PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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Form 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.



Dep Inter	artment of f	the Treasury ue Service	Go to www.irs.gov/Form990 for instructions and	-		Open to Public Inspection
Α	For the	2022 calend	ar year, or tax year beginning and	d ending		•
В	Check if applicable:	C Name o	forganization		D Employer identificati	on number
	Address change	s POLICY	LINK			
	Name change	Doing b	usiness as		94-3297479	
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1438 W	EBSTER STREET	303	510-663-2333	
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	151,517,728.
	Amende return	OAKLAN	ID, CA 94612-3228		H(a) Is this a group return	n
	Applica-	F Name a	nd address of principal officer: MICHAEL MCAFEE		for subordinates?	Yes X No
	pending	SAME AS	C ABOVE		H(b) Are all subordinates include	ed? Yes No
1	Tax-exer	mpt status:	x 501(c)(3) 501(c) () (insert no.) 4947(a)(1)) or 📃 527	If "No," attach a list.	See instructions
	Website		LICYLINK.ORG		H(c) Group exemption nu	umber
			X Corporation Trust Association Other	L Year	of formation: 1998 M St	ate of legal domicile: CA
P	-	Summary				
đ	1 E		e the organization's mission or most significant activities: POLIC	YLINK IS A	A NATIONAL	
Governance	R	RESEARCH A	ND ACTION INSTITUTE (CONTINUE ON SCHEDULE O)			
sus	2 0	Check this bo	x if the organization discontinued its operations or dispo	osed of more	than 25% of its net assets	
Ň	3 1					9
ي ت	4 N		lependent voting members of the governing body (Part VI, line 1b)			8
es	5 T		of individuals employed in calendar year 2022 (Part V, line 2a) \dots			119
Activities &	6 ⊺		of volunteers (estimate if necessary)			8
Act	7a⊺					0.
	b N	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
en	8 0		and grants (Part VIII, line 1h)		81,651,272.	42,713,016.
Revenue	9 F	•	ce revenue (Part VIII, line 2g)		215,957.	491,846.
Be	10 lr		come (Part VIII, column (A), lines 3, 4, and 7d)		102,696.	491,040. 0.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		83,393,172.	46,107,101.
			nilar amounts paid (Part IX, column (A), lines 1-3)		16,467,611.	17,208,269.
					0.	0.
	145 0		r compensation, employee benefits (Part IX, column (A), line 4)		14,079,513.	14,214,050.
Expenses	16a F		undraising fees (Part IX, column (A), line 11e)		0.	0.
Den	ьт		ing expenses (Part IX, column (D), line 25) 1, 340			
Ĕ	17 C		(A) lines 112.11d 11f.24e)		12,502,980.	21,911,216.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,050,104.	53,333,535.
			expenses. Subtract line 18 from line 12		40,343,068.	-7,226,434.
or				Be	ginning of Current Year	End of Year
Net Assets or	1 20 ⊺	Fotal assets (F	Part X, line 16)		113,528,942.	110,956,916.
Asse	21 ⊺		(Part X, line 26)		9,648,186.	15,002,391.
Net	22 1	Vet assets or	fund balances. Subtract line 21 from line 20		103,880,756.	95,954,525.
P	art II	Signature	e Block			

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

Sign	Signature of off	icer			Date			
Here	MICHAEL J.	HASSID, CFO						
	Type or print na	me and title						
	Print/Type prepa	arer's name	Preparer's signature	Date	Che	eck	PTIN	
Paid	MATTHEW PET	ROSKI	MATTHEW PETROSKI	11/13/23	3 self	f-employed	P00853132	
Preparer	Firm's name	ARMANINO LLP			Firm's Ell	N 94-	6214841	
Use Only	Firm's address	2700 CAMINO RAMON, STE. 3	50					
		SAN RAMON, CA 94583-5004			Phone no	925-79	0 - 2600	
May the II	RS discuss this	return with the preparer shown abo	ve? See instructions				X Yes	No
232001 12-1	3-22 LHA F	or Paperwork Reduction Act Notic	ce, see the separate instructions.				Form 990	(2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) POLICYLINK	94-3297479	Page 2
Pa	rt 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?	L	Yes X No
_	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expen	ses, and
4 -	revenue, if any, for each program service reported.		916,955.
4a	(Code:) (Expenses \$9,276,078. including grants of \$950,674.) (Revenue EQUITABLE ECONOMY - THIS PORTFOLIO IS DEDICATED TO PROMOTING ECONOMIC	:\$	910,955.
	INCLUSION AND OWNERSHIP TO ELIMINATE POVERTY, SHRINK INEQUALITY, AND		
	INCLUSION AND OWNERSHIF TO ELIMINATE FOVERIT, 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.
40	HEALTHY COMMUNITIES OF OPPORTUNITY - THIS PORTFOLIO IS DEDICATED TO	۶¢	
	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.)	1 050 004	
A	(Expenses \$ 19,687,728. including grants of \$ 10,604,186.) (Revenue \$ Total program service expenses 42,582,129.	1,900,004.)	
40	Total program service expenses 42,582,129.		orm 990 (2022
23200:	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	I	
	3		

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³ 2022.05000 POLICYLINK

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- J		
0		6	x	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
· ·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		x	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	А	<u> </u>
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,		17		x
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	– "		<u> </u>
18		40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		—
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	
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Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	. 38	х	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	98		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	¥ 12-13-22	Form	ז 990	(2022)

	1990 (2022) POLICYLINK		94-329747	9	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return		•			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns? .		2b	Х	<u> </u>
3a				3a		X
b				3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoui	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	xt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
С		13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	5 12-13-22			Form	990	(2022)

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a 110 1	55000	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
			Х	
	Other officers or key employees of the organization	15b		
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
b 16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b 16a		x
b 16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			x
b 16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	<u>16a</u>		x
b 16a b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?			x
b 16a b Sec	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure	<u>16a</u>		X
b 16a b <u>Sec</u> 17	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Exion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS</u>	16a 16b		
b 16a b Sec	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	16a 16b	availal	
b 16a b <u>Sec</u> 17	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Extin C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	16a 16b	availal	
b 16a b <u>Sec</u> 17 18	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? ction C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 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)	16a 16b)s only) ;		
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b 16a b <u>Sec</u> 17 18 19 20	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	16a 16b)s only) :		ble

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Check if Schedule Q contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation Cirth calendary are randing with or within the organization's tax 16 Complete His table for all persons required to be listed. Report compensation for the calendary are randing with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation to the organization's current type employees; if any. See the instructions for the organization's tork organization and any related organizations. • List all of the organization is 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 is former officers, key employees, and highest compensated any current officer, director, or trustee of the organization, more than \$100,000 reportable compensation from the organization on or any related organization. • List all of the organization from the organization from the organization nor any related organization compensated any current officer, director, or trustee. (P) Reportable Reportable Compensation from related organization compensated and current officer, director, or trustee. (P) (P) <t< th=""><th></th><th></th><th></th><th>tee</th><th>s, K</th><th>Key</th><th>En</th><th>nplo</th><th>oyees, Highest Co</th><th>mpensated</th><th></th></t<>				tee	s, K	Key	En	nplo	oyees, Highest Co	mpensated	
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 calendary year ending with or within the organization's tax • List all of the organization's current key employees, if any. See the instructions for definition of "key employee." • List the organization's five aurent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation and any related organizations. • List the organization's five aurent highest compensated employees, and highest compensated employees who received more than \$100,000 or former officers, key employees, and highest compensated employees who received more than \$100,000 or former the 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 \$100,000 or former director or trustees that received, in the capacity as a former director, or trustee. • List all of the organization in or any related organization. • List all of the organization for more varian the persons above. • Check this box if neither the organization nor any related organization organization (US 1099-NEC) Reportable compensation former director trustees aroon is bot in the director, or trustee. (1) Name and title (B) (C) (D) (E) (F) (2) OSEN 1.10 X X 574, 231. <t< th=""><th>Employees, and Independer</th><th>nt Contract</th><th>ors</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Employees, and Independer	nt Contract	ors								
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• 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 despective compensation from the organization's current highest compensated employees, if any. See the instructions for definition of "key employee," • List all of the organization's current key employees, if any. See the instructions for definition of "key employee," • List all of the organization's current key employees, if any. See the instructions for definition of "key employee," • List all of the organization's current 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 order in which to list the persons above. • Cich check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) Average week • Cich check more than one to organizations or organizations organizations organization for the organization nor any related organization compensated any current officer, director, or trustee. • (F) (I) Name and title Average week • Cich check more than one to organization organization organization organization organizations	Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	ligh	est (Com	per	isate	ed Employees		
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(A) Name and title(B) Average hours per week(C) Position (on otcheck more than one box, unless person is both an officer and a director/rustle)(D)(E) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)(F)(1)MICHAEL A. MCAFEE39.90Image: second	See the instructions for the order in which to list	the persons ab	ove.								
Name and titleAverage hours per week (list any net and a director/trustee) related organization below line)Average hours for related organization below line)Position (mon check more than one box, unless person is both an one tow unless person is both an one tow unless person is both an one from the organization (W-2/1099-MISC/ 1099-NEC)Reportable compensation from from organization (W-2/1099-MISC/ 1099-NEC)Estimate amount of organization (W-2/1099-MISC/ 1099-NEC)(1)MICHAEL A, MCAFEE (2)39.90 1.10xx574,231.1,439.46,4(2)JOSHUA F, KIRSCHENBAUM (3)40.00x406,850.0.40,6(3)MICHAEL J, HASSID39.55 (4)x378,021.4,342.46,2(4)ASHLEIGH G. GARDERE FUNANCIAL OFFICER40.00 0.00x378,384.0.37,3(5)ANGELA GLOVER BLACKWELL FUNANCIAL OFFICER0.00x284,276.0.58,6(5)ANGELA GLOVER BLACKWELL FUNANCIAL OFFICER40.00 0.00x284,276.0.58,6(6)JERRY MALDONADO (7)40.00x251,959.0.40,6VICE PRESIDENT OF PROGRAMS0.00x251,959.0.40,6	Check this box if neither the organization n	or any related	orga	niza	tion	com	per	Isate	ed any current officer, di	rector, or trustee.	
Name and theAverage hours for week(do not check meet han one officer and a director/trustee)netportable compensation from the organizations organizations organizations below(do not check meet han one officer and a director/trustee)netportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC)netportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)netportable compensation from related organizationsnetportable compensation from related organizationsnetportable compensation from related organizationsnetportable compensation from related organizationsnetportable compensation from related organizationnetportable compensation from related organizationsnetportable compensation from related organizationnetportable compensation from related organizationnetportable compensation from related organization(1) MICHAEL A. MCAFEE (2) JOSHUA F. KIRSCHENBAUM39.90 40.00xxx574,231.1,439.46,4(2) JOSHUA F. KIRSCHENBAUM (3) MICHAEL J. HASSID40.00 39.55x378,021.4,342.46,4(3) MICHAEL J. HASSID (3) MICHAEL J. HASSID39.55 40.00x378,021.4,342.46,4(5) ANGELA GLOVER BLACKWELL (5) ANGELA GLOVER BLACKWELL40.00 40.00x284,276.0.58,6(6) JERRY MALDONADO (7) VANICE DUNN40.00x251,959.0.40,5	(A)	(B)							(D)	(E)	(F)
hours per week (list any hours for related organization below line)box, unless person is both an officer and a director/trustee) the organization the organization (W-2/1099-MISC/ 1099-NEC)compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount of other organization (W-2/1099-MISC/ 1099-NEC)amount of other organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization (W-2/1099-MISC/ 1099-NEC)amount of from related organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization organization organization organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount of other organization organization organization organization organization organization organization organization organization organization organization organization organization(1) MICHAEL A. MCAFEE (2) JOSHUA F. KIRSCHENBAUM (2) JOSHUA F. KIRSCHENBAUM (3) MICHAEL J. HASSID (3) MICHAEL J. HASSID (3) MICHAEL J. HASSID (4) ASHLEIGH G. GARDERE (5) ANGELA GLOVER BLAC	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Week (list any hours for related organization below line)Tom related organization (W-2/1099-MISC/ 1099-NEC)Tom related organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)Other organization (W-2/1099-MISC/ 1099-NEC)Other organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization (W-2/1099-MISC/ 1099-NEC)Tom related organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)Other organization organization organization organization organization organization organization organization organization organizati		hours per	box	, unle	ss per	rson is	s both	n an		•	amount of
(1) MICHAEL A. MCAFEE 39.90 1.10 x x 574,231. 1,439. 46,4 (2) JOSHUA F. KIRSCHENBAUM 40.00 x x 406,850. 0.40,8 (2) JOSHUA F. KIRSCHENBAUM 40.00 x 406,850. 0.40,8 (3) MICHAEL J. HASSID 39.55 x 378,021. 4,342. 46,4 (4) ASHLEIGH G. GARDERE 40.00 x 378,384. 0.37,7 0.37,7 (5) ANGELA GLOVER BLACKWELL 40.00 x 284,276. 0.58,8 0.40,5 (6) JERRY MALDONADO 40.00 x 251,959. 0.40,5 0.40,5 (7) VANICE DUNN 40.00 x 251,959. 0.40,5 0.40,5						recio	rius	lee)			
(1) MICHAEL A. MCAFEE 39.90 1.10 x x 574,231. 1,439. 46,4 (2) JOSHUA F. KIRSCHENBAUM 40.00 x x 406,850. 0.40,8 (2) JOSHUA F. KIRSCHENBAUM 40.00 x 406,850. 0.40,8 (3) MICHAEL J. HASSID 39.55 x 378,021. 4,342. 46,4 (4) ASHLEIGH G. GARDERE 40.00 x 378,384. 0.37,7 0.37,7 (5) ANGELA GLOVER BLACKWELL 40.00 x 284,276. 0.58,8 0.40,5 (6) JERRY MALDONADO 40.00 x 251,959. 0.40,5 0.40,5 (7) VANICE DUNN 40.00 x 251,959. 0.40,5 0.40,5			irecto							Ŭ	
(1) MICHAEL A. MCAFEE 39.90 1.10 x x 574,231. 1,439. 46,4 (2) JOSHUA F. KIRSCHENBAUM 40.00 x x 406,850. 0.40,8 (2) JOSHUA F. KIRSCHENBAUM 40.00 x 406,850. 0.40,8 (3) MICHAEL J. HASSID 39.55 x 378,021. 4,342. 46,4 (4) ASHLEIGH G. GARDERE 40.00 x 378,384. 0.37,7 0.37,7 (5) ANGELA GLOVER BLACKWELL 40.00 x 284,276. 0.58,8 0.40,5 (6) JERRY MALDONADO 40.00 x 251,959. 0.40,5 0.40,5 (7) VANICE DUNN 40.00 x 251,959. 0.40,5 0.40,5			e or d	tee			sated		Ŭ	`	
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(2) JOSHUA F. KIRSCHENBAUM 40.00 X 406,850. 0.40,8 (3) MICHAEL J. HASSID 39.55 39.55 378,021. 4,342. 46,2 (4) ASHLEIGH G. GARDERE 40.00 X 378,384. 0.37,3 (4) ASHLEIGH G. GARDERE 40.00 X 378,384. 0.37,3 (5) ANGELA GLOVER BLACKWELL 40.00 X 284,276. 0.58,8 (6) JERRY MALDONADO 40.00 X 251,959. 0.40,8 VICE PRESIDENT 0.00 X 251,959. 0.40,8	(1) MICHAEL A. MCAFEE	39.90									
CHIEF OPERATING OFFICER 0.00 X 406,850. 0. 40,8 (3) MICHAEL J. HASSID 39.55 X 378,021. 4,342. 46,2 (4) ASHLEIGH G. GARDERE 40.00 X 378,384. 0. 37,3 (5) ANGELA GLOVER BLACKWELL 40.00 X 284,276. 0. 58,8 (6) JERRY MALDONADO 40.00 X 251,959. 0. 40,5 (7) VANICE DUNN 40.00 X 251,959. 0. 40,5	PRESIDENT AND CEO	1.10	х		х				574,231.	1,439.	46,459.
(3) MICHAEL J. HASSID 39.55 x 378,021. 4,342. 46,2 (4) ASHLEIGH G. GARDERE 40.00 x 378,384. 0. 37,3 (5) ANGELA GLOVER BLACKWELL 40.00 x 284,276. 0. 58,8 (6) JERRY MALDONADO 40.00 x 251,959. 0. 40,5 (7) VANICE DUNN 40.00 x 251,959. 0. 40,5	(2) JOSHUA F. KIRSCHENBAUM	40.00									
CHIEF FINANCIAL OFFICER 0.45 X 378,021. 4,342. 46,2 (4) ASHLEIGH G. GARDERE 40.00 X 378,384. 0. 37,3 (5) ANGELA GLOVER BLACKWELL 40.00 X 378,384. 0. 37,3 (6) JERRY MALDONADO 40.00 X 284,276. 0. 58,8 VICE PRESIDENT OF PROGRAMS 0.00 X 251,959. 0. 40,5 (7) VANICE DUNN 40.00 Image: Construct of the second sec	CHIEF OPERATING OFFICER	0.00			Х				406,850.	0.	40,828.
(4) ASHLEIGH G. GARDERE 40.00 x 378,384. 0.37,3 (4) ASHLEIGH G. GARDERE 0.00 x 378,384. 0.37,3 (5) ANGELA GLOVER BLACKWELL 40.00 x 284,276. 0.58,8 (6) JERRY MALDONADO 40.00 x 251,959. 0.40,5 (7) VANICE DUNN 40.00 1 1 1	(3) MICHAEL J. HASSID	39.55									
EXECUTIVE VICE PRESIDENT 0.00 X 378,384. 0. 37,3 (5) ANGELA GLOVER BLACKWELL 40.00 40.00 X 284,276. 0. 58,8 (6) JERRY MALDONADO 40.00 X 284,276. 0. 58,8 VICE PRESIDENT OF PROGRAMS 0.00 X 251,959. 0. 40,5 (7) VANICE DUNN 40.00 Image: Constraint of the state of the st	CHIEF FINANCIAL OFFICER	0.45			Х				378,021.	4,342.	46,207.
(5) ANGELA GLOVER BLACKWELL 40.00 x 284,276. 0. 58,8 (6) JERRY MALDONADO 40.00 x 251,959. 0. 40,9 (7) VANICE DUNN 40.00 40.00 1 1 1 1	(4) ASHLEIGH G. GARDERE	40.00									
FOUNDER IN RESIDENCE 0.00 X 284,276. 0. 58,8 (6) JERRY MALDONADO 40.00 40.00 251,959. 0. 40,5 (7) VANICE DUNN 40.00 40.00 1 1 1 1	EXECUTIVE VICE PRESIDENT	0.00			Х				378,384.	٥.	37,369.
(6) JERRY MALDONADO 40.00 x 251,959. 0. 40,5 (7) VANICE DUNN 40.00 0 0 0 40,5	(5) ANGELA GLOVER BLACKWELL	40.00									
VICE PRESIDENT OF PROGRAMS 0.00 X 251,959. 0. 40,5 (7) VANICE DUNN 40.00 40,55	FOUNDER IN RESIDENCE	0.00					х		284,276.	٥.	58,876.
(7) VANICE DUNN 40.00	(6) JERRY MALDONADO	40.00									
	VICE PRESIDENT OF PROGRAMS	0.00					х		251,959.	0.	40,568.
VICE PRESIDENT OF COMMUNICATIONS 0.00 X 217,678. 0. 19,7	(7) VANICE DUNN										
	VICE PRESIDENT OF COMMUNICATIONS	0.00					Х		217,678.	0.	19,708.

(6) JERRY MALDONADO	40,00						
VICE PRESIDENT OF PROGRAMS	0.00			x	251,959.	0.	40,568.
(7) VANICE DUNN	40.00						
VICE PRESIDENT OF COMMUNICATIONS	0.00			x	217,678.	0.	19,708.
(8) CHRISTOPHER J CAMPBELL	40.00						
CONTROLLER	0.00	1		x	193,342.	٥.	16,455.
(9) DEMOND DRUMMER	39.40						
MANAGING DIRECTOR	0.60	1		x	191,251.	2,952.	12,455.
(10) SHERI DUNN BERRY	1.00						
BOARD CHAIR	1.00	х	х		0.	0.	٥.
(11) KAY FERNANDEZ SMITH	1.00						
SECRETARY (STARTED 4/22)	1.00	х	х		0.	0.	٥.
(12) GEOFFREY CANADA	1.00						
TREASURER	1.00	х	х		0.	0.	0.
(13) STEWART KWOH	1.00						
DIRECTOR	1.00	Х			Ο.	0.	٥.
(14) JEFFREY L. BRADACH	1.00						
DIRECTOR (STARTED 9/22)	1.00	Х			Ο.	0.	٥.
(15) SANDRA GASCA-GONZALEZ	1.00						
DIRECTOR (STARTED 4/22)	1.00	Х			Ο.	0.	٥.
(16) DARRICK HAMILTON	1.00						
DIRECTOR (STARTED 4/22)	1.00	х			0.	0.	٥.
(17) DOLORES ACEVEDO-GARCIA	1.00						
DIRECTOR	1.00	х			0.	0.	٥.
232007 12-13-22							Form 990 (2022)

Form **990** (2022)

Form 990 (2022) POLICYLINK									94-32	97479	9	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		l than o	ne	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pei	rson i	s both r/trust	an	compensation	compensatio		an	nount	of
	week (list any						,	- from	from related			other	
	hours for	lirecto						the organization	organization (W-2/1099-MIS			pensa om th	
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	Individual trustee or director	In stitutional trustee		yee	Highest compensated employee		1099-NEC)			•	d relat	
	below	idual	ution	<u></u>	ƙey employee	est cc oyee	er				orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
										$ \rightarrow $			
										-+			
		1											
										\rightarrow			
		1											
1b Subtotal								2,875,992.	8,	733.		318,	925.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	<u></u>							2,875,992.	,	733.		318,	925.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) who	o re	eceived more than \$100,	000 of reportable	3			
compensation from the organization												V.	45
										Г		Yes	No
3 Did the organization list any former officer,				•									
line 1a? If "Yes," complete Schedule J for s										·····	3		X
4 For any individual listed on line 1a, is the su												х	
and related organizations greater than \$1505 Did any person listed on line 1a receive or a										·····	4		
rendered to the organization? If "Yes," com	-				-			-		- 1	5		x
Section B. Independent Contractors		- 0 10	51 50		Jers	011 .				<u></u>	•		
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	oensati	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)		_	(0		
Name and business							_	Description of s	ervices	Co	ompe	nsatio	n
EQUITY AND RESULTS CONSULTING LLC, 3 WEST 53RD STREET, UNIT 4E, NEW YORK,								CONSULTING SERVICE	g		1	201	025
MCKINSEY & COMPANY, INC., 3 WORLD TR.							-	CONSOLTING SERVICE	5		1	,291,	935.
CENTER, 175 GEENWICH STREET, NEW YOR								CONSULTING SERVICE	s		1	150	000.
WESTERN CONSTRUCTION & CO., INC.												,	
1550 SALEAF COURT, SAN JOSE, CA 9513	1							CONSTRUCTION SERVI	CES			638,	628.
USC, UNIVERSITY PARK CAMPUS, UGB 205	, LOS												
ANGELES, CA 90089								CONSULTING SERVICE	S			600,	000.
VOX AUDITA SOLUTIONS, INC., 170 AMST	ERDAM							WEB HOSTING, MAINT	ENANCE, AND				
AVENUE, UNIT 3M, NEW YORK, NY 10023								SUPPORT				485,	000.
2 Total number of independent contractors (in	•	ot lin	nited	d to			ed	above) who received mo	ore than				
\$100,000 of compensation from the organized	zation				3:	5							

Form **990** (2022)

ar	t VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	onse	or note to any line		(5)	(2)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ţs	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
Å m	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
imi	е	Government grants (contr	ibuti	ons) 1e						
S	f	All other contributions, gifts,	grant	ts, and						
the		similar amounts not included	abov	/e 1f		42,713,016.				
p	g	Noncash contributions included in	lines 1	la-1f 1g	\$					
a	h	Total. Add lines 1a-1f					42,713,016.			
						Business Code				
	2 a	CONTRACT REVENUE				541900	2,824,818.	, ,		
e	b	HONORARIA				541900	77,421.	77,421.		
Revenue	c									
Be	d									
	e									
		All other program service					2,902,239.			
+	<u>g</u> 3	Total. Add lines 2a-2f Investment income (includ					2,502,255.			
	3		Ũ				494,098.			494,0
	4	Income from investment of				roceeds				,•
	5	Royalties			•	1				
	Ŭ	noyanico		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)		•						
		Gross amount from sales of		(i) Securi		(ii) Other				
		assets other than inventory	7a	105,408,	375.					
	b	Less: cost or other basis								
2		and sales expenses	7b	105,408,	375.	2,252.				
	с	Gain or (loss)	7c		٥.	-2,252.				
	d	Net gain or (loss)			<u></u>		-2,252.			-2,2
	8 a	Gross income from fundraisi	ng ev	ents (not						
5		including \$		of						
		contributions reported on		-						
		Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from								
	9 a	Gross income from gamin	-							
		Part IV, line 19								
		Less: direct expenses				l				
		Net income or (loss) from			, s 					
	iu a	Gross sales of inventory, I			10-					
	h	and allowances Less: cost of goods sold								
		Net income or (loss) from				1				
+	U		Jaie	5 OF HIVEHILD	ייy	Business Code				
	11 a									
anc	b									
Revenue	c									
Be		All other revenue								
		Total. Add lines 11a-11d								
	~									491,8

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	17,208,269.	17,208,269.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,907,709.	764,227.	574,789.	568,693.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,620,855.	8,051,665.	1,184,772.	384,418.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	660,811.	536,060.	89,059.	35,692.
9	Other employee benefits	1,256,036.	1,053,265.	167,120.	35,651.
10	Payroll taxes	768,639.	592,226.	115,335.	61,078.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	100,474.	43,157.	57,317.	
	Accounting	56,000.		56,000.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	v	32,123.		32,123.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	12,994,005.	11,791,424.	1,066,613.	135,968.
12	Advertising and promotion	103,390.	98,505.	4,885.	
13	Office expenses	410,362.	267,913.	129,250.	13,199.
14	Information technology	535,886.	279,059.	241,249.	15,578.
15	Royalties	4 045 555	000.005	1 (0, 117	
16	Occupancy	1,015,777.	800,095.	168,117.	47,565.
17	Travel	429,960.	301,433.	94,580.	33,947.
18	Payments of travel or entertainment expenses	50 636	50 626		
	for any federal, state, or local public officials	50,636.	50,636.	007 700	F 445
19	Conferences, conventions, and meetings	932,715.	689,562.	237,708.	5,445.
20	Interest				
21	Payments to affiliates	14,573.	11,901.	1,966.	706.
22	Depreciation, depletion, and amortization	156,195.	42,732.	110,928.	2,535.
23	Insurance	150,155.	=2,752.	110,520.	2,333.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	UNCOLLECT. RECEIVABLES	5,079,120.		5,079,120.	
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	53,333,535.	42,582,129.	9,410,931.	1,340,475.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

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).

Form 990 (2022)

POLICYLINK

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

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(0)

X

2022.05

11

Form 990 (2022)

19521113 701245 122114.2

232010 12-13-22

12

		Check in Schedule O contains a response of hot			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,426,581.	1	6,798,515.
	2	Savings and temporary cash investments			2,457,026.	2	9,193,687.
	3	Pledges and grants receivable, net			27,138,444.	3	16,261,436.
	4	Accounts receivable, net			133,757.	4	299,078.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	IS		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				189,359.	9	830,094.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,218,612.			
	b	Less: accumulated depreciation		76,106.	1,117,397.	10c	2,142,506.
	11	Investments - publicly traded securities			77,733,249.	11	70,225,296.
	12	Investments - other securities. See Part IV, line 1			1,260,000.	12	1,335,000.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			73,129.	15	3,871,304.
	16	Total assets. Add lines 1 through 15 (must equa			113,528,942.	16	110,956,916.
	17	Accounts payable and accrued expenses			2,425,164.	17	4,280,996.
	18	Grants payable			6,693,328.	18	6,701,289.
	19	Deferred revenue		0.	19	75,000.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
abi		controlled entity or family member of any of thes	e person	is		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	
	25	Other liabilities (including federal income tax, page	ables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D			529,694.	25	3,945,106.
	26	Total liabilities. Add lines 17 through 25			9,648,186.	26	15,002,391.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27			······	46,893,391.	27	56,954,323.
Ba	28	Net assets with donor restrictions		L	56,987,365.	28	39,000,202.
pun		Organizations that do not follow FASB ASC 9	58, chec	k here			
Ē		and complete lines 29 through 33.					
រ រ	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			103,880,756.	32	95,954,525.
	33	Total liabilities and net assets/fund balances			113,528,942.	33	110,956,916.

Form 990 (2022)

19521113 701245 122114.2

Form 990 (2022) Part X Balance Sheet

POLICYLINK

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

Form	990 (2022) POLICYLINK	94-3297479)	Pa	_{qe} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,	107,	101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,	333,	535.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,	226,	434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103,	880,	756.
5	Net unrealized gains (losses) on investments	5	-	699,	797.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	95,	954,	525.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	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?	L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?	L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

Department of the Treasury

(Form 990)

<u>Total</u>

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2022	

Open to Public

Intern	ai neve	The Service	Go to www.irs.gov/	Form990 for instructior	is and the	e latest inf	ormation.	1	Inspection
Nan	ne of t	the organization							identification number
De		POLICY		/ 					94-3297479
	rt I	Reason for Public (ee instruction	18.	
	organ	ization is not a private found			•				
1		A church, convention of ch				on 170(b)(1	1)(A)(i).		
2		A school described in sect							
3	\square	A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	or operat	ed by a go	overnmental u	init describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6	Ц	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	•					-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10		An organization that norma							
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a							
12		An organization organized a	-	-				-	
		more publicly supported or							Check the box on
	_	lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting
	_	organization. You must o							
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	organization(s). You mus							
С		Type III functionally inte	• •					lly integrate	ed with,
	_	its supported organization							
d		Type III non-functionally		• •				-	
		that is not functionally int			•		-	an attentiv	/eness
	_	requirement (see instructi	,	•				U. T	
е		Check this box if the orga					турет, туре	п, туре п	
	E.e.t.	functionally integrated, or er the number of supported c							
		vide the following information	•	d organization(a)					
g		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount c	f monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	No	support (see i	nstructions)	support (see instructions)
				above (see instructions))					

ŝ

Schedule A (Form 990) 2022	OLICYLINK				94-3297	479 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170(b	o)(1)(A)(iv) and	170(b)(1)(A)(v	
(Complete only if you checke fails to qualify under the tests				n failed to qualify u	nder Part III. If the	organization
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 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.
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,219,323.	12,339,651.	42,283,754.	80,337,128.	42,713,016.	187,892,872.
5 The portion of total contributions by each person (other than a governmental unit or publicly						

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.
Public support Subtract line 5 from line 4			153,975,005.

6 Public support. Subtract line 5 f Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	10,219,323.	12,339,651.	42,283,754.	80,337,128.	42,713,016.	187,892,872.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources \dots	19,896.	109,177.	92,160.	245,718.	494,098.	961,049.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						188,853,921.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	13,351,608.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	81.53 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	80.77 %
16 a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	'e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2022

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) orga	inization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		<u>.</u>
23202	23 12-09-22					Sche	dule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11-		
L	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11-		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or	103	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	le 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
232025		hedule A (Forr	n 990)	2022

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Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 POLICYLINK

 Part IV
 Supporting Organizations (continued)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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instructions).

Sche	lule A (Form 990) 2022 POLICYLINK				94-3297479	Page 7
Par	t V Type III Non-Functionally Integrated 509	0(a)(3) Supporting Orgar	nizations _{(continu}	ed)		
Secti	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations		3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	POLICYLINK		94-3297479	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, lines 2 and 3; Part IV, Section E, lin	required by Part II, line 10; Part II, line 17 , 11a, 11b, and 11c; Part IV, Section B, lir es 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F and 6. Also complete this part for any ad	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,
	(See instructions.)				
232028 12-09-2	2		01	Schedule A (Form 9	90) 2022

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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

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Name of the organization E	Employer identification num				
POLICYLINK	94-3297479				
Organization type (check one):					
Filers of: Section:					
Form 990 or 990-EZ X 501(c)(³) (enter number) organization					
4947(a)(1) nonexempt charitable trust not treated as a private foundation					
527 political organization					
Form 990-PF 501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation					
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. General Rule	See instructions.				
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's to	· · ·				
Special Rules					
X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and th contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form or (ii) Form 990-EZ, line 1. Complete Parts I and II.	nat received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scient literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enter "N/A" in column (b) instead of the contributor name and address), II, and III.	tific,				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable.					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 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, Pa that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990)

artment of the Treasury

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	B (Form 990) (2022)		Page 2
Name of o	rganization	E	mployer identification number
POLICYLI	NK		94-3297479
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,425,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,148,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,000,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,600,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$1,800,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

	B (Form 990) (2022)	I	Page 2
Name of o	rganization	En	ployer identification number
POLICYLI	NK		94-3297479
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$4,782,375	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$2,265,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,017,043	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$4,500,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,050,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12</u> 223452 11-15		\$1,300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
POLICYLI	NK		94-3297479
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
13		\$975,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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	3 (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
POLICYLI	NK		94-3297479
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	L.
(a) No. from Part I	(b) Description of noncash property given	ENV OF ESTIMATE	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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Schedule B (Form 990) (2022)

Schedule E	3 (Form	990)	(2022)
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lame of or	rganization		Employer identification numb		
OLICYLI	NK		94-3297479		
Part III	Exclusively religious, charitable, etc., contributi) through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year. (Enter this info. once.) \$		
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	[
-	Transferee's name, address, a	nd 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 gif	[
-	Transferee's name, address, a		Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
3454 11-15-	-22		Schedule B (Form 990) (2		

28 2022.05000 POLICYLINK

(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section	501(c) and section 527		2022
	_	if the organization is described			z.	Open to Public
Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection
If the organization answ	vered "Yes," on	I Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lii	ne 46 (Political Campaig	gn Activit	ies), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.			
 Section 501(c) (other 	than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below.	. Do not complete Part I-I	В.	
 Section 527 organiza 	ations: Complete	e Part I-A only.				
If the organization answ	vered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, li	ine 47 (Lobbying Activit	ies), then	
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election un	der section 501(h)): Co	omplete Part II-A. Do not	complete	Part II-B.
		nave NOT filed Form 5768 (election				•
If the organization answ Tax) (See separate inst	-	i Form 990, Part IV, line 5 (Proxy	y Tax) (See separate	instructions) or Form 99	90-EZ, Pa	rt V, line 35c (Proxy
• Section 501(c)(4), (5)	, or (6) organizat	ions: Complete Part III.				
Name of organization				Er	mployer i	dentification number
	POLICYLINK					4-3297479
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527	organiz	ation.
•	•	ation's direct and indirect politica				
		ures				
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization und	er section 4955		\$	
2 Enter the amount of	f any excise tax	incurred by organization manage	rs under section 4955		\$	
3 If the organization in	ncurred a section	n 4955 tax, did it file Form 4720 f	for this year?		[Yes No
4a Was a correction m	ade?				[Yes No
b If "Yes," describe in	Part IV.					
		anization is exempt unde		-		
		by the filing organization for sec			\$	
		ization's funds contributed to oth	-			
					\$	
•	•	. Add lines 1 and 2. Enter here ar				
		1120-POL for this year?				Yes No
		nployer identification number (EIN	, ,	v		
	•	tion listed, enter the amount paid				•
		omptly and directly delivered to a additional space is needed, provi			arate segre	egated fund of a
						Amount of political
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from filing organization's		Amount of political ributions received and
				funds. If none, enter -	.0 pr	omptly and directly
						livered to a separate
						olitical organization. If none, enter -0
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Schedu	ule C (Form 990) 2022

Political Campaign and Lobbying Activities

232041 11-08-22

LHA

OMB No. 1545-0047

SCHEDULE C
(Form 990)

	POLICYLIN					297479 Page 2
Part II-A Complete if the org	janization	is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check if the filing organiza	ation belongs	to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	re of excess I	obbying e	expenditures).			
B Check if the filing organiza	ation checked	l box A ar	nd "limited control" pro	visions apply.		
Limi	its on Lobbyi	ing Exper	nditures		(a) Filing	(b) Affiliated group
	-	• •	nts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to influ	•				16,881.	
b Total lobbying expenditures to influ					40,421.	
c Total lobbying expenditures (add li		b)			57,302.	
d Other exempt purpose expenditure					53,276,233. 53,333,535.	
e Total exempt purpose expenditure					1,000,000.	
f Lobbying nontaxable amount. Enter					1,000,000.	
If the amount on line 1e, column (a) o	or (D) is:		bying nontaxable amo	ount is:		
Not over \$500,000	0.000		the amount on line 1e. 00 plus 15% of the exce	222 Over \$500.000		
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce	· /		
Over \$1,500,000 but not over \$1,5			0 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,0		<u>33 0ver \$1,500,000.</u>		
		ψ1,000,				
g Grassroots nontaxable amount (en	ter 25% of lir	ne 1f)			250,000.	
h Subtract line 1g from line 1a. If zero					0.	
i Subtract line 1f from line 1c. If zero	-				0.	
j If there is an amount other than ze	ro on either l					
reporting section 4911 tax for this	•					Yes No
	4-	Year Ave	eraging Period Under	Section 501(h)		
(Some organizations the			• •	•	of the five columns be	low.
		-	ate instructions for lin			
	Lobby	ng Exper	nditures During 4-Yea	r Averaging Period		
Calendar year				6 1 000 6	6 10 0000	<i></i>
(or fiscal year beginning in)	(a) 20	19	(b) 2020	(c) 2021	(d) 2022	(e) Total
		39,015.	1 000 000	1 000 000	1 000 000	2 9 2 0 0 1 5
2a Lobbying nontaxable amount	0	39,015.	1,000,000.	1,000,000.	1,000,000.	3,839,015.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						5,758,523.
						5,750,525.
c Total lobbying expenditures		16,282.	74,838.	73,282.	57,302.	221,704.
		,	,	,		,,,,,,
d Grassroots nontaxable amount	2	09,754.	250,000.	250,000.	250,000.	959,754.
e Grassroots ceiling amount		, .	, .	, .	,	, , , , , , , , , , , , , , , , , , , ,
(150% of line 2d, column (e))						1,439,631.
f Grassroots lobbying expenditures		1,904.	35,198.	14,361.	16,881.	68,344.

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)				
	e lobbying activity.	Yes	No A		Amount			
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?							
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?							
	Media advertisements?							
d	Mailings to members, legislators, or the public?							
	Publications, or published or broadcast statements?							
f	Grants to other organizations for lobbying purposes?							
g								
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?							
i	Other activities?							
j	Total. Add lines 1c through 1i							
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?							
b	If "Yes," enter the amount of any tax incurred under section 4912							
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion				
	501(c)(6).							
				Yes	No			
1	Were substantially all (90% or more) dues received nondeductible by members?							
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?							
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	tion				
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is			
1	Dues, assessments and similar amounts from members		1					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic							
	expenses for which the section 527(f) tax was paid).							
а	Current year		2a					
	Carryover from last year		2b					
	Total		2c					
3			3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce							
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical						
	expenditures next year?		4					
5	Taxable amount of lobbying and political expenditures. See instructions		5					
Par	t IV Supplemental Information							
Prov	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.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE D	
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(Form 9	90)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047 **9**0

(1 011	11 000)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a,	or 12b.		LU	
Department of the Treasury		А	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of the organization			D for instructions and the latest inf	ormation.		Inspect	n number
De		POLICYLINK	d Eurodo or Othor Similar Eu	ndo or Ao		94-329747	
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		nus or Ac	counts. (Complete if t	he
	organizatio		(a) Donor advised funds		b) Funds and	t other accou	inte
	T . i . i .		(a) Donor advised funds	0	bj Fullus and		unts
1		nd of year	75,0	-			
2		f contributions to (during year)					
3		f grants from (during year)	2,196,1	45. 0.			
4		t end of year					
5	-	on inform all donors and donor advisors in v	-			V	
~		on's property, subject to the organization's				X Yes	No No
6		on inform all grantees, donors, and donor a					
		oses and not for the benefit of the donor o			•	X Yes	
Pa	impermissible priver	ation Easements. Complete if the org	repization answered "Vee" on Form	000 Dort IV	lino 7	T Yes	No No
				990, Fait IV,			
1		servation easements held by the organization		ion of a bioto	rically import	tant land are	-
		of land for public use (for example, recrea		ion of a histo			а
		f natural habitat		ion of a certif	lied historic s	structure	
0		of open space	ind concernation contribution in the	form of a cor	o an estion of	a a mant an t	ha laat
2	day of the tax year	through 2d if the organization held a qualif	led conservation contribution in the	IOTTI OF a COF		at the End of t	
-							
-					2a 2b		
b	-		ucture included in (a)				
C A		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a			2d		
2			asod avtinguished or terminated h			the tax	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated t	y the organiz	cation during	the tax	
4	year	 where property subject to conservation eas	omont is located				
5		tion have a written policy regarding the per		n of			
5		forcement of the conservation easements it				Yes	No
6		r hours devoted to monitoring, inspecting,					
Ŭ			handling of violations, and emotoring	0011001 141101		adining the y	oui
7	Amount of expens	 es incurred in monitoring, inspecting, hand	ling of violations, and enforcing con	servation eas	ements duri	na the vear	
•	Amount of expens	ics meaned in monitoring, inspecting, hand	ing of violations, and chloroling con-	Servation cas		ng the year	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section	170(b)(4)(B)(i)		
U	and section 170(h)				,	Yes	No
9	. ,	be how the organization reports conservation	on easements in its revenue and exp				
Ŭ		d include, if applicable, the text of the footn				he	
		ounting for conservation easements.	oto to the organization o nhaholal st				
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, o	r Other Si	imilar Ass	ets.	
		f the organization answered "Yes" on Form					
1a		elected, as permitted under FASB ASC 95		ent and bala	nce sheet w	orks	
		easures, or other similar assets held for put					
	•	Part XIII the text of the footnote to its finar					
b					sheet works	of	
5	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet we art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
		ing amounts relating to these items:				,	
	-	ded on Form 990, Part VIII, line 1			\$		
2	. ,	received or held works of art, historical trea					
~	-	unts required to be reported under FASB A		anolai yain, p			
а	•	on Form 990, Part VIII, line 1	e e e e e e e e e e e e e e e e e e e		\$		
					¥		

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

b Assets included in Form 990, Part X

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2022.05000	POLICYLINK

Schedule D (Form 990) 2022

\$

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 N b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d c Beginning balance 1d 1e 1f d Additions during the year 1d 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. la Beginning of year balance 2,400,000. 1,010,000. 2,400,000. 5,416,369 c Nt investment earnings, gains, and losses 4,207,000. 3,240,550. 950,000. 1,313,000. 500,000 f Administrative expenditures for facilities and programs 4,207,000. 3,240,550. 950,000. 1,313,000. 500,000 g	Sche	dule D (Form 990) 2022 POLICYLINK						94-329		Р	age 2
collection terms (check all that apply): a b b a Public exhibition a c Discholary research b B Choins for future generations a c Discholary research c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 6 Description for future generations Yes N 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. Ta Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount C 14 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 15 If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 2a Did the organization include an amount on Form	Par	t III Organizations Maintaining C	Collections of Art	i, Historical Tre	easures, or Otl	ner Si	milaı	r Assets	(contii	nued)	
	3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that mak	e signif	icant ι	use of its			
b Scholarly research e Other c Preside a description of thure generations e Other Preside 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 is collection? Yes N Part V Encode an amount on Form 900, Part X, line 21. Yes N Part V Encode an amount on Form 900, Part X, line 21. Ine site organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. N b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete in the arrangement in Part XIII and complete the following table: Image: Complete in the arrangement in Part XIII and complete the following table: Image: Complete in the arrangement in Part XIII and complete the following table: Image: Complete in the arrangement in Part XIII and complete the following table: Image: Complete in the arrangement in Part XIII and Complete in the arrangement in Part XIII. Image: Complete in the arrangement in Part XIII and Complete in the arrangement in Part XIII. Image: Complete in the arrangement in Part XIII and Complete in the arrangement in Part XIII. Image: Complete in the arrangement in Part XIII. 2 Did the organization include an amount on Form 990, Part X, line 21, fore schow or or custolial account liability? </th <th></th> <th>collection items (check all that apply):</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		collection items (check all that apply):									
c Preservation for future generations 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, dith e organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Provide a description of the organization's collection? Yes N 7 Pert IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9, or reported an anagent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. 1 Is the organization clude an angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21, for escrow or custodial account liability? Yes N 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 X, line 21. N Part V Endowment Funds. Complete if the agenization has been provided on Part XIII. Part XII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the agenization answered 'Yes' on Form 990, Part X, line 21. S	а	a Public exhibition d Loan or exchange program									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical trassures, or other similar assets to be solid to raise funds rather than to be maintained as gard of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X / III. Is if 'Yes,' explain the arrangement in Part XIII and complete the following table: Ves N If 'Yes,' explain the arrangement in Part XIII and complete the following table: Is description during the year Is description during the year Is description customer and the organization account labitry? Yes N III. 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 X, line 21, for escrow or custodial account labitry? Yes (a) N 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 X, line 12, 016, 369, 71, 200, 000, 1, 000, 000, 24, 000, 000, 12, 013, 396, 12, 016, 368, 7, 1100, 000 Yes during of year balance (a) Actimistative explenses 29, 705, 819, 31, 512, 819, 33, 753, 369, 10, 703, 369, 12, 016, 368, 7, 7100, 000 Yes here explorates for facilities and programs (a) other expenditures for facilities and programs (b) Permanent endowment <u>0000 %</u> b) Permanent endowment funds not in the possession of the organization funds. Part V Land, Buildings, and Leguipment. Complete organizations instead as required on Sch	b										
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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 29,705,819. 31,512,819. 33,753,369. 10,703,369. 12,016,369 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 % .0000 % .0000 % .0000 % .0000 % (i) Unrelated organization by: .0000 % .0000 % .0000 % .0000 % .0000 % b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .0000 % .0000 % .0000 % 4 Describe in Part XIII the intended uses of the organization's endowment funds. .0000 % .0000 % .0000 % Part VI Land, Buildings, and Equipment. .0000 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. .0000 % 1a Land											
and programs 4,207,000. 3,240,550. 950,000. 1,313,000. 500,000 f Administrative expenses 29,705,819. 31,512,819. 33,753,369. 10,703,369. 12,016,369 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											
f Administrative expenses 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 % K K K c Term endowment .0000 % K K K K 3a re there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X X 3a(i) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 3b 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. Concumulated depreciation (d) Book value depreciation at Land Image: set the set (investment) (d) Book value depreciation			4,207,000.	3,240,550.	950,000	D.	1,3	13,000.	500,000.		
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 % ************************************	f			· · ·							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			29,705,819.	31,512,819.	33,753,36	9.	10,7	03,369.	12	,016,	369.
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 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related 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 1a Land b Buildings b Buildings b Buildings b Buildings			rent vear end balance	e (line 1g. column (a)) held as:						
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Tetre in the net net ended organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment. (i) 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 (other) (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (b) Basis (other) (c) Accumulated depreciation (d) Book value basis (other) (d) Book value basis (other) (d) Book value basis (other) 	а				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
c Term endowment	b		%	_							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations is 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. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 	с	Term endowment .0000	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations is 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. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 		The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.								
organization by: Yes No. (i) Unrelated organizations 3a(i) x (ii) Related organizations 3a(ii) x (iii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4 4 4 4 b Buildings 4 4 4	3a			tion that are held a	nd administered fo	r the					
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 900, 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. (c) Accumulated depreciation (d) Book value 1a Land		organization by:								Yes	No
(ii) Related organizations 3a(ii) 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 1a Land Image: Complete II and the Buildings b Buildings Image: Complete II and the Buildings Image: Complete II and the Buildings Image: Complete II and the Buildings		(i) Unrelated organizations							3a(i)		Х
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) 1a Land									3a(ii)		х
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 1a Land	b								3b		
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	4		<u>u</u>	vment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par										
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	: X, line	10.				
b Buildings		Description of property		• •				d	(d) Boo	k valu	e
b Buildings	1a	Land									
							1	,976,	362.		
d Equipment 208,889. 42,745. 166,144									166,	144.	
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part >	X. column (B). line 1	0c.)				2	,142,	506.

Schedule D (Form 990) 2022

232052 09-01-22

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	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)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		3,945,106.
2. Liability for uncertain tax positions. In Part XIII, provide	,		nat reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2022

232053 09-01-22

 Schedule D (Form 990) 2022
 POLICYLINK

 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.

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Sche	dule D (Form 990) 2022 POLICYLINK		94-3297479 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_ 2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	rt XIII Supplemental Information.		
Prov	de 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 add	litional 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:

232054 09-01-22

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 D (Form 990) 2022

232055 09-01-22

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SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							-	OMB No. 1545-0047
Department of the Treasury			Attach to Form	ı 990.				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.			Inspection
Name of the organization POLICYLINK								ntification number 94-3297479
Part I General Information on Grants a	nd Assistance							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?							Yes No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for	any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		pose of grant assistance
ACCE INSTITUTE 3655 S GRAND AVENUE, SUITE 250 LOS ANGELES, CA 90007	27-1487442	501(C)(3)	25,000.	0.			CORE SUPPOR	RT
ALLIED MEDIA PROJECTS 4126 THIRD STREET DETROIT, MI 48201	01-0559608	501(C)(3)	105,000.	0.			CORE SUPPOI	RT
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	10,000.	0.			CORE SUPPOI	RT
APPALSHOP, INC. P.O. BOX 1325 WHITESBURG, KY 41858	61-0890210	501(C)(3)	10,000.	0.			CORE SUPPOR	RT
BAYOU CITY WATERKEEPER 2010 N LOOP WEST, SUITE 103 HOUSTON, TX 77018	26-0187498	501(C)(3)	15,000.	0.			CORE SUPPO	RT
BELOVED COMMUNITY CENTER OF GREENSBORO, INC P.O. BOX 875 - GREENSBORO, NC 27402	56-1877250	501(C)(3)	75,000.	0.			CORE SUPPOR	RT
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e 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

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(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					AMOUNT	FISCAL SPONSEE PLEDGE	
MIAMI, FL 33127	85-1559517	501(C)(3)	8,608,566.	1,000,000.	PLEDGED	RECEIVABLE	CORE SUPPORT
BLACK UNITED FUND OF ILLINOIS 1809 EAST 71ST STREET CHICAGO, IL 60649	36-3397908	501(C)(3)	25,000.	٥.			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

Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 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	75-2451267	501/0)/3)	15,000.	0.			CORE SUPPORT
AUSTIN, TX 78727	/5-245126/	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 COMMUNITY AID AND DEVELOPMENT	47-4502289		37,000.	0.			CORE SUPPORT
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

Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CONECT, 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	70 1000010	F01(0)(2)	7 000	0			CODE GUDDODE
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
ELODECTENDO (ONVIAND DLOON)							
FLORECIENDO (OAKLAND BLOOM)							
1721 BROADWAY, SUITE 201	81-1393321	501(C)(3)	10,000.	0.			CORE SUPPORT
OAKLAND, CA 94612	01-100021	201(C)(3)	10,000.	υ.			PORE BUFFORI

Schedule	l (Form 990)	POLICYLINK
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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) 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	05 2222122	$E_{01}(\alpha)(2)$	20.000	0			
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.	٥.			CORE SUPPORT
GRAND CAILLOU/DULAC BAND OF BILOXI							
СНІТІМАСНА СНОСТАМ - 5256							
SHRIMPERS ROW - HOUMA, LA 70363	35-2466382	501(C)(3)	50,000.	٥.			CORE SUPPORT
GROWING KINGS, INC.							
P.O. BOX 291							
BIRMINGHAM, AL 35201	27-0708543	501(C)(3)	7,500.	٥.			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(0)(3)	15,000.	0.			CORE SUPPORT
CHICAGO, IL 00004	30-10//040	POT(C)(2)	I T2,000.	۰ ⁰	1	1	LOVE SOLLOKI

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
UT TDA HOHCE							
HIJRA HOUSE 340 MENGE AVENUE							
PASS CHRISTIAN, MS 39571	51-0650863	501(C)(3)	15,000.	0.			CORE SUPPORT
	51 0050005	501(0)(5)	15,000.				
INDIVISIBLE AURORA							
3015 EAST NEW YORK STREET, SUITE A	2						
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.	٥.			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
	50 1/0110/	501(0)(5)	515,445.				
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	95-4781974	501(C)(3)	25,000.	٥.			CODE CIIDDODT
LOS ANGELES, CA 90010	30-4/019/4	DOT(C)(3)	25,000.	U.			CORE SUPPORT

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
LEADER GUILD COUNCEL FOR JUGELOE AND							
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 2210 SAN JOAQUIN							
STREET - FRESNO, CA 93721	46-1517800	501(C)(3)	50,000.	0.			CORE SUPPORT
	10 101/000	301(0)(3)					
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
NAMIONAL INCOLOUGH DOD DODD							
NATIONAL INSTITUTE FOR PEER							
SUPPORT - 5800 NICHOLSON LANE,	20 1200650	F01 (g) (2)	05 000				
UNIT 401 - ROCKVILLE, MD 20852	20-1398650	DUT(C)(3)	25,000.	0.			CORE SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF							
LOS ANGELES COUNTY - 3926 WILSHIRE							
BOULEVARD, SUITE 200 - LOS	05 2020055	F01 (g) (2)	75 000				
ANGELES, CA 90010	95-3938955	5UT(C)(3)	75,000.	٥.			CORE SUPPORT

Schedule I (Form 990) POLICYLINK				(-)			94-3297479 Pag
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	nestic Organizations (c) IRC section if applicable	s and Domestic Go (d) Amount of cash grant	vernments (Scho (e) Amount of noncash	edule I (Form 990), Pa (f) Method of valuation	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
EO PHILANTHROPY, INC.						FISCAL SPONSEE	
5 WEST 36TH STREET					AMOUNT	PLEDGE	
EW YORK, NY 10018	13-3191113	501(C)(3)	1,295,348.	350,000.	PLEDGED	RECEIVABLE	CORE SUPPORT
EW VENTURE FUND							
828 L STREET, SUITE 300A							
ASHINGTON, DC 20036	20-5806345	501(C)(3)	62,000.	0.			CORE SUPPORT
O EXCEPTIONS, INC.							
01 GALLATIN ROAD S, SUITE 206							
ADISON, TN 37115	81-5151868	501(C)(3)	45,000.	0.			CORE SUPPORT
,			, ,				
ORTH LAWNDALE EMPLOYMENT NETWORK							
08 SOUTH HOMAN AVENUE, SUITE 700							
HICAGO, IL 60624	36-4295189	501(C)(3)	10,000.	0.			CORE SUPPORT
ORTHEASTERN ILLINOIS UNIVERSITY							
OUNDATION - 5500 NORTH SAINT							
OUIS AVENUE - CHICAGO, IL 60625	23-7034689	501(C)(3)	75,000.	0.			CORE SUPPORT
ORTHEASTERN UNIVERSITY							
60 HUNTINGTON AVENUE 540-177							
OSTON, MA 02115	04-1679980	501(C)(3)	25,000.	0.			CORE SUPPORT
ORTHERN CALIFORNIA GRANTMAKERS							
60 SPEAR STREET, SUITE 360							
AN FRANCISCO, CA 94105	94-2761355	501(C)(3)	24,500.	0.			CORE SUPPORT
ORTHWEST BRONX COMMUNITY AND							
LERGY COALITION - 103 EAST 196TH							
TREET - BRONX, NY 10468	13-2806160	501(C)(3)	7,500.	0.			CORE SUPPORT
BAOMA, MI 10100	10 2000100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.			
AKLAND PROMISE							
00 FRANK H. OGAWA PLAZA SUITE 430							
AKLAND, CA 94612	54-2103707	501(C)(3)	10,000.	Ο.			CORE SUPPORT

1701 RHODE ISLAND AVENUE NORTHWEST

WASHINGTON, DC 20036

PARINERSHIP FOR SOUTHERN EQUIII							
55 IVAN ALLEN JR BOULEVARD NW, SUI	?						
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
NUDUAL FOR EDUALETON							
PUPUSAS FOR EDUCATION							
1114 N DRIVER STREET	01 2247427	F01 (0) (2)	10 000	0			
DURHAM, NC 27701	81-3347437	501(C)(3)	10,000.	0.			CORE SUPPORT
RACE FORWARD							
145 EAST 57TH STREET, 4TH FLOOR							
-	94-2759879	501(C)(2)	50,000.	0.			CORE SUPPORT
NEW YORK, NY 10022	54-2755675	501(C)(3)	50,000.	0.			CORE SUPPORT
RESIST, INC							
42 SEAVERMS AVENUE							
JAMAICA PLAIN, MA 02130	04-2433182	501(0)(3)	25,000.	0.			CORE SUPPORT
	04 2455102	501(0/(3/	25,000.	0.			COND DOLLONI
RESULTS FOR AMERICA							
		1			1	1	1

(d) Amount of

cash grant

(e) Amount of

noncash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

81-2709681 501(C)(3)

POLICYLINK

(a) Name and address of

organization or government

PARTNERSHIP FOR SOUTHERN EOUITY

(h) Purpose of grant

or assistance

Schedule I (Form 990)

CORE SUPPORT

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Schedule I (Form 990)	FOLICIDINK

Part II Continuation of Grants and Other	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	46 1017760	E01(0)(2)	7 500	0			CODE GUDDODE
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

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	٥.			CORE SUPPORT
THE TRUSTEES OF COLUMBIA							
JNIVERSITY 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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RBAN HABITAT PROGRAM 000 FRANKLIN STREET AKLAND, CA 94612	20-0275424	501(C)(3)	47,000.	0.			CORE SUPPORT
ERDE 001 NORTHEAST CULLY BOULEVARD ORTLAND, OR 97218	20-3685723	501(C)(3)	40,000.	0.			CORE SUPPORT
NE THE PEOPLE OF DETROIT 520 CHATEAUFORT PLACE DETROIT, MI 48207	47-5123903	501(C)(3)	40,000.	0.			CORE SUPPORT

Schedule I (Form 990) 2022

POLICYLINK

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Page 2

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.

SC	HEDULE J Compensation Information			OMB No.	No. 1545-0047			
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	22)		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 2	3.					
	tment of the Treasury al Revenue Service		Open to Public Inspection					
	e of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer	identificati				
	5	POLICYLINK		3297479				
Pa	rt I Question	s Regarding Compensation	I					
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Fo	rm 990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	charter travel Housing allowance or residence for pe	rsonal use					
	Travel for com	panions Payments for business use of personal	residence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation	ees					
	Discretionary s	spending account Personal services (such as maid, chau	feur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors	,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	-	ny, of the following the organization used to establish the compensation of the organization						
		ector. Check all that apply. Do not check any boxes for methods used by a related organiz	ation to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant						
	X Form 990 of o	ther organizations	n committee					
	During the user dia							
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re	-		10		x		
a h		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				x		
b						x		
с		erve payment from an equity-based compensation arrangement?		+0				
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ation					
-	contingent on the r							
а	•			5a		x		
		ation?				x		
		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ation					
	contingent on the n							
а	-			6a		х		
		ation?				X		
		or 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payme	nts					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	х			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990) 2022		

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19521113 701245 122114.2

94-3297479

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL A. MCAFEE	(i)	378,695.	195,536.	0.	18,254.	28,088.	620,573.	0.
PRESIDENT AND CEO	(ii)	1,439.	0.	٥.	46.	71.	1,556.	0.
(2) JOSHUA F. KIRSCHENBAUM	(i)	292,922.	113,928.	0.	18,300.	22,528.	447,678.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	٥.	0.	0.	0.	0.
(3) MICHAEL J. HASSID	(i)	259,927.	118,094.	٥.	15,445.	30,238.	423,704.	0.
CHIEF FINANCIAL OFFICER	(ii)	4,342.	0.	٥.	177.	347.	4,866.	0.
(4) ASHLEIGH G. GARDERE	(i)	285,218.	93,166.	٥.	17,058.	20,311.	415,753.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	٥.	0.	0.	0.	0.
(5) ANGELA GLOVER BLACKWELL	(i)	284,276.	0.	٥.	16,223.	42,653.	343,152.	0.
FOUNDER IN RESIDENCE	(ii)	0.	0.	٥.	0.	0.	0.	0.
(6) JERRY MALDONADO	(i)	215,172.	36,787.	٥.	14,228.	26,340.	292,527.	0.
VICE PRESIDENT OF PROGRAMS	(ii)	0.	0.	٥.	0.	0.	0.	0.
(7) VANICE DUNN	(i)	176,518.	41,160.	٥.	12,905.	6,803.	237,386.	0.
VICE PRESIDENT OF COMMUNICATIONS	(ii)	0.	0.	٥.	0.	0.	0.	0.
(8) CHRISTOPHER J CAMPBELL	(i)	154,702.	38,640.	٥.	10,389.	6,066.	209,797.	0.
CONTROLLER	(ii)	0.	0.	٥.	0.	0.	0.	0.
(9) DEMOND DRUMMER	(i)	191,251.	0.	٥.	11,466.	800.	203,517.	0.
MANAGING DIRECTOR	(ii)	2,952.	0.	0.	177.	12.	3,141.	0.
	(i)							
	(ii)							
	(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.

SCHEDULE I	
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Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No.	1545-0047
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ZUZZ
Open To Public
Inspection

er

Internal Revenue Service Name of the organization

Employer	identification	numb

POLICYLI	NK		94-3297479							
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).										
Complete if the organization	on answered "Yes" on Form 990, Part IV,	line 25a or 25b, or Form 990-EZ, Par	t V, line 40b.							
1	4'	(d) Cori	rected?							
(a) Name of disqualified person	person and organization	action	Yes	No						
2 Enter the amount of tax incurred b	y the organization managers or disqualifie	ed persons during the year under		-						
section 4958			\$							
• = · · · · · · · ·			······	,						

3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	۱	\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee? (i) A agre		(i) W agreer	(i) Written greement?	
		То	From			Yes	No	Yes	No	Yes	No	
Total	•	·		\$	•	İ	•		•			

Part III

III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

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Schedule L (Form 990) 2022 POLICYLI	INK		94-32974	79	Page 2
Part IV Business Transactions Invol	ving Interested Persons.				U
<u>Compl</u> ete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
ARA TREUHAFT	SPOUSE OF COO, JOSH	191,173.	COMPENSATIO		Х
				ļ	
Part V Supplemental Information.			•		
Provide additional information for resp	oonses to questions on Schedule L (see ir	nstructions).			
CH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
A) NAME OF PERSON: SARA TREUHAFT					
	EDCON AND ODCANTZANTON.				
B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION:				
POUSE OF COO, JOSHUA F. KIRSCHENBAUM					
D) DESCRIPTION OF TRANSACTION: COMPE	NSATION				
			Schedule L	(Form 99	90) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 94-3297479

POLICYLINK

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:

Schedule O (Form 990) 2022 Name of the organization DOL LOW LWK	Employer identification number
POLICYLINK	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	

232212 10-28-22

57 2022.05000 POLICYLINK

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
POLICYLINK	94-3297479
VICE PRESIDENT OF PROGRAMS, WERE SET BY THE CEO BASED ON A COMPENSATIO $\begin{tabular}{c} & & \\ & & & \\ $	N
STUDY PREPARED FOR THE ORGANIZATION BY A CONSULTANT SPECIALIZING IN	
NONPROFIT EXECUTIVE COMPENSATION, COMPENSATION DATA FOR THE SAME POSIT	TIONS
IN SIMILAR ORGANIZATIONS COMPILED FROM NONPROFIT INDUSTRY SURVEYS, AS	WELL
AS INFORMATION FROM SPECIFIC ORGANIZATIONS OF SIMILAR IMPACT. ALL	
DELIBERATIONS AND DECISONS REGARDING COMPENSATION ARE DONE BY INDEPEND	DENT
PERSON REVIEW AND APPROVAL, AND ARE CONTEMPORANEOUSLY DOCUMENTED IN TH	IE
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, N	л, 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 I	TS
WEBSITE AT HTTPS://WWW.POLICYLINK.ORG/ABOUT-US/FINANCIALS-990. THE	
ORGANIZING DOCUMENTS AND CONFLICTS OF INTEREST/ETHICS POLICY AVAILABLE	ТО
THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROJECT CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES 11,791	.,424.
	5,613.
	5,968.
	e,005.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 12,994	

232212 10-28-22

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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 Part II organizations during the tax year.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity	(f) Direct controlling	cont	(g) 512(b)(13) htrolled	
of related organization		foreign country)	Section	status (if section 501(c)(3))	entity	Yes	ity? No	
POLICYLINK EQUITY ACTION NETWORK -								
47-3469925, 1714 FRANKLIN STREET, #100-283,	7							
OAKLAND, CA 94613-3409	ADVOCACY	CALIFORNIA	501(C)(4)		POLICYLINK	х		
	-							
	-							

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

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

2022 Open to Public Inspection r identification number

(f)

Direct controlling

entity

3297479

ne organization POLICYLINK				1	Employe 94-3
Identification of Disregarded Entities. Complete	e if the organization answered "Yes" o	n Form 990, Part IV, line 33.		I	
(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 asset	ts

Schedule R (Form 990) 2022

OMB No. 1545-0047

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?			^{II or} Percentaç ^{ing} ownershi er?
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No
	1										
	1										
	-										
	-										
										$\left \right $	
	-										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		01 11 00 0				Yes	No
]								
	1								
								'	

Schedule R (Form 990) 2022 POLICYLINK

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Cher transfer of cash or property from related organization(s)			

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

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Schedule R (Form 990) 2022 POLICYLINK

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

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

(a)	(b)	(c)		14	2)	(f)	(g)	(r	J)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	all	Share of	Share of		• , opor-	Code V-LIBI	Genera		
of entity	i mary doubly	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	amount in box 20	manag	ownership	
,		country)		Yes		income	assets	Yes	No		Yes		
			/	103	NO			103		,			

Part VII Supplemental Information

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

232165 09-14-22

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