WEGNER CPAS, LLP 419 N LEE STREET ALEXANDRIA, VA 22314

> DC POLICY CENTER 1310 L ST NW, SUITE 325 WASHINGTON, DC 20005

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** PUBLIC DISCLOSURE COPY **

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

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



		nue Service		Go to w	ww.irs.gov	/Form990 for	r instructions an	d the latest	information.		Inspection
AF	or the	e 2020 calend	dar year, or	[.] tax year begi	inning		and	ending	_		
B (Check if applicable	e: C Name o	of organizati	on					D Employer	identifica	tion number
	Addres		POLICY	CENTER							
	Name Change	e Doing b	ousiness as						82-2	38047	9
	Initial	Number	r and street	: (or P.O. box if r	mail is not del	ivered to street	t address)	Room/suite	E Telephone		
	Final return/ termin-			NW, SU) 223	
_	ated Amenc	City or t				ZIP or foreig	n postal code		G Gross receipt		1,398,191.
	return Applic	WASI	IINGTO		20005	TM CAV			H(a) Is this a		
	tion pendin		and address ASC		fficer: 1 E S	IM SAI	IN TAILOR			ordinates?	
		empt status:			<u></u>	(incort no) 4047(a)(1)	or 507	• • •		
							.) [] 4947(a)(1)	01 327			st. See instructions
		organization:					Other	I Voor			
		Summary									
				nization's miss	ion or most	significant a	ctivities: THE	D.C. P	OLICY C	ENTER	TS A
Governance	' '	NON-PAR	RTSAN		ENDENT	THTNK	TANK FOC	USED O	N ADVAN	CING	POLICIES
nar				1							
ver				0		•	•				28
											28
Š											11
tie											28
Activities &											0.
A											0.
	d	Net unrelated	i business t	axable income	trom Form	990-1, Part I,	, line I I	<u> </u>			Current Year
	8	Contributions	and grants	(Part VIII line	16)				1,201,		1,260,541
anc				e (Part VIII, line					114,		137,650
Revenue		•			•					0.	0.
č										0.	0.
									1,315,	÷ -	1,398,191
									, ,	0.	0.
				embers (Part I)		d ZIP or foreign postal code G Gross re SIM SAYIN TAYLOR H(a) Is th) ◀ (insert no.) $4947(a)(1)$ or 527 H(b) Are al) ◀ (insert no.) $4947(a)(1)$ or 527 H(b) Are al G H(c) Grout Association 0 Other ▶ L Year of formation st significant activities: THE D.C. POLICY T THINK TANK FOCUSED ON ADV continued its operations or disposed of more than 25% iy (Part VI, line 1a) poverning body (Part VI, line 1b) r year 2020 (Part V, line 2a) y) column (C), line 12 1, 20 m 990-T, Part I, line 11 Prior N 4, and 7d) 1, 20 3c, 9c, 10c, and 11e) 1, 31 in (A), lines 1-3) 82 (A), line 4) 82 in e 25) ▶ 149, 583 • id, 11f-24e) 16 t IX, column (A), line 25) 98 ie 12 33 Beginning of Q 47 4		0.	0 .		
s		•		,					821,	773.	900,381
nse										0.	0.
Expenses	b.	Total fundrais	sina expens	es (Part IX. co	lumn (D). lin	e 25) 🕨	149,5	83.			
ŵ									160,	221.	285,097
									981,	994.	1,185,478
					-					323.	212,713
Ses											End of Year
lanc	20	Total assets (Part X. line	16)					478,		1,160,825
ASS J Ba	21	Total liabilities								334.	516,116
Net Assets of Fund Balances	22								431,		644,709
	art II	Signatur							/	1	
		-									

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

Sign Here	Signature of officer YESIM SAYIN TAYLOR, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer	Fille Preparers Similature	ate Check PTIN if self-employed ₽00086726 Firm's EIN ► 39-0974031
Use Only	Firm's address 419 N LEE STREET ALEXANDRIA, VA 22314	Phone no. 703-519-0990
032001 12-2		Form 990 (2020)

<u>orm</u>	990 (2020) DC POLICY CENTER 82-2380479 Page	ge
Par	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:	
	THE D.C. POLICY CENTER IS A NON-PARTISAN, INDEPENDENT THINK TANK	
	FOCUSED ON ADVANCING POLICIES FOR A VIBRANT AND GROWING ECONOMY IN TH	Ľ
	DISTRICT OF COLUMBIA. THE D.C. POLICY CENTER PROVIDES OBJECTIVE,	
	TARGETED, AND HIGH-QUALITY DATA ANALYSES TO SUPPORT A PRODUCTIVE	
2	Did the organization undertake any significant program services during the year which were not listed on the	1
	prior Form 990 or 990-EZ?] No
-	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1
3	5 5, 5 5 5 , 7 , 7 5	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 759,678 · including grants of \$ 0 ·) (Revenue \$ 137,65	0.
4 a	ECONOMIC RESEARCH AND POLICY ANALYSIS - ADVANCING POLICIES FOR A STRO	
	AND VIBRANT ECONOMY IN THE DISTRICT OF COLUMBIA. 62 REPORTS AND	
	PUBLICATIONS WERE PUBLISHED IN 2020, WEEKLY UPDATES WERE SENT TO THE	
	990 SUBSCRIBERS, AND WE WERE CITED BY THE MEDIA 119 TIMES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 759,678.	
	Form 990	2020
32002	2 12-23-20	
	3	
90	521 788028 14265.3AU01 2020.03042 DC POLICY CENTER 14265_	31

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Form	990	(2020)

Form 990 (2020) DC POLICY CENTER
Part IV Checklist of Required Schedules

Is the organization described in section SD1(c)(6) or 4847(e)(1) (c)ther than a private foundation)? 1 X If the organization required to complete Schedule B, Schedule C, Part I 3 Sectors OD(G)(G) organizations DI the organization regage in tobying activities on bank of or in opposition to candidate for units arounds as defined In Revison DI the organization matrix in convexes membership dues, assessments, or similar arounds as defined In Revison DP Rocedule D (Part II) 4 X Ib the organization require in downoor Procedule De 187 PP res. Complete Schedule C, Part II 5 X Ib the organization matrix any downoor Procedule De 187 PP res. Complete Schedule C, Part II 6 X Ib the organization matrix any downoor Procedule De 187 PP res. Complete Schedule D, Part II 6 X Ib the organization report an amount in Part X, tine 21, for secror w crustodial account liability, serve as a custodial for amounts in such Intervent or registor or det negotiation reports a smouth in Part X, tine 107 H* s. "complete Schedule D, Part II 10 X Ib the organization report an amount in Part X, tine 10, Part X, tine				Yes	No
2 Is the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public direct in the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for direct or indirect political campage activities on behalf of or in opposition to candidates for direct political campage in direct political campage activities on have a section 501(h) election in effect during the taxy errol if "isc, complete Schedule C, Part II 3 X 4 Section 501(c)(4) organizations. Dir the organization that releves membership dues, assessments, or similar amounts as defined In Heroune Procedure 911 ("isc, complete Schedule C, Part II 4 X 6 Did the organization entrates are of atomics in such finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts ("I"isc, complete Schedule D, Part II 6 X 7 Did the organization entrates are of historic atmoures if 1/"est, "complete Schedule D, Part II 7 X 8 Did the organization engot an amount in Part X, Iine 21, for service vor custical account liability, serve as a custodin for amounts on through a reliated organization, hold assets in donoresertical endowments 9 X 9 Did the organization in amount for investments - other securities in Part X, Iine 10? If "Yes, "complete Schedule D, Part VI 10 X 10 Did the organization engot an amount for investments - other secu	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
9 Dot 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 II 3 X 8 Section SOT(c)[3) organizations. Bot the organization engage in lobbying activities, or have a section SOT(h) election in effect dump the tax year? If Yes," complete Schedule C, Part II 4 X 8 Section SOT(c)[3) organization. Bot the organization that receives membership dues, assessments, or similar amounts as defined in Review Procedure 99-197 If Yes," complete Schedule C, Part II 4 X 9 Dot the organization markins any doorn advised winds or any similar funds or accounts? If Yes," complete Schedule D, Part II 6 X 9 Dot the organization markins any doorn advised aft, historical researes, or other similar assets? If Yes," complete Schedule D, Part II 7 X 9 Dot the organization any doorn advised aft, historical researes, or other similar assets? If Yes," complete Schedule D, Part II 7 X 9 Dot the organization, hard assets in donor-restricted andowments or in quali andowments? If Yes," complete Schedule D, Part V 9 X 10 II the organization sucretor any of the following questions is Yes," then complete Schedule D, Part V 10 X 11 II the organization sucreton anount for iresthal buildings, and equipment in Part			1		
public office // Yes, 'complete Schedule C, Part I 3 X 4 Section 50(16)(3) organizations. Did the organization engage in biobbying activities, or have a section 50(16) election in effect 4 X 5 Is the organization a sectors 50(16), 50	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the fax year? II "Yes," complete Schedule O, Part II. 4 X 5 Is the organization a section 501(c)(d), 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 II "Yes," complete Schedule C, Part II 6 X 0 Dot the organization resetment in during organization to breaking organization receives not bla conservation conserved. In Uniding assements to to preserve open space. The environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II 6 X 9 Did the organization nearbine collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 7 X 9 Did the organization nearbine relative organization, hold assets in donor-restricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 12? If "Yes," complete Schedule D, Part X 11 X 12 Did the organization report an amount for investment	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 is the organization a socion Solicy(A): 501(c)(K) or 501(c)(K) or 501(c)(K) or 201(c)(K)			3		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-1811 (**e; "complete Schedule C, Part II 5 X D Dat the organization maintain any donar davless finds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for %*e; "complete Schedule D, Part II 6 X D Dat the organization nearbins of holds a conservation funding assemants to preserve open space, the environment, historic land areas, or historic structures? If **es, "complete Schedule D, Part II 7 X 9 Did the organization recent of bold a conservation cloureling, debt management, credit preai, or debt negolation services? 7 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If **es, "complete Schedule D, Part V 9 X 10 Did the organization directly or through a related organization, incertory or the following questions is 'Yes, "then complete Schedule D, Parts VI, VII, VIII, VIX, XX 10 X 11 If the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 171 **es, "complete Schedule D, Part X 11 X 12 Did the organization report an amount for other assets in Part X,	4				
similar amounts as defined in Revenue Procedure 8:19/11 "Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any donar advised funds or any similar funds or accounts? III 'Yes," complete Schedule D, Part I 6 X 7 Did the organization maintain collections of works of art, historical treasures, or third works. Durated UP, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? II''''es," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no titled in Part X, or provide credit counselind, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments of "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? the tis 5% or more of its total assets reported in Part X, line 16? II''se," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - ordgram related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17? II''se," complete Schedule D, Part VIII 11 X 13 Did the organization report an amount for other assets in Part X, line 12, this is 5% or more of its total assets reported in Part X, line 16?			4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wres," complete Schedule D, Part II C D dthe organization memory or hold a conservation easement, including easements to preserve open space, the environment, historic all account fability, serve as a custodial in a section of the distribution services? D dthe organization report an amount in Part X, line 21, for secrow or custodial account fability, serve as a custodial in services? If the organization is marker to any of the following questions is "Yes," then complete Schedule D, Part V, vii, Viii, Viii, VX as applicable. D dthe organization report an amount for leaded organization, is "Yes," then complete Schedule D, Part V, VII, VIII, VII, VX as asplicable. D dthe organization report an amount for leaded organization is "Yes," then complete Schedule D, Part V, VII, VIII, VII, VX as applicable. D dthe organization report an amount for leaded organization is "Yes," then complete Schedule D, Part V, VII, VIII, VII, VII, VII, VII, VII,	5		_		
provide advice on the distribution or investment of amounts in such funds or accounts? If Yes,* complete Schedule D, Part II 6 X 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 maintan collections of works of art, historical treasures, or other similar assets? If Yes,* complete Schedule D, Part II 7 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 no tifsed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? 10 X 11 If the organization services? 9 X 10 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of is total assets reported in Part X, line 167 if Yes,* complete Schedule D, Part VII 11a X 11 Bod 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 167 if Yes,* complete Schedule D, Part VIII 11b X 11 Did the organization one transmuts for the assets in Part X, lin			5		Ă
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic at 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 II 8 X 9 Did the organization agency of the other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization distructures? If "Yes," complete Schedule D, Part II 9 X 10 Did the organization, direction of the organization, hold assets in donor-restricted endowments 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 If due organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for investments - organs related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part X 11a X 15 Did the org	6				v
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 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 regolitation services? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 ff the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V VI 11 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 VI 11 Did the organization report an amount for other liabilities 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 VI 11 Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate or consolidated financial statements for the tax year? 12 Mas the organization anound for other liabilities in Part X, line 25.000 of aggregate revenues or work as 11.0000 or more? If "Yes," complete Schedule D, Part X 12 Did the organization and the organization and the organization anound for other liability and the organization stabulas	8	-			v
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If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization server to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 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 14 Did the organization report an amount for three statests 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 VII 11c X 15 Did the organization report an amount for other liabilitis in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 16 Did the organization report an amount for other liabilitis on Part X, line 163? If "Yes," complete Schedule D, Part X 11d X 10 Did the organization report an amount for other liabilitis in Part X, line 163? If "Yes," complete Schedule D, Part X 11d X 14 Did	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments in X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X is applicable. in X a Did the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI In X b Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII 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 167 If 'Yes,' complete Schedule D, Part VII 11c X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part XI 11d X d Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740) If 'Yes,' complete Schedule D, Part X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year' II 'Yes,' complete Schedule D, Part X 11t X 12a X Did the organization includ					v
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VI, or X as applicable. 111 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 111 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 116 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 VII 116 d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 116 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 116 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 117 f Did the organization included in consolidated financial statements for the tax year? 117 X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 117 X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 118 X </th <td>10</td> <td></td> <td>9</td> <td></td> <td></td>	10		9		
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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					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If "Yes," complete Schedule J</i>	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
214	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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 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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	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? <i>If "Yes," complete Schedule N, Part II</i>	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V

DC POLICY CENTER Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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 transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7~		- 22
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 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:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		

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Form 990 (2020)

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI			
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28			t
	If there are material differences in voting rights among members of the governing body, or if the governing			L
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			L
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28			L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
	officer, director, trustee, or key employee?	2		I
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			T
	of officers, directors, trustees, or key employees to a management company or other person?	3		l
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		t
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		İ
6	Did the organization have members or stockholders?	6		İ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			t
	more members of the governing body?	7a		I
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			t
~		7b		I
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		t
	The governing body?	8a	х	l
a h	Each committee with authority to act on behalf of the governing body?	8b	X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	1
ງອ	Did the organization have local chapters, branches, or affiliates?	10a	103	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		┨
IJ	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1~		10b 11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	x	l
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	┨
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		┦
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x	
<u>^</u>	in Schedule O how this was done	12c	X	┨
3	Did the organization have a written whistleblower policy?	13		╡
4 -	Did the organization have a written document retention and destruction policy?	14	X	ļ
5	Did the process for determining compensation of the following persons include a review and approval by independent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
	The organization's CEO, Executive Director, or top management official	15a	Х	╡
b	Other officers or key employees of the organization	15b		ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ
	taxable entity during the year?	16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ļ
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			_
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	YESIM SAYIN TAYLOR - (202) 223-2233			
	1310 L ST NW, SUITE 325, WASHINGTON, DC 20005			
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Part VII	Compensation of Officers,	Directors , Trustees	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week					17 11 113	(00)	from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	ial tru		oyee	ompe		, , ,		and related
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) YESIM SAYIN TAYLOR	40.00								0	
EXECUTIVE DIRECTOR	40.00			X				220,000.	0.	36,445.
(2) CHELSEA COFFIN	40.00							140 504	0	04 070
DIRECTOR OF EDUCATION POLI	1 00					X		140,594.	0.	24,970.
(3) SANDY WILKES	1.00							0	0	0
CHAIRMAN	1 00	X		X				0.	0.	0.
(4) NEIL ALBERT	1.00							0	0	0
VICE CHAIRMAN	1 00	X		X				0.	0.	0.
(5) DAN O'NEILL	1.00							0	0	0
TREASURER	1 00	X		X				0.	0.	0.
(6) MICHAEL GOODWIN	1.00	37		37				0	0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(7) LEILA BATTIES	1.00	v						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0.
(8) CHANELL AUTREY	1.00	x						0.	0.	0.
DIRECTOR (9) MARK EIN	1.00	^						0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR (10) ROBERT FLANAGAN	1.00	^						0.	0.	0.
(10) ROBERT FLANAGAN DIRECTOR	1.00	x						0.	0.	0.
(11) THOMAS GALLAGHER	1.00	~						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) CHRISTOPHER GLADSTONE	1.00	Δ						0.	•	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) BILL ALSUP	1.00								••	
DIRECTOR	1.00	x						0.	0.	0.
(14) KAREN HARDWICK	1.00									
DIRECTOR		x						0.	0.	0.
(15) KATHY HOLLINGER	1.00							•••		
DIRECTOR		x						0.	0.	0.
(16) SOLOMON KEENE	1.00									
DIRECTOR		x						0.	0.	0.
(17) W. MATTHEW KELLY	1.00									
DIRECTOR		х						0.	Ο.	0.
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DC POLICY CENTER

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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employee	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			sitior more	ו than than	one	Reportable	Reportable		Es	stimate	əd
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	1	ar	nount	of
	week (list any	<u> </u>						from	from related			other	
	hours for	lirecto				_		the organization	organizations (W-2/1099-MIS0			pensa om th	
	related	e or c	stee			rsated		(W-2/1099-MISC)	(00-2/1033-10100	,		anizat	
	organizations	Individual trustee or director	Institutional trustee		yee	mper						d relat	
	below	id ual	ution	5	nplo	est cc oyee	er				orga	anizati	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) MATTHEW KLEIN	1.00												
DIRECTOR		X						0.		0.			0.
(19) RUSTY LINDER	1.00	l											-
DIRECTOR		X						0.		0.			0.
(20) LISA MALLORY	1.00	l											•
DIRECTOR	1 00	X						0.		0.			0.
(21) ANGELA FRANCO	1.00												~
DIRECTOR (BEGIN 09/20)	1	X						0.		0.			0.
(22) JODIE MCLEAN	1.00	l											~
DIRECTOR	1 0 0	X						0.		0.			0.
(23) KURT NEWMAN	1.00	x						0.		ο.			0.
DIRECTOR (24) DERRICK MASHORE	1.00	<u>^</u>						0.		<u>.</u>			0.
DIRECTOR (BEGIN 09/20)	1.00	x						0.		0.			Ο.
(25) JAMES REYES	1.00							0.		<u>.</u>			0.
DIRECTOR	1.00	x						0.		0.			0.
(26) KENNETH SAMET	1.00	1								<u>··</u>			<u> </u>
DIRECTOR	1.00	x						0.		0.			0.
						1		360,594.		0.	6	1,4	
c Total from continuation sheets to Part								0.		0.	•	- / -	0.
d Total (add lines 1b and 1c)								360,594.		0.	6	1,4	
2 Total number of individuals (including but								-	000 of reportable	<u> </u>	-	_ / _	
compensation from the organization						•,							2
												Yes	No
3 Did the organization list any former office	er, director, trust	ee, l	key e	emp	oloye	e, o	r hig	phest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for	r such individual							· · · ·			3		Х
4 For any individual listed on line 1a, is the	sum of reportab												
and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete	Sche	edule	ə J f	for such individual	-		4	Х	
5 Did any person listed on line 1a receive o	r accrue compe	nsat	ion f	rom	n any	y unr	elat	ted organization or individ	dual for services				
rendered to the organization? If "Yes," co	mplete Schedul	le J f	or su	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of	compensated in	depe	ende	ent c	cont	racto	ors t	that received more than S	\$100,000 of comp	bens	ation	from	
the organization. Report compensation for	or the calendar y	/ear	endi	ng ۱	with	or w	ithir	n the organization's tax y	ear.				
(A)			~ • • • •	_				(B)		~	(0		
Name and busines	ss address	N	ONE	5				Description of se	ervices		ompe	nsatio	'n
							-						
2 Total number of independent contractors	(including but r	not li	mite	d to	b tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the orga						0							
SEE PART VII, SECTIO	ON A CON	ΓII	NUZ	AT:	101	NS	SH:	EETS			Form	990 (2020)
032008 12-23-20						~							
						9							

Form 990 DC POLI Part VII Section A. Officers, Directors,	Trustees, Key E	nple	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ľ			C)			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensatior
	(list any	rectol				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	npens				and related organizations
	below	dual ti	tiona		nploy	st cor	<u> </u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID VELAZQUEZ	1.00	-	-		-	-	-			
DIRECTOR	1.00	x						0.	0.	0
(28) W. EDWARD WALTER	1.00								••	•
DIRECTOR	1.00	x						0.	0.	0
(29) SEAN WARFIELD	1.00	<u> </u>		-	-	-	<u> </u>		0.	
DIRECTOR	1.00	x						0.	0.	C
(30) ANTHONY WILLIAMS	1.00	<u> </u>		-		-			0.	
DIRECTOR	1.00	x						0.	0.	0
		<u> </u>		-		-			0.	
				-		-				
				-		-				
				-		-				
				-		-				
				-		-				
		1								
			-			-				
		1								
		-		-		-				
		1								
		-		-		-				
		1								
			-			-				

032201 04-01-20

			Check if Schedule O	contains a respo	onse c	or note to any lin	ie in this Part VIII			<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
Ğ,			Fundraising events							
ifts ar A			Related organizations							
nila										
Sin			Government grants (contr							
er Ltic		t	All other contributions, gifts,		1					
ĘĘ			similar amounts not included			260,541.				
d to		g	Noncash contributions included in	lines 1a-1f	\$					
<u>a C</u>		h	Total. Add lines 1a-1f			►	1,260,541.			
						Business Code				
ø	2	а	ECONOMIC RESE	LARCH	Ī	511190	137,650.	137,650.		
vio	_	b			_					
Program Service Revenue		c			-					
ΕĮ					-					
gra Re		d			_					
õ		е								
<u>a</u>		f	All other program service	revenue	L					
		g	Total. Add lines 2a-2f			►	137,650.			
	3		Investment income (includ	ding dividends, i	intere	st, and				
			other similar amounts)							
	4		Income from investment of							
	5		Royalties	•		-				
	Ŭ			(i) Real		(ii) Personal				
	~	_	Overes vente			(
	0		Gross rents	6a						
			Less: rental expenses \dots	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss	´		►				
	7	а	Gross amount from sales of	(i) Securit	ties	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
e			and sales expenses	7b						
eni		~	Gain or (loss)							
Other Revenue										
ž	_		Net gain or (loss)							
the	8	а	Gross income from fundraisi	•						
0			including \$	of						
			contributions reported on	line 1c). See						
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
			Net income or (loss) from		nts .	•				
	9		Gross income from gamin	•						
	-	-	Part IV, line 19		9a					
		h			9b					
			Less: direct expenses							
			Net income or (loss) from		s	🕨				
	10	а	Gross sales of inventory, I							
			and allowances							
		b	Less: cost of goods sold		10b					
			Net income or (loss) from			►				
(0						Business Code				
Miscellaneous Revenue	11	а			F					
ne	•••	b								
ver					—					
Be		C			—					
Ϊ			All other revenue							
		е	Total. Add lines 11a-11d					100 101		
	12		Total revenue. See instruction	ons		►	1,398,191.	137,650.	0.	
03200	9 12	-23-	-20							Form 990 (2020)

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DC POLICY CENTER

Form 990 (2020) DC POLIC Part VIII Statement of Revenue

DC POLICY CENTER

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).

D	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	رط) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	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,				
Ŭ	trustees, and key employees	256,445.	128,223.	64,111.	64,111
6	Compensation not included above to disqualified			,	,
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	480,497.	312,211.	119,775.	48,511
8	Pension plan accruals and contributions (include	,	, (- /
-	section 401(k) and 403(b) employer contributions)	59,473.	37,202.	14,832.	7,439
9	Other employee benefits	48,191.	37,202. 31,434.	12,012.	7,439 4,745 8,242
10	Payroll taxes	55,775.	33,617.	13,916.	8,242
11	Fees for services (nonemployees):				•
	Management				
	Legal				
	Accounting	16,800.		16,800.	
	Lobbying	-			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	149,950.	149,950.		
12	Advertising and promotion	619.	-	619.	
13	Office expenses	3,527.	1,356.	1,839.	332
14	Information technology	23,189.	13,976.	5,786.	3,427
15	Royalties				
16	Occupancy	84,000.	50,630.	20,958.	12,412
17	Travel	100.			100
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,123.		5,123.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,789.	1,079.	446.	264
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					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,185,478.	759,678.	276,217.	149,583
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)				

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Form **990** (2020)

		Check if Schedule O contains a response or n	ote to a	iny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			305,281.	1	1,029,225.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			173,049.	3	100,000.
	4	Accounts receivable, net			0.	4	31,600.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantia	l contributor, or 35%			
		controlled entity or family member of any of th	iese pei	sons		5	
	6	Loans and other receivables from other disqua	alified p	ersons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ection 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	e 11 .	[13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq	qual line	33)	478,330.	16	1,160,825.
	17	Accounts payable and accrued expenses			26,034.	17	16,116.
	18	Grants payable				18	
	19	Deferred revenue	20,300.	19	0.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part I	/ of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer of	ficer, director,			
iliti		trustee, key employee, creator or founder, sub	ostantia	l contributor, or 35%			
Liabilities		controlled entity or family member of any of th		F		22	
	23	Secured mortgages and notes payable to unre	elated t	hird parties	0.	23	500,000.
	24	Unsecured notes and loans payable to unrelat	ted third	d parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-2	4). Complete Part X			
		of Schedule D			46.004	25	E1C 11C
	26				46,334.	26	516,116.
ŝ		Organizations that follow FASB ASC 958, cl	heck he	ere 🕨 🔟			
nce		and complete lines 27, 28, 32, and 33.			010 045		E14 E00
alaı	27	Net assets without donor restrictions			213,947.	27	514,709.
ЧB	28	Net assets with donor restrictions			218,049.	28	130,000.
'n		Organizations that do not follow FASB ASC	958, cl	heck here 🕨 🛄			
ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSG	30	Paid-in or capital surplus, or land, building, or e				30	
эt А	31	Retained earnings, endowment, accumulated			401 000	31	
ž	32	Total net assets or fund balances			431,996.	32	644,709.
	33	Total liabilities and net assets/fund balances			478,330.	33	1,160,825.

Form 990 (2020)
Part X Balance Sheet

DC POLICY CENTER

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Form	DC POLICY CENTER	82-	-2380479	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	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	1,398		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,185		
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	431	L,9	96.
5	Net unrealized gains (losses) on investments	5			
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	644	1,7	09.
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 in Schedule	О.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	X Separate basis 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	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Ĺ

Form **990** (2020)

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-E	7
	330	UI.	330-L	<u> </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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization

Name of the or	-	OLICY CENT	FD					2-2380479	۶r	
Part I Re			All organizations must c	omplete ti	his part) S	ee instruction		2-2300479	_	
			For lines 1 through 12, c				10.			
			on of churches described			I)(A)(i)				
			Attach Schedule E (Form		• • •	·//~///				
			anization described in se			i)				
	• •		njunction with a hospital)(iii). Enter	the hospital's name		
	and state:			accombet				and neopital o name,		
	tion 170(b)(1)(A)(iv). (C		5 ,		, ,					
			nental unit described in s	section 17	70(b)(1)(A)	(v).				
		-	Intial part of its support f				he general	public described in		
	ion 170(b)(1)(A)(vi). (Co	-		U			U	•		
			(1)(A)(vi). (Complete Parl	t II.)						
			in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college		
			ulture (see instructions).							
unive	ersity:									
10 🗌 An o	rganization that normal	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, ar	nd gross receipts from	1	
activ	ities related to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investmen	ıt	
incor	me and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
See	section 509(a)(2). (Cor	mplete Part III.)								
11 🔄 An o	rganization organized a	and operated exclusi	ively to test for public sa	ifety. See	section 50)9(a)(4).				
12 An o	rganization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
more	e publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2). S	See section	5 09(a)(3). C	Check the box in		
lines	12a through 12d that of	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.			
а 📖 Ту	pe I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving		
the	e supported organizatio	on(s) the power to re	gularly appoint or elect a	a majority (of the dired	ctors or truste	ees of the s	upporting		
orę	ganization. You must c	complete Part IV, Se	ections A and B.							
b 🗔 Ty	pe II. A supporting orga	anization supervised	l or controlled in connec	tion with it	ts supporte	ed organizatio	on(s), by ha	ving		
	-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
	ganization(s). You mus t									
			g organization operated				Illy integrate	ed with,		
			b). You must complete I							
	-		orting organization oper				-			
			zation generally must sat	-		-	d an attenti	iveness		
		/	nplete Part IV, Sections	,						
			written determination fro			i Type I, Type	II, Type III			
			nally integrated support						_	
	number of supported on ne following information	•	d organization(a)						-	
-	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other		
.,	ganization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions	S)	
			above (see instructions))							
									_	
Total										
LHA For Paper	work Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 202	20	

15

Schedule A (Form 990 or 990-EZ) 2020 DC POLICY CENTER

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

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")		551,000.	742,250.	1201267.	1260541.	3755058.		
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		551,000.	742,250.	1201267.	1260541.	3755058.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1028247.		
6	Public support. Subtract line 5 from line 4.						2726811.		
	tion B. Total Support						2/200220		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	(0) 2010	551,000.	742,250.	1201267.	1260541.	3755058.		
8	Gross income from interest,			, 12, 2000		110001110			
0									
	dividends, payments received on								
	securities loans, rents, royalties,								
•	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	9								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						3755058.		
	Total support. Add lines 7 through 10								
	Gross receipts from related activities,					12	251,700.		
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
<u></u>	organization, check this box and stop			<u></u>			► X		
-	ction C. Computation of Publ								
	Public support percentage for 2020 (I					14	%		
	Public support percentage from 2019					15	%		
16a	33 1/3% support test - 2020. If the c								
	stop here. The organization qualifies								
b	33 1/3% support test - 2019. If the c						nis box		
	and stop here. The organization qual						▶∟		
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	r e. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported of	organization		▶∟		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circl	umstances test. Tl	he organization qu	alifies as a publicly	y supported organ	ization			
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s 🕨 🗌		
					<u> </u>				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 DC POLICY CENTER

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second. third	, fourth. or fifth tax	vyear as a section	501(c)(3) oraz	anization,
	check this box and stop here	e e gameater e n		. ,			►
Sec	ction C. Computation of Publ	ic Support Pe					······ · · · · · · · · · · · · · · · ·
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Invest						
	Investment income percentage for 20)	17	%
	Investment income percentage from 2		B			18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2019. If the						/3%, and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
	23 01-25-21						m 990 or 990-EZ) 2020
				17	50		

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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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Schedule A (Form 990 or 990-EZ) 2020

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Part IV Supporting Organizations (continued)

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,					
directors, or trustees at all times during the tax year? 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.					
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.

Section	С.	туре і	I Suppor	rting (Jrganizations	

		-	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		
Se	ction D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during	a the	veafsee instruction	າຣ).

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

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Yes No

Schedule A (Form 990 or 990-EZ) 2020 DC POLICY CENTER

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

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

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continu	<u>led)</u>	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 DC POLICY CENTER

 Section D, lines 5, 6, a (See instructions.)	and 0, and Fall V,	, 0, and 0. AISO CC		
			Schedule A (Forr	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Т

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

82-2380479

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Organization type (check or	ne):
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. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

DC POLICY CENTER

82-2380479

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$406,250.	Type of contribution Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$187,500.	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		\$ <u>100,000.</u>	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			
4		\$75,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$25,500.	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			
<u>6</u> 023452 11-25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

DC POLICY CENTER

82-2380479

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X			
		\$ 79,000.	Payroll Noncash			
		_	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for			
000450 44 5			noncash contributions.)			
023452 11-25	J-20	Scheaule B (Form	990, 990-EZ, or 990-PF) (2020)			

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023452 11-25-20

Name of organization

Employer identification number

DC POLICY CENTER

82-2380479

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a)		\$ \$ (c)		
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
—		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
3453 11-25-20	26	Schedule B (Form	990, 990-EZ, or 990-PF	

Name of o	rganization		Employer identification number			
DC PO	LICY CENTER		82-2380479			
Part III		 through (e) and the following line ent charitable, etc., contributions of \$1,000 or 	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	L			
	Transferee's name, address, a	Ind ZIP + 4	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	Ind ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, 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			
	Transferee's name, address, a	(e) Transfer of gift	er of gift Relationship of transferor to transferee			
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)			

Department of the Treasury Internal Revenue Service

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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



nam	DC POLICY CENTER	Em	82 - 2380479
Pa		r Accou	
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds	
-	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (for example, recreation or education)	nistorically	important land area
	Protection of natural habitat Preservation of a c	ertified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a co <u>nserv</u>	ation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2 a	
b	Total acreage restricted by conservation easements	2 b	
С	Number of conservation easements on a certified historic structure included in (a)	2 c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure		
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	rganizatio	n during the tax
	year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	vation eas	sements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easeme	nts during the year
0	\$		
8			Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense st		
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement		
	organization's accounting for conservation easements.	S that ues	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Simi	ar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	balance	sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of	public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bal	ance shee	et works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of pi	ublic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	►	\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga		le
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	►	\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020
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Par	t III Organizations Maintaining (Collections of A	rt, Hist	torical Tr	reasures, or	Other	^r Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that n	nake sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	the organization	's exem	pt purp	ose in Parl	t XIII.		
5	During the year, did the organization solicit of								-		-
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrar		ete if the	e organizatio	on answered "Ye	es" on F	orm 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custoo								7		٦
	on Form 990, Part X?							L	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								Yes		
	Did the organization include an amount on F										_ No □
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
. a		(a) Current year	-	Prior year	(c) Two years b			ears hack	(a) Fou	r vears	hack
19	Beginning of year balance	(a) Ourient year		nor year						r yours	buok
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cu		ce (line 1	a. column (a)) held as:	•					
	Board designated or quasi-endowment		%	3, (
	Permanent endowment	%	_								
	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the poss	ession of the organiz	ation that	at are held a	and administered	d for the	e organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized	ations listed as requi	red on S	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part I\	V, line 11a.	See Form 990, F	Part X, li	ne 10.				
	Description of property	(a) Cost or c basis (investr			t or other (other)	• •	cumulate reciation	ed	(d) Boo	k value	е
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10c.)						0.
								Schodulo	D (Eorr	n 000)	0020

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v		
(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" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1)				
(2)				
(3)				
(4)				
(5)				

(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

(6) (7)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

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(7) (8)

Sche	dule D (Form 990) 2020 DC POLICY CENTER	82-	2380479 Page 4	
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Returr	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		
1	Total revenue, gains, and other support per audited financial statements		1,398,191.	
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			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,398,191.
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		
	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,398,191.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		
1	Total expenses and losses per audited financial statements		1	1,185,478.
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			
с	Other losses			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,185,478.
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	4c	0.	
5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,185,478.
Pa	rt XIII Supplemental Information.			
_				

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

032054 12-01-20

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2020		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2020		
Depa	tment of the Treasury	Attach to Form 990.		Open to			
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	e of the organizatio		Employer i			mber	
		DC POLICY CENTER	82-2	38047	9		
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments					
		spending account Personal services (such as maid, chauffer	ur, chef)				
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		4			
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if a	by of the following the experimentian used to establish the companyation of the experimentation?	•				
3		ny, of the following the organization used to establish the compensation of the organization' actor. Check all that apply. Do not check any boxes for methods used by a related organizat					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
	·	compensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo				
			Johnmillee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	•	e payment or change-of-control payment?		4a		X	
b		eive payment from a supplemental nonqualified retirement plan?		·····		X	
c		eive payment from an equity-based compensation arrangement?				X	
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	•			5a		X	
b	Any related organiz	ation?		5b		X	
		r 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	et earnings of:					
а	The organization?	~		6a		Х	
b	Any related organiz	ation?		6b		X	
		r 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 payment	S				
		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					
		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					
		1 53.4958-6(c)?	<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2020	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base (ii) Bonus & (iii) Other compensation incentive reportable compensation compensation	other deferred compensation	benefits				
(1) YESIM SAYIN TAYLOR	(i)	220,000.	0.	0.	13,200.	23,245.	256,445.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) CHELSEA COFFIN	(i)	140,594.	0.	0.	8,436.	16,534.		
DIRECTOR OF EDUCATION POLI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

82-2380479

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.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **2020**Open to Public
Inspection

DC POLICY CENTER

Employer identification number 82 - 2380479

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

FOR A VIBRANT AND GROWING ECONOMY IN THE DISTRICT OF COLUMBIA. THE D.C.

POLICY CENTER PROVIDES OBJECTIVE, TARGETED, AND HIGH-QUALITY DATA

ANALYSES TO SUPPORT A PRODUCTIVE POLICY DEBATE IN THE DISTRICT OF

COLUMBIA.

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

POLICY DEBATE IN THE DISTRICT OF COLUMBIA.

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

THE 990 IS PROVIDED TO BOARD OF DIRECTORS FOR THEIR REVIEW.

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

THE BOARD REVIEWS ALL TRANSACTIONS BEFORE THEY ARE EXECUTED TO IDENTIFY

POTENTIAL CONFLICTS OF INTEREST. IF A REAL OR PERCEIVED CONFLICT OF

INTEREST IS IDENTIFIED, THE TRANSACTION IS MODIFIED TO REMOVE THE CONFLICT

OR THE TRANSACTION IS NOT EXECUTED.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED BY THE BOARD AND IS

BASED ON INDEPENDENTLY COLLECTED AND PUBLICLY AVAILABLE SALARY SURVEY DATA.

THE COMPENSATION OF OTHER STAFF MEMBERS IS DETERMINED BY THE EXECUTIVE

DIRECTOR AND IS REVIEWED AND APPROVED BY THE GOVERNING BOARD ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

 DC
 POLICY
 CENTER
 MAKES
 ITS
 GOVERNING
 DOCUMENTS
 CONFLICT
 OF
 INTEREST

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O	(Form	990 0	r 990-F7	2020
		330 0	330-LZ	2020

Name of the organization

DC POLICY CENTER

Page 2 Employer identification number 82-2380479

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FINANCIAL INFORMATION IS POSTED ON THEIR WEBSITE.