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

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

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Form	330

Department of the Treasury Internal Revenue Service

## \*\* 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.

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



AF	A For the 2021 calendar year, or tax year beginning and ending					
B c	Check if	e: C Name of organization		D Employer identific	cation number	
	Addre	DC POLICY CENTER				
	Name			82-238047	79	
	Initial		Room/suite			
	Final return		325		3-2233	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,226,933.	
	Amen return	WASHINGTON, DC 20005		H(a) Is this a group re		
	Applic tion pendi	F Name and address of principal officer: ILDIM DATIN IATION		for subordinates	? Yes X No	
		SAME AS C ABUVE		H(b) Are all subordinates ind	cluded? Yes No	
		empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1) (	or 527	lf "No," attach a	list. See instructions	
		te: WWW.DCPOLICYCENTER.ORG		H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year (	of formation: 2017 N	State of legal domicile: DC	
Pa	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: THE I				
Activities & Governance		NON-PARTISAN, INDEPENDENT THINK TANK FOCU				
ern	2	Check this box      if the organization discontinued its operations or disposed in the second			ets. 31	
Š	3				31	
<del>م</del>	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	12	
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			43	
tivit		Total number of volunteers (estimate if necessary)			0.	
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		1,260,541.	1,050,833.	
Jue	9	Program service revenue (Part VIII, line 2g)		137,650.	176,100.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
ž		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,398,191.	1,226,933.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŷ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		900,381.	1,040,753.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	95.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		285,097.	328,080.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,185,478.	1,368,833.	
	19	Revenue less expenses. Subtract line 18 from line 12		212,713.	-141,900.	
OL SOL			Be	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		1,160,825.	1,038,643.	
Net Assets	21	Total liabilities (Part X, line 26)		516,116.	535,834.	
ER.	22	Net assets or fund balances. Subtract line 21 from line 20		644,709.	502,809.	
1 Pa	art II	Signature Block				

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

Sign	Signature of officer		Date				
Here	YESIM SAYIN TAYLOR, EX	ECUTIVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check DTIN				
Paid	GLENN MILLER, CPA	GLENN MILLER, CPA	07/14/22 self-employed P00086726				
Preparer	Firm's name 🕒 WEGNER CPAS, LLF	)	Firm's EIN ▶ 39-0974031				
Use Only	Firm's address 🖕 419 N LEE STREET	1					
	ALEXANDRIA, VA 22314 Phone no. 703-519-0990						
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) DC POLICY CENTER 82-2380479 Page	ge <b>2</b>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	THE D.C. POLICY CENTER IS A NON-PARTISAN, INDEPENDENT THINK TANK	
	FOCUSED ON ADVANCING POLICIES 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	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
U	If "Yes," describe these changes on Schedule O.	NO
4		
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. (Code: ) (Expenses \$ 730,575. including grants of \$ 0.) (Revenue \$ 176,100	<u> </u>
4a		
	ECONOMIC RESEARCH AND POLICY ANALYSIS - ADVANCING POLICIES FOR A STRONG	r
	AND VIBRANT ECONOMY IN THE DISTRICT OF COLUMBIA. 41 REPORTS AND	
	PUBLICATIONS WERE PUBLISHED IN 2021, WEEKLY UPDATES WERE SENT TO 1437	
	SUBSCRIBERS, AND WE WERE CITED BY THE MEDIA 92 TIMES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
<u> </u>		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 730,575.	
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	5	

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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- U		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
<b>L</b>	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>а</u>		_ <u></u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>270</u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
22	Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	· · · · –		Yes	No
	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 on line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	990	(2021)
132004	↓ 12-09-21	⊢orm	330	(2027)

Yes         No           2         Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the for the calendar year ending with or within the year covered by life return         12         Image: Statements, 12         Image: Statements, 12         Image: Statements, 13         Image: Statements, 14         Image: Statements, 14         Image: Statements, 15         Image: Statements, 1	Form	990 (2021) DC POLICY CENTER 82-2380	479	P	<sub>age</sub> 5
2a         Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.         2a         12           b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?         2b         X           a Dot the organization have unvelated business gress income of \$1,000 or more during the year?         3a         X           b If 'Ves, 'In at file all Form 9807 for this year? If 'Ve to in: 8b, provide an explanation on Schedule 0         3b         X           b If 'Ves, 'In the them and the foreign country Such as a bank account, socurities account, or other atinointy over, a financial account is or other transcion at any fine curing the tax year?         5a         X           b If 'Ves, 'Inter the nume of the foreign country Such as a bank account, socurities account, or other financial Account's GMAN, Socurities account is a synthe curing the tax year?         5a         X           b If 'Ves, 'Inter the organization in Foreign 2and the foreign Bank and Financial Account's GMAN, Socurities account is a synthe curing the tax year?         5a         X           b If 'Ves, 'Inter the organization in Foreign 2and the foreign 2and the foreign 2and the company tax on the tax year?         5a         X           b If 'Ves, 'Inter the organization in Foreign 2and the foreign 2and the company tax on the tax year?         5a         X           c If 'Ves, 'Inter the organization in Foreign 2and the company tax on the tax year?         5a         X           b If 'Ves, 'Inter th	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
If etc or the calendar year anding with or while in the year covered by this return       2a       12         If at least one is reported on line 2, all oth the organization like all required tederal endopment tax returns?       2b         Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>a</i> -the. See instructions.       2b         B Oth the organization have unrelated busines groups income of 31, 000 more during the year?       3b         If Thes, "Install field a form 980° for this year? <i>H</i> Not to fire 35, provide an exploration or Schedule O       3b         If Thes, "Install field a form 980° for this year? <i>H</i> Not to fire 35, provide an exploration or Schedule O       3b         If Thes, "Install field a form 980° for this year? <i>H</i> Not to fire 35, provide an exploration at the annotation organization have an interaction of any time during the tax year?       5c         If Thes, "Install field a form 980° for this year or More 30, on the organization have and the annotation at a normal group rough the approximation file and provide an exploration the second state an ormal group or problem data schedule transaction?       5c         If Thes, "Install field a form 980° for this year of the approximation file and provide an exploration provide an exploration file and provide and explore or group and the organization need and group or problem 300° covers approximation file and provide and explore or group and the organization need and group and the approximation file and group and the organization need and group and the approximation file and group and the organization need and group and the approximation and scone explore anon the approximation and the approximation				Yes	No
b       If a test one is respondent on line 2a, did the organization tile all required tests employment tax returns?       gb       X         30       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       Did the organization for this year?       3a       Did the organization and year of the this year?       3a       X         3b       If "Yea," into the mane of the freque country business in the east in, or a signification approximation and year of the organization for forms 100, and the organization for forms 866-17       5a       X         3c       If "Yea," indit the organization fine form 886-17       5a       X         3c       Did the organization neiced systift and encomplay greater than \$100,000, and did the organization forms 40 during the set or \$1, did the organization neiced systift and adduring the set or share busing the set or share busing the set or the set or adduring the set or this did the organization forms 40 during the set or than 20 during the set or this did the organization neiced systift and adduring the set or this did the organization neiced systift and adduring the set or this set organization neiced systift and adduring the set organization neiced systift and adduring the set organization neiced systift and adduring the set organization neiced systift adduring the set organi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note:         If the sum of lines 1a and 2a is greater than 250, you may be required to argin 250, we instructions.         Image:         Image: <td></td> <td>filed for the calendar year ending with or within the year covered by this return 2a 12</td> <td></td> <td></td> <td></td>		filed for the calendar year ending with or within the year covered by this return 2a 12			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other subroity over, a francial account? If a forsign country [such as a bank account, securities account, or other financial account?       4a         b       If "set," enter the name of the foreign country        Set instructions for fing requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       Was the organization have the organization fine form 8866 i?       6c       6c       6c         cit "ves" to ite so voot, off the organization fine form 8866 i?       6c       6c       6c       6c         cit "ves", ito actions that were not acteductible as charballe contributions?       6c       6c       6c       7c         coganization status action to dive solue of Si7 med partly are provided in an express statement that such contributions or gifts were not tax deductible at analbale contribution and partly for goods and services provided to the part?       7c       X         d       If "ves," indicate the number of forms 8252 field during the year       7d       X       1d         d       If "ves," indicate the number of forms 8252 field during the year?       7d       X       1d         d       If "ves," indicate the number of forms 8252 field during the year?       7d </th <td>b</td> <td></td> <td>2b</td> <td>X</td> <td></td>	b		2b	X	
b       If Yes, "Issi If Bidd Form (BiO Tor this year," of Yes (a year)       Bit       Bit         4a       Atary time during the calcinds year, did the organization have an interest in, or a signature or other subonity over, a transcial account, a control, year, and the organization have an interest line, or a signature or other subonity over, a transcial account, if the control to the transcial account (PAR).       4a       X         b       If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (PBAR).       5a       X         5a       Was the organization have an oparization that is was or is a party to a prohibited tax oblect transcion at any time during the tax year?       5a       X         6       Does the organization have and angle greater than \$100,000, and did the organization solidit any oronthuldines or prints that are normally greater than \$100,000, and did the organization solidit any oronthulde with every solicitation are appress statement that such contributions or gifts were not tax deductible?       6a       X         0       Diff Yes, "diff the organization neither was or solidit any any proved??       7a       X         0       Diff Yes, "diff the organization neither was or solidit any any proved??       7a       X         0       Diff Yes, "diff the organization neither was organization account the value of the good core services provide??       7a       X         0       Diff the organization neither was required       7a       X					
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a fain financial account in forcing noutry (such as a bank account, securities account, or other functial accounts (FBAR).         b       If "Yes," enter the name of the foreign country by       See instructions for fining requences to for InCON TOM 114. Report of Foreign Bank and Financial Accounts (FBAR).       Sa         5a       Was the organization have annual gross nearbib tat as helter transaction at any time during the tax year?       Sa       X         5b       If "Yes," in the organization include with every solicitation an express statement that such contributions or gifts were on tax deductibles or achinable contributions?       Sa       X         b       If "Yes," indit the organization include with every solicitation are express statement that such contributions or gifts were on tax deductibles or achinable contributions?       Sa       X         b       If Yes," indit the organization neither were detax or the organization for the auguent thans or contribution any express statement that such contributions or gifts were on tax deductibles on threwise detax bite?       Ta       X         c       Indit the organization neither were detax or the organization free any contribution or gints any orthologin any expression statement were any contribution or gints and structures provided?       Ta       X         d       If Yes," indit the organization free/were any orthologin any expression structures provided?       Ta       X         d       If Yes," i					X
In the set of th			3b		
b       If "Yes," enter the name of the foreign country	4a				
See instructions for fling requirements for FlincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).     Image: Comparison of the com		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Sa         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         So         X           c         If Yes' to line Sa or Sb, do the organization file form 886617         So         So         X           d         Does the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization solidt any contributions that we end tak deductible         So         X           b         If Yes,'' dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).         To         To         To         To         X           b         If Yes,'' did the organization notify the donor of the value of the goods or services provided?         To         To         To         X           c         Did the organization notify the donor of nevalue of the goods or services provided?         To         X         To         X           d         If Yes,'' fidicate the number of Forms 8282 field during the year         To         To         X           d         If the organization neceive a contribution of qualified intelectual property, did the organization file are more than one advised funds.         To         X	b				
b       Def any tasabe party notity the organization that it was or is a party to a prohibited tax shelter transaction?       So       X         c       If "Yes" to line 6a or 6b, did the organization file Form B886-T?       So       So       So         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sile annual gross receipts that are normally greater than \$100,000, and did the organization neiter expression include with every solicitation an express statement that such contributions or gifts were not tax deductible?       So       So         7       Organization sile are payment in excess of \$15 made party is a contribution and party for goods and services provided to the payor?       Ta       X         0       If "Yes," did the organization notity the donor of the value of the goods or services provided?       To       Ta       X         0       If "Yes," did the organization selves datalege, or dhenying elidops of the goods and services provided?       To       Ta       X         10       If organization neeves any self field during the year       Td       Td       Ta       X         10       If organization neeves any self field during the year?       Td       Td       X       Td       Td       X         10       If during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tr       X       Td       Td       X					
c     If 'Yes' to line 5a or 5b, did the organization file Form 8886-T7     5c       GD bes 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?     5c       b     I'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible?     5c       7     Organization statu may receive deductible contributions under section 170(c).     7a     X       b     If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If 'Yes,'' did the organization notify or indirectly, to pay premiums on a personal benefit contract?     7c     X       d     I'Yes,'' nolicate the number of Forms 8282 filed during the year     2d     7c     X       f     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       g     If the organization receive acontribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7n     7n       8     Sponsoring organization make ary taskie distributions under section 4966?     9a     9a       9     Dott the sponsoring organization make ary taskie distributions under section 4966?     9a     9a       10     Section 501(c)(2) organizations. Enter:     10a     10a       13     Sec					
Ge     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?     Gea     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?     Geb     Geb       c) Organizations that may receive deductible contributions under section 170(c).     Bit dhe organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?     Geb     Ze       c) Or Organizations that may receive deductible contributions under section 170(c).     Did the organization notify the donor of the value of the goods or services provided?     Ze     Ze       c) Did the organization networks any functs, directly or indirectly, on a personal benefit contract?     Ze     Ze     Ze       d) Did the organization received a contribution of qualified intellectual property, did the organization function?     Ze     Ze     Ze       g) If the organization received a contribution of cars, boats, aitplanes, or other vehicles, did the organization file a Form 1098-C?     Zh     Zh     Zh       g) Sonosoring organization make any taxable distributions under section 4966?     Se     Se     Se       g) Sonosoring organization make any taxable distributions under section 4966?     Se     Se       g) Did the sponsoring organization make any taxable distributions under section 4966?     Se     Se       g)					X
any contributions that were not tax deductible as chartable contributions?     6a     X       b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7       7 Organizations that may receive deductible contributions under section 170(c).     7     X       b If the organization cericle approximation cost of 57 made party is a contribution and party for goods and services provided to the part?     7c     X       c Did the organization cericle approximation cost of the donor of the value of the goods or services provided?     7d     X       c Did the organization cericle any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       f Did the organization received a contribution of cars, boats, ancipale, or other whiles, did the organization for device any funds, directly or indirectly, to pay premiums, directly or indirectly, the organization field PGO			<u>5c</u>		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         Organizations that may receive deductible contributions under section 170(c).       77       78         D       If "Ves," did the organization neceive a payment in necess of \$75 made partly as a contribution and partly for goods and services provided to the payr?       70         C       Did the organization notify the doors of the value of the goods or services provided?       72       X         If "Ves," indicate the number of Forms 8282 filed during the year       7d       X         Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       77       X         If the organization received a contribution of qualified intellectual property, did the organization file Form 8089 as required?       76       X         If the organization received a contribution of qualified intellectual property, did the organization file Form 8080?       7d       7d         If the organization neceived a contribution of and sole dinde. Did a door advised fund minitalmed by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9b       9b       9b       9a       9b       9b       9a       9b       9a       9b       9a       9a       9b       9a       9b       9a       9b       9a       9b <td>6a</td> <td></td> <td></td> <td></td> <td></td>	6a				
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization nective a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7b       7 Dif 1*Yes," did the organization nective a payment in excess of \$75 made parity as a contribution and parity for which it was required to file Form 8282?     7c     X       7 Dif 1*Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       9 Did the organization receive a contribution of qualified intellectual property, to did the organization file Form 8098 as required?     7h     X       9 If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8098 as required?     7h     X       9 Sponsoring organization make any taxable distributions under section 4086?     9a     9a     9b       9 Did the sponsoring organization make any taxable distributions under section 4086?     9a     9b       9 Did the sponsoring organization make any taxable distributions under section 4086?     9a     9b       9 Did the sponsoring organization make as a distribution to a donor, donor advisor, or related person?     9c     9c       10 Section 501(c)(7) organizations. Enter:     10a     11a     10a		•	<u>6a</u>		X
7       Organizations that may receive deductible contributions under section 170(c).       a) dif the organization neterive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         7       D) if "Yes," idicate the number of Forms 8282 filed during the year       7d       7c       X         9       Did the organization number of Forms 8282 filed during the year       7d       X       7c       X         9       Did the organization during the year, pay premiums, on a personal benefit contract?       7f       X         9       Did the organization during the year, pay premiums, on a personal benefit contract?       7f       X         9       Sponsoring organization, during the year, apy remulums, on a personal benefit contract?       7f       X         9       Sponsoring organization maintaining donor advised funds. Did a donor advised funds.       Did the organization file a Form 1080 C?       7h       Th         9       Sponsoring organization make a sitribution to a doner, donor advised funds.       Did the presonsoring organization make a sitribution to a doner, advisor, or related person?       9b       9b         9       Socians ford(r) organizations. Enter:       10a       10b       10b       9a       9b       9b       9b       9b       10b       10b       10b       10b       10b       10b	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f If Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7n       X         f Did the organization materiability of non advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under secton 4966?       9a       9b         D Did the sponsoring organization make any taxable distributions on a distribution or a donor, or related person?       9b       9a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10c       10c         11 Section 501(c)(2) organization included on Part VIII, line 12, for public use of club facilities       10b			6b		
b       If "Yes," did the organization null; exchange, or otherwise dispose of tangible personal property for which it was required       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       [Zd]       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization neceived a contribution of qualified intellectual property, did the organization files form 8899 as required?       7f       X         f       If the organization neceived a contribution of cars, basts, anplanes, or other vehicles, did the organization flag Form 8899 as required?       7g       X         f       If the organization neaves as any taxable distribution sucher section 4966?       9a       9a       9a         Sonsorting organization make a vitaxibul distribution sucher section 4966?       9a       9a       9a       9a         Did the sponsoring organization. Sucher All UII, line 12       10a       10a       10a       10a       10a         Gross income from members or shareholders       11a       10a       10a       11a       10a       11a       11a       11a       11a       11a       11a       <					
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 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 received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7f       X         g       Sponsoring organization maintaining donor advised funds.       10a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       be sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         11       Bid the sponsoring organizations included on Part VIII, line 12       10a       10b       10a       10b         12       Section 501(c)(2) organizations. Enter:       11a       10a       11a       10a       10a       10a       10a <td></td> <td></td> <td></td> <td></td> <td></td>					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization files Form 8899 as required?       7f       X         g If the organization received a contribution of cars, beats, aiplanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         9 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12.       10a       10a       10b         10 Section 501(c)(2) organizations. Enter:       a Gross income from members or shareholders       11a       10b       12a         12 Section 6947(a)(1) non-exempt charitable trusts. Is the organization file organization is cluded on Form 990. Part VIII, line 12, tor public use of club facilities       11b       12a         12 Section 6947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 6947(a)(1) non-exempt theath insurance issuers.       13a       1			7b		
d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e       Did the organization during the year, pay premiums, of pay premiums, of na personal benefit contract?       7d       X         f       Did the organization during the year, pay premiums, of incetty or indirectly, on a personal benefit contract?       7d       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7n       X         Sponsoring organizations maintaining door advised funds.       0       8       9       9       9         9       Boonsoring organizations make a distribution to a donor, donor advised funds.       9a	С				
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         g       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9c			7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         8       Formal station received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       1         9       Sponsoring organization maintaining donor advised funds.       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       10b       10b       112a       10c       11a       10b       11a       10b       12a       10c       11a       10b       12a       12a </th <td></td> <td></td> <td></td> <td></td> <td></td>					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h   8 Sponsoring organization maintaining donor advised funds. Did a donor advised funds. 8   9 Sponsoring organizations maintaining donor advised funds. 8   9 Did the sponsoring organization make any taxable distributions under section 4966? 9a   9 Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9b   10 Section 501(c)(17) organizations. Enter: 10a   11 Initiation fees and capital contributions included on Part VIII, line 12 10a   12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   11 Section 501(c)(12) organizations. Enter: 11a   12 Gross income from members or shareholders 11a   13 Section 501(c)(2) qualified nonprofit health insurance issuers. 11a   13 Section 501(c)(2) qualified nonprofit health insurance issuers. 12a   14 Did the organization licensed to issue qualified health plans in more than one state? 13a   14 Did the organization receives any payments for indoor tanning services during the tax year? 14a   14 Did the organization subject to the section 4960 tax on payments? 14a   15 Is the organization and ducation and information the organization must report on Schedule O 15   14 Did the corganization and ducational instruction subject to the section 4968 excise tax on	е				
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8a         9       Sponsoring organizations maintaining donor advised funds.       8a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(7) organizations. Enter:       11a       11b         12       Section 501(c)(12) organizations. Enter:       11a       11b         13       Section 501(c)(12) organizations. Enter:       11a       11b         14       Did the sponsoring organization members or shareholders       11a       12a         15       Section 6947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 6947(a)(2) qualified nonprofit health insurance issuers.       13a       13a         14       Did the organization receive alufied health plans in more than one state?       13a       13a </th <td></td> <td></td> <td></td> <td></td> <td></td>					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 49667       9a         9       Did the sponsoring organization make any taxable distributions under section 49667       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       11a         11       Gross income from members or shareholders       11a         11       Section 501(c)(12) organizations. Enter:       11b         12a       Did the amount of tax-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 10417       12a         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         14a       Did the organization is is equilifed health plans       13a       13a       13a         14a       Did the organization is is required to maintain by the states in which the organizati	-				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11c       10c       10b       10c	-	-	7h		
9       Sponsoring organizations maintaining donor advised funds.       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)? Organizations. Enter:       10a         11       Section 501(c)? Organizations. Enter:       10a         12       Section 501(c)? Organizations. Enter:       10b         13       Section 501(c)? Organizations. Enter:       11a         14       Did the sponsoring organization. Ther:       11a         15       Gross income from members or shareholders       11b         14       Did the sponsoring organization filling form 990 in lieu of Form 1041?       12a         15       If Yes, " enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Did the ensure of reserves on hand       13b       13a         14a       Did the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the xyea?       14a       X         14a       Did the organization subject to the sectin 4960 tax on payment(s) of	8				
a 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:       10a         a 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:       10a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization incensed to issue qualified health plans in more than one state?       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization iscue qualified health plans       13b         c Enter the amount of reserves on hand       13a       13a         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess p			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         a Gross income from members or shareholders       11a       10b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 9947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 991(c)(22) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Vote: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         14       Did the organization subject to the section 4968 excise tax on net investment income?       16       X         15       X       If "Yes," see the instructions and file Form 4720, Schedule N.       15					
10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(7) organizations. Enter:         a       Gross income from members or shareholders         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?         11b       Ita         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule 0.         b       Enter the amount of reserves on hand         11a       Ita         0       Ita is the organization receive any payments for indoor tanning services during the tax year?       Ita         14a       X         14b       Itb       Itb         15       It eorganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in renuneration or excess parachute payment(s) during the year?       Ita         15       X					
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12b       12a         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       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       14a         b       Fir "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization and file Form 4720, Schedule N.       15       15       X         16       X       16       X       16       X			9b		
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a         14       Section 501(c)(22) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b       If "Yes," see the instructions and file Form 4720, Schedule N.       15       Ste organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       16       X         if "Yes," see the instructions and file Form 4720, Schedule N.       16       X       17         if "Yes," see the instru					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves on hand       13a       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute paym			-		
a Gross income from members or shareholders       11a       11b       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         21b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       If "Yes," see the instructions and file Form 4720, Schedule O.       17       16       X			-		
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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       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       12c       14a       X         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       15         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(2)1 organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an e	b				
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.   a Is the organization licensed to issue qualified health plans in more than one state?   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   c Enter the amount of reserves on hand   14a 13c   14a X   b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   16 X   17 If "Yes," see the instructions and file Form 4720, Schedule N.   16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   16 X   17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10-		120		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13b       13a         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       14a       X         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X       17       16       X         If "Yes," complete F			128		
a 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.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         144       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: best of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			120		
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organization is licensed to issue qualified health plans       13b       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       10       10	h				
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       17       17       17	5				
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b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       16       17			14a		X
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: Complete Form 4720, Schedule O.       Image: Complete Form 4					
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: Complete Form 4720, Schedule O.       Image: Complete Form 4720, Schedule O. <td></td> <td></td> <td></td> <td></td> <td></td>					
If "Yes," see the instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10       10			15		x
16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       16       X         17       If "Yes," complete Form 6069.       17       17					
If "Yes," complete Form 4720, Schedule O.	16		16		X
17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         1f "Yes," complete Form 6069.       10					
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       0	17				
If "Yes," complete Form 6069.	-		17		
	132005	C.	Form	990	(2021)

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Form	990 (2021) DC POLICY CENTER	82-2380		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 throu	gh 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se			•	
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a   31			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit		1		
-	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direction of the direction		<u> </u>		
-			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir		L		
74	more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock		14		
D			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		10		
a	The governing body?	-	8a	х	
a b	Each committee with authority to act on behalf of the governing body?		8b	X	
9				21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		9		21
	This Section B requests information about policies not required by the internal Revent	le Code.)		Yes	No
10-2	Did the exception have local chapters, branches, or affiliates?		10a	162	X
	Did the organization have local chapters, branches, or affiliates?		10a		- 23
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter		106		
440		foro filing the form?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body be			Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10-	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c		12b	л	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"		10-	х	
40	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval by	independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	v	
a	The organization's CEO, Executive Director, or top management official		15a	X	v
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				37
	taxable entity during the year?		<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizati				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-T (section 501(c)(3)	s only)	availal	ble
	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				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of interest policy, and	d financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books a	and records 🕨			
	WANDA M. MEDINA - 877-821-0439				
	20915 ASHBURN ROAD, ASHBURN, VA 20147				
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Form 990 (	2021) DC POLICY CENTER	82-2380479	Page 7				
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization's	s tax year.				
● List a	all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), r	egardless of amount of compens	ation.				

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	nploy	st cor	ar a	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YESIM SAYIN TAYLOR	40.00									
EXECUTIVE DIRECTOR		1		х				270,000.	Ο.	42,219.
(2) CHELSEA COFFIN	40.00									
DIRECTOR OF EDUCATION POLI		1				x		151,417.	Ο.	27,609.
(3) SANDY WILKES	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) NEIL ALBERT	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) MICHAEL GOODWIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SEAN WARFIELD	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) DAN O'NEILL	1.00									
TREASURER (THRU 5/2021)		Х		Х				0.	0.	0.
(8) LEILA BATTIES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MARK EIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ROBERT FLANAGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) THOMAS GALLAGHER	1.00								•	•
DIRECTOR		Х						0.	0.	0.
(12) CHRISTOPHER GLADSTONE	1.00								•	•
DIRECTOR	1 00	X						0.	0.	0.
(13) BILL ALSUP	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(14) KAREN HARDWICK	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(15) KATHY HOLLINGER	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) SOLOMON KEENE	1.00								0	0
DIRECTOR (17) W. MATTHEW KELLY	1 00	Х				-		0.	0.	0.
(17) W. MATTHEW KELLY DIRECTOR	1.00	x						0.	0.	0.
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Form 990 (2021)

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Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			sitior more	n e than e	one	Reportable	Reportable	E	Estimat	ed
	hours per box, unless person is both an						n an	compensation	compensation	a	amount	
	week						iee)	- from	from related		other	
	(list any hours for	irecto						the	organizations		mpensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from th ganiza	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)		nd rela	
	below	Individual trustee or director	nstitutional trustee	L_	nploy	st col	5				ganizat	
	line)	Indivi	Institu	Officer	key employee	Highest compensated employee	Former				,	
(18) MATTHEW KLEIN	1.00											
DIRECTOR		х						0.	0			Ο.
(19) RUSTY LINDER	1.00											
DIRECTOR		Х						0.	0	•		0.
(20) ANGELA FRANCO	1.00											
DIRECTOR		Х						0.	0	•		0.
(21) JODIE MCLEAN	1.00											
DIRECTOR		Х						0.	0	•		0.
(22) KURT NEWMAN	1.00								0			•
DIRECTOR	1 0 0	Х				-		0.	0	•		0.
(23) DERRICK MASHORE	1.00								0			0
DIRECTOR (24) JAMES REYES	1.00	X						0.	0	·		0.
DIRECTOR	1.00	x						0.	0			0.
(25) KENNETH SAMET	1.00	Δ						0.	0	<u>'</u>		<u> </u>
DIRECTOR	1.00	х						0.	0			0.
(26) W. EDWARD WALTER	1.00								<b>U</b>			
DIRECTOR		х						0.	0			Ο.
1b Subtotal								421,417.	0	. (	59,8	28.
c Total from continuation sheets to Part VI								0.	0	•		0.
d Total (add lines 1b and 1c)								421,417.	0	. 6	59,8	28.
2 Total number of individuals (including but no							io re	eceived more than \$100,	000 of reportable			
compensation from the organization												2
										_	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	emp	loye	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a								•	lual for services			37
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or sı	ıch	pers	son				5		X
Section B. Independent Contractors									100.000 - (			
1 Complete this table for your five highest con the ergenization. Report componentian for t										ation t	rom	
the organization. Report compensation for t	ne calendar ye	ear e		ig w				(B)			(C)	
م) Name and business	address	NC	ONE	2				رط) Description of s	ervices		ensatio	on
							_					
2 Total number of independent contractors (ir	•	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz		<b>T</b> > 7	<b>TT 3</b>	<u>m -</u>	)	<u>u</u>	T T T T			_	000	
SEE PART VII, SECTION	A CONT	τN	UΑ	л, Т	ON	I S	нĽ	ETS		Forn	n <b>990</b>	(2021)

132008 12-09-21

Form 990 DC POLICY									82-238	0479
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	m pen				organizations
	below	dual t	utiona	-	u plo	st co	L.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) ANTHONY WILLIAMS	1.00									
DIRECTOR		х						0.	0.	0.
(28) MARTY JANIS	1.00									
DIRECTOR		х						0.	Ο.	0.
(29) MONICA DIXON	1.00									
DIRECTOR (FROM 5/2021)		Х						0.	0.	0.
(30) MICHELE HAGANS	1.00									
DIRECTOR (FROM 9/2021)		Х						0.	0.	0.
(31) DANNY HUGHES	1.00									
DIRECTOR (FROM 5/2021)		Х						0.	0.	0.
(32) SHAHIRA KNIGHT	1.00									
DIRECTOR (FROM 9/2021)		Х						0.	0.	0.
(33) EVELYN LEE	1.00									
DIRECTOR (FROM 9/2021)	1 00	Х						0.	0.	0.
(34) RICHARD RUBEN	1.00								0	
DIRECTOR (FROM 5/2021)	1	Х						0.	0.	0.
(35) CHANELL AUTREY	1.00								•	
DIRECTOR (THRU 1/2021)	1 00	Х						0.	0.	0.
(36) DAVID VELAZQUEZ	1.00								0	
DIRECTOR (THRU 9/2021)		Х						0.	0.	0.
				-		-				
		1								
		1								
		L								
		1								
	1	<u> </u>	1	I	I	I				<u> </u>
Total to Part VII, Section A, line 1c										
								1		I

132201 04-01-21

and the federated campaignes       ta					response	or note to any lin	e in this Part VIII			
Booless       boless       boless         Boless       boless       boless <th></th> <th></th> <th>Oneck in Schedule O (</th> <th></th> <th></th> <th>or note to any initial</th> <th>(A) Total revenue</th> <th>Related or exempt</th> <th>Unrelated</th> <th>(D) Revenue excluded from tax under sections 512 - 514</th>			Oneck in Schedule O (			or note to any initial	(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
geographic and (contributions)       1       1       1,050,833.         geographic and the contributions on the cluded above the start in tig starts and included above the start includes and	ts, Grants Amounts	1a b c	Membership dues		1b 1c					
go         2 a         ECONOMIC RESEARCH         Business Code         mmm           b	tributions, Gif Other Similar	d e f	Government grants (contr All other contributions, gifts, similar amounts not included	ibutions) grants, and above	1e 1f 1,	050,833.				
good set of the set o	Con <sup>.</sup> and	9 h				<b>&gt;</b>	1,050,833.			
orgentiation       b       c       c         a       d       c       c         a       d       c       c         a       Total. Add lines 2a:2f       176,100.       c         a       Total. Add lines 2a:2f       176,100.       c         a       Total. Add lines 2a:2f       176,100.       c         a       Investment income (including dividends, interest, and other similar amounts)       c       c         b       Less: rentla sequenses       6s       c       c         c       Rental income or (loss)       6c       c       c         d       Not ternial income or (loss)       6c       c       c         d       Less: cost or other basis and and sales ceptanes       fd       c       c         adia sale sequenses       fd       fd       cost on throm sale of action of loss)       fd       c         d       Less: cost or other basis and sales ceptanes       fd       fd       cortical action of loss)       fd       c         d       Less: cost or other basis and sales ceptanes       fd       fd       cortical action of loss)       fd       c         d       a Gross income from fundraising events       pd       gd										
g Total. Add lines 2a 2f       ▶       176,100.         3       Investment licome (including dividends, interest, and other similar amounts).       ▶         4       Income from investment of tax-exempt bond proceeds       ▶         5       Royatties       (i) Real       (ii) Personal         6a       Gross rents       Ga       Ga       (ii) Personal         6a       (iii) Real       (iii) Personal       Image: Comparison of Coss       Image: Comparison of Coss         7       Gross amount from sales of asset of the taxis and sales expenses       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         6       C Bain or (loss)       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         7       Gross amount from sales of asset of the taxis and sales expenses       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         8       Gross income from fundrating events (not including \$\frac{1}{7c}\$       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         9       Gross income from gaming activities. See [Image: Coss income from gaming activities. See [Image: Cose income from	n Service renue	2 a b c				511190	176,100.	176,100.		
g Total. Add lines 2a 2f       ▶       176,100.         3       Investment licome (including dividends, interest, and other similar amounts).       ▶         4       Income from investment of tax-exempt bond proceeds       ▶         5       Royatties       (i) Real       (ii) Personal         6a       Gross rents       Ga       Ga       (ii) Personal         6a       (iii) Real       (iii) Personal       Image: Comparison of Coss       Image: Comparison of Coss         7       Gross amount from sales of asset of the taxis and sales expenses       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         6       C Bain or (loss)       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         7       Gross amount from sales of asset of the taxis and sales expenses       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         8       Gross income from fundrating events (not including \$\frac{1}{7c}\$       Image: Comparison of Coss       Image: Comparison of Coss       Image: Comparison of Coss         9       Gross income from gaming activities. See [Image: Coss income from gaming activities. See [Image: Cose income from	grar Rev	d								
3       Investment income (including dividends, interest, and other similar amounts)       Income from investment of tax exempt bond proceeds         4       Income from investment of tax exempt bond proceeds       Image: Come of Com	Pro	•					176,100.			
5       Royatties       (i) Real       (ii) Personal         6 a       Gross rents       (b       (c)         b       Less: rental expenses       (b)       (c)         c       Rental income or (loss)       (c)       (c)         7 a       Gross amount from sales of assets other than inventory       (c)       (c)       (c)         7 a       Gross amount from sales of assets other than inventory       (c)       (c)       (c)         7 a       Gross amount from sales of assets other than inventory       (c)       (c)       (c)         a date expenses       (c)       (c)       (c)       (c)       (c)       (c)         a date expenses       (c)       (c)       (c)       (c)       (c)       (c)       (c)         a date expenses       (c)       (c)       (c)       (c)       (c)       (c)       (c) <td></td> <td>3</td> <td>Investment income (incluc other similar amounts)</td> <td>ding divide</td> <td>nds, intere</td> <td>st, and</td> <td></td> <td></td> <td></td> <td></td>		3	Investment income (incluc other similar amounts)	ding divide	nds, intere	st, and				
6 a Gross rents       6a         b Less: rental expenses       6b         c Rental income or (loss)          d Net rental income or (loss)          7 a Gross amount from sales of assets other than inventory       (i) Securities         b Less: cost or of other basis       (ii) Other         a Gross income from fundraising events       7c         c Gain or (loss)       //r         a Gross income from fundraising events (not including \$ or contributions reported on line 1c). See       //r         a Gross income from fundraising events       //r         9 a Gross income from gaming activities. See       //r         Part IV, line 18       //r         b Less: direct expenses       //r         g Gross income from gaming activities. See       //r         Part IV, line 19       //r         9 a Gross sales of inventory, less returns and allowances       //r         10 a Gross sales of inventory, less returns and allowances       //r         10 b       //r       //r         c All other revenue       //r         c All other revenue       //r         c All other revenue       //r         a Total revenue. See instructions       //r         12       Total revenue. See instructions       //r <td></td> <td></td> <td></td> <td>.<u></u></td> <td></td> <td> ►</td> <td></td> <td></td> <td></td> <td></td>				. <u></u>		►				
d       Net rental income or (loss)       Image: state of the task of assets other than inventory         7       a Gross amount from sales of assets other than inventory       Image: state other task of assets other task of assets other than inventory         b       Less: cost or other basis and sales expenses       Image: state other task of assets of		b	Less: rental expenses	6a 6b	,					
B       Less: cost or other basis and sales expenses       7b       7c         c       Gain or (loss)       7c       7c         d       Net gain or (loss)       7c       7c         e       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       8a         Part IV, line 18       8a       8b       8b         b       Less: direct expenses       9a       9a       9a         g       Gross income from gaming activities. See       9a       9a       9a         b       Less: direct expenses       9b       9a       9a         c       Net income or (loss) from gaming activities       10a       10a       10a         and allowances       b       10a       10a       10a       10a         b       Less: cost of goods sold       10b       10b       10c       10c         c       Net income or (loss) from sales of inventory       Ima       10a       10a		d	Net rental income or (loss)	)	ecurities	(ii) Other				
generation       c       Gain or (loss)       7c	e	b	Less: cost or other basis							
F including \$of   including \$of   contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   g Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   g Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c All other revenue   e Total. Add lines 11a:11d     12     Total revenue. See instructions	Revenu		Gain or (loss)	7c		►				
b Less: direct expenses 8b   c Net income or (loss) from fundraising events   9 a   9 a   9 a   9 a   9 a   9 a   9 b   b Less: direct expenses   9b b   b Less: direct expenses   9b b   c Net income or (loss) from gaming activities   10 a   a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c d   d All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions		8 a	including \$ contributions reported on	line 1c). S	_ of ee					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   9b		b								
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   11 a Business Code   b		с				►				
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b Image: Code   c Image: Code   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions			Part IV, line 19	-	9a					
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   0b   c Net income or (loss) from sales of inventory   b   c   b   c   d All other revenue   e Total. Add lines 11a-11d   12   Total revenue. See instructions										
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ Business Code b c d All other revenue e Total. Add lines 11a-11d ▶ 1,226,933. 176,100. 0.						F				
c       Net income or (loss) from sales of inventory         Business Code         b			and allowances							
Business Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code <td></td> <td></td> <td></td> <td></td> <td>·····</td> <td></td> <td></td> <td></td> <td></td> <td></td>					·····					
11 a		С	Net income or (loss) from	sales of in	ventory	Business Code				
e Total. Add lines 11a-11d         ▶           12 Total revenue. See instructions         ▶ 1,226,933.         176,100.         0.	sn	11 a				Business Code				
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶ 1,226,933.       176,100.       0.	neo	b	-							
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶ 1,226,933.       176,100.       0.	ella: evei	с								
e Total. Add lines 11a-11d         ▶           12 Total revenue. See instructions         ▶ 1,226,933.         176,100.         0.	Visc	d								
	£						1 000 000	176 100		
132009 12-09-21 Form <b>990</b>	12000			ons		▶	1,220,933.	1 1/0,100.	J U.	0 . Form <b>990</b> (2021)

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11 2021.04000 DC POLICY CENTER

Form 990 (2021) DC POLICY CENTER
Part VIII Statement of Revenue

Form 990 (	2021)	DC	POL	ICY	CEN
Part IX	Statement	of Funct	ional	Expe	nses

Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
institute of a Dest IV line of				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	312,220.	93,666.	93,666.	124,88
Compensation not included above to disqualified				-
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	529,355.	334,904.	135,720.	58,73
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	81,619.	41,564.	22,247.	17,80 12,09 13,55
Other employee benefits	55,443.	41,564. 28,234.	<u>22,247.</u> 15,112.	12,09
Payroll taxes	62,116.	31,632.	16,931.	13,55
Fees for services (nonemployees):				
Management				
Legal				
Accounting	17,100.		17,100.	
Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	96,474.	96,449.	25.	
Advertising and promotion	1,782.		1,782.	
Office expenses	6,215.	1,490.	3,839.	88
Information technology	86,644.	44,124.	23,616.	18,90
Royalties				
Occupancy	84,000.	42,776.	22,896.	18,32
Travel	2,658.			2,65
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	2,308.		2,308.	
Interest	21,081.	10,736.	5,745.	4,60
Payments to affiliates				
Depreciation, depletion, and amortization	0 010			~
Insurance	9,818.	5,000.	2,676.	2,14
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.)				
All other expenses				
Total functional expenses. Add lines 1 through 24e	1,368,833.	730,575.	363,663.	274,59
Joint costs. Complete this line only if the organization	-	-	-	-
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

132010 12-09-21

		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,029,225.	1	801,043.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		100,000.	3	220,000.
	4	Accounts receivable, net		31,600.	4	17,600.
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 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					
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	1 0 2 0 6 4 2
	16	Total assets. Add lines 1 through 15 (must equa		1,160,825.	16	1,038,643.
	17	Accounts payable and accrued expenses		16,116.	17	35,834.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, substa				
Liabilities		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrelation		500,000.	22	500,000.
	23 24	Unsecured notes and loans payable to unrelated			23 24	500,000.
	25	Other liabilities (including federal income tax, pay			27	
	20	parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		516,116.	26	535,834.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
ses		and complete lines 27, 28, 32, and 33.				
anc	27			514,709.	27	57,809.
Bal	28	Net assets with donor restrictions		130,000.	28	445,000.
pu		Organizations that do not follow FASB ASC 95				
Ъ,		and complete lines 29 through 33.				
s ol	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
t As	31	Retained earnings, endowment, accumulated inc			31	
Nei	32	Total net assets or fund balances		644,709.	32	502,809.
	33	Total liabilities and net assets/fund balances		1,160,825.	33	1,038,643.
						Form <b>990</b> (2021)

Form	DC POLICY CENTER	82-23	80479	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	<u>1,226</u> <u>1,368</u> -141	<u>,933.</u> <u>,833.</u> <u>,900.</u> <u>,709.</u>
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	502	,809.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>  </u>
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	-	Yes No
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	on a		x
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	edule O.	2c	x
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		2	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047	
2021	

Open to Public

	Inspection
vor	identification number

Nam	e of t	he organization						Employer	identification number			
			OLICY CENTE	ER				8	2-2380479			
Pa	rt I	Reason for Public C	Charity Status. (	All organizations must c	omplete th	nis part.) S	ee instruction	IS.				
The	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only o	one box.)						
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative				(b)(1)(A)(ii	i).					
4		A medical research organiza						)(iii). Enter	the hospital's name,			
		city, and state:	·					~ /				
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	anization described i	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a	land-grant	college			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10		An organization that normal	lly receives (1) more t	han 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment			
		income and unrelated busir	ness taxable income (	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusiv	vely to test for public saf	ety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r section &	509(a)(2).	See <b>section</b> \$	509(a)(3).	Check the box on			
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.				
а		] Type I. A supporting orga	anization operated, su	upervised, or controlled l	by its supp	ported orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting			
		organization. You must c	complete Part IV, Se	ctions A and B.								
b		] Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving			
		control or management or	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		] Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	You must complete F	Part IV, Se	ctions A,	D, and E.					
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally inte	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	uirement and	I an attentiv	/eness			
		requirement (see instructi	ions). You must com	plete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	Type III non-functior	ally integrated supportir	ng organiz	ation.						
f	Ente	r the number of supported o	organizations									
g		ide the following information	about the supported	d organization(s).								
	(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount of	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota	I											

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	551,000.	742,250.	1201267.	1260541.	1050833.	4805891.
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 4 - 4			1.0.7.0.0.0	
	Total. Add lines 1 through 3	551,000.	742,250.	1201267.	1260541.	1050833.	4805891.
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)						1237847.
	Public support. Subtract line 5 from line 4.						3568044.
	ction B. Total Support	1					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	551,000.	742,250.	1201267.	1260541.	1050833.	4805891.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4805891.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	427,800.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop						
Sec	tion C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	74.24 %
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟
b	10% -facts-and-circumstances test	: - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	k this box and <b>st</b>	<b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2021

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						
Sec	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage from					18	% %
	33 1/3% support tests - 2021. If the						
100	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22			, <u>,</u> ,			A (Form 990) 2021
			17	7			

<sup>2021.04000</sup> DC POLICY CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

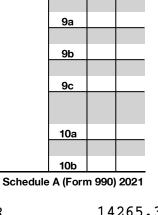
## Part IV | Supporting Organizations

(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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A	(Form 990) 20	21 I	DC	POLICY	CENTER
Part IV	Supportin	g Organizat	tion	s (continued	()

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
				(

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		1

Section D	. All Type	III Sup	porting	Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear	(see instructions).
-		, you	(000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [		The organization supported a governmental entity.	Describe in Part VI how	you supported a go	vernmental entity (see instru	uction <u>s).</u>
-----	--	---------------------------------------------------	-------------------------	--------------------	-------------------------------	-------------------

- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

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instructions).

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

Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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 ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	5	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	DC POLI	CY CENTER	8	82-2380479 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	1, 2, 3b, 3c, 4b, , lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9 Part IV, Section E,	9c, 11a, 11b, and 11c; Part IV, S lines 1c, 2a, 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
					<b>.</b>
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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## Schedule of Contributors

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

2021

Employer identification number

82-2380479

DC	POLICY	CENTER

<b>0</b>	
Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>332,500.</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
2		\$ <u>150,000.</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
3		\$ <u>50,000.</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		\$ <u>50,000.</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
5		\$ <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
6		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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

Schedule B (Form 990) (2021)

Name of organization

Part I

Employer identification number

82-2380479

Schedule B (Form 990) (2021)

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Part II	t II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(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			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

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Page 3 Employer identification number

82-2380479

DC POLICY CENTER

Name of organization

Schedule I	B (Form 990) (2021)		Page 4					
Name of o	rganization		Employer identification number					
DC POI	LICY CENTER		82-2380479					
Part III	Exclusively religious, charitable, etc., contribut	) through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) ▶ \$					
(a) No.	· · ·							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		· ·						
-								
		(e) Transfer of 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					
-								
	(e) Transfer of gift							
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee					
(a) No.		(2) 11 - 2 - 5 - 2 (2)						
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	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	·							
	(e) Transfer of gift							
	<b>.</b>		Beleficielle et al.					
ŀ	Transferee's name, address, a	na <b>212 + 4</b>	Relationship of transferor to transferee					

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Schedule B (Form 990) (2021)

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SCHEDULE	D
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Department of the Treasury

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

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

Employer identification number

	DC POLICY CENTER		82-2380479
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds 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 v	Letter I writing that the assets held in donor advised fun	de
Ŭ	are the organization's property, subject to the organization's	5	
6			
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		ľ m
Par		papiration annuared "Vac" on Form 000. Dort N	
1 4			, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		ization during the tax
	year ►		C C
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year
•			comonto danng tro you
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section $170(h)(4)(R)$	)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footr	•	
			lat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other S	Similar Assets
1 41	Complete if the organization answered "Yes" on Form		Accele.
18	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	, ,	nce of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. 🕨 \$
	···· · · · · · · · · · · · · · · · · ·		<b>N A</b>
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. • \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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Sche		CY CENTER					2380479		<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Art, H	Historical Tre	easures, or O	Other Si	milar Ass	sets <sub>(contin</sub>	ued)	
3	Using the organization's acquisition, accessi	on, and other records, c	heck any of the	following that m	ake signif	icant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d [	Loan or exc	hange program					
b	Scholarly research	е [	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	ow they further th	ne organization'	s exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of a	rt, historical trea	sures, or other s	similar ass	ets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complete	if the organizatio	on answered "Ye	es" on For	m 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermediary	/ for contribution	s or other asset	s not inclu	uded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ing table:						
							Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F				•		Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	<b>t V</b> Endowment Funds. Complete					Thung			haali
		(a) Current year	(b) Prior year	(c) Two years I	раск (а)	Three years b	ack (e) Four	years	раск
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr			)) held as:					
а	Board designated or quasi-endowment		6						
b	Permanent endowment								
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organization	n that are held ar	nd administered	l for the oi	rganization	Г	Ma a	N
	by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Dar	t VI Land, Buildings, and Equipm		ient funds.						
1 41	Complete if the organization answere		art IV line 11a S	See Form 990 F	Part X line	10			
				, i	,				
	Description of property	(a) Cost or othe basis (investmen	• •	t or other (other)	(c) Accu depred		(d) Bool	< valu	е
19	Land	· · · · · · · · · · · · · · · · · · ·		(=)	200100				
b	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		Dolumn (P) line 1						0.
. ord		iqual FUITT 990, Part X, C		00./		Scher	ule D (Form	990	-
						201101			

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Complete if the organization answered "Yes"		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(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"	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	l-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	▶ 11e or 11f. See Form 990, Part X, line 25.	

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) 2021

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Sche	edule D (Form 990) 2021 DC POLICY CENTER	82-1	82-2380479 Page 4				
Pa	t XI Reconciliation of Revenue per Audited Financial Stat						
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.					
1	Total revenue, gains, and other support per audited financial statements			1,226,933.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d	2e	0.				
3	Subtract line 2e from line 1		3	1,226,933.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b			0.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,	)		1,226,933.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		ises per Returi	າ.			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.					
1	Total expenses and losses per audited financial statements		1	1,368,833.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e	0.			
3	Subtract line <b>2e</b> from line <b>1</b>			1,368,833.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>8.</u> )		1,368,833.			
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.

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SC	HEDULE J	Compensation Information			OMB No. 1	545-004	17		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and	Highest		20	<b>91</b>			
		Compensated Employees			2021				
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part Attach to Form 990.	IV, III e 23.		Open to	Publi	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest in	formation.		Inspe				
Nam	e of the organization		identificatio		nber				
DC POLICY CENTER 82-2380									
Ра	rt I Question								
				Yes	No				
1a	Check the appropri	990,							
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel Housing allowance or residence for persona									
First-class or charter travel       Housing allowance or residence for personal         Travel for companions       Payments for business use of personal residence									
	Tax indemnification and gross-up payments I Health or social club dues or initiation fees								
	Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur								
		r, cnet)							
Ŀ.	If any of the base	on line to are abacked did the executation follows with a selice section of	montor						
D	•	on line 1a are checked, did the organization follow a written policy regarding pay			41.				
•		provision of all of the expenses described above? If "No," complete Part III to exp			1b		<u> </u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all			2				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a	a <i>r</i>						
3	Indicato which if a	ny, of the following the organization used to establish the compensation of the o	raanization's						
5		ector. Check all that apply. Do not check any boxes for methods used by a relate	•						
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	X       Compensation committee       Written employment contract         Independent compensation consultant       X       Compensation survey or study								
	Form 990 of o	ommittee							
		ther organizations X Approval by the board or cor	inpensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	filina						
•	organization or a re	•••	iiiiig						
а	-		I payment?						
b							X X		
	-						X		
•	<ul> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul>								
	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	compensatio	n					
	contingent on the r		-						
а	•						Х		
b		ation?					X		
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensatio	n					
	contingent on the r	et earnings of:							
а	The organization?				6a		X		
b		ation?					X		
		or 6b, describe in Part III.							
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix	ed payments						
	not described on lir	nes 5 and 6? If "Yes," describe in Part III			7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was	subject to th	е					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Par	t 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)?			9				
LHA	dule J (Forn	n 990)	2021						

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Schedule J (Form 990) 2021 DC PC	OLI	DC POLICY CENTER			82-2380479	479		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	yees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	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.	be reg orm 5	vorted on Schedule J 90, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the inst	uctions, on row (ii).
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.	ied inc	lividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E	) amounts for that indi	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YESIM SAYIN TAYLOR	(i)	245,000.	25,000.	.0	16,200.	26,019.	312,219.	0
EXECUTIVE DIRECTOR	(ii)	.0	.0	.0	.0	.0	.0	.0
(2) CHELSEA COFFIN	(i)	151,417.	0.	•0	9,085.	18,524.	179,026.	•0
DIRECTOR OF EDUCATION POLI	(ii)	.0	0.	.0	.0	.0	•0	.0
	(j)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(j)							
	(ii)							
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Page <b>3</b>											n 990) 2021
82-2380479	plete this part for any additional information.										Schedule J (Form 990) 2021
Schedule J (Form 990) 2021 DC POLICY CENTER	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.										

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

DC POLICY CENTER

OMB No. 1545-0047

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

Schedule O (Form 990) 2021	Page
Name of the organization DC POLICY CENTER	Employer identification numbe 82-2380479
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	
FINANCIAL INFORMATION IS POSTED ON THEIR WEBSITE.	
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