQUITY ACTION NETWORK - 47-3469925, 1714 FRANKLIN STREET, #100-283, OAKLAND, CA 94613-3409	ADVOCACY	CALIFORNIA	501(C)(4)		POLICYLINK	X	

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

Schedule R (Form 990) 2022



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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

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

Lined area for providing supplemental information.