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 <b>990</b>
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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.



<u>A I</u>	or th	e 2022 calendar year, or tax year beginning and	d ending		
B	Check if pplicab	C Name of organization		D Employer identific	cation number
	Addre	DC POLICY CENTER			
	Name			82-23804'	79
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	/ 1310 L ST NW	325	(202) 223	
	termii ated	<sup>1-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,506,191.
	Amen	WASHINGTON, DC 20005		H(a) Is this a group re	
	Applio dion pendi	F Name and address of principal officer: IESIM SATIN IATLOR		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		empt status:         X $501(c)(3)$ $501(c)((a))$ (insert no.) $4947(a)(1)$	or 527	1 '	list. See instructions
	Nebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2017 N	State of legal domicile: DC
Pa	art I	Summary			70.3
é	1	Briefly describe the organization's mission or most significant activities: THE	D.C. P	OLICY CENTER	<u>K IS A</u>
anc		NON-PARTISAN, INDEPENDENT THINK TANK FOCU			
Governance	2	Check this box if the organization discontinued its operations or dispo			ets. 33
2 So	3				33
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)			10
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		56	
Activities &	0	Total number of volunteers (estimate if necessary)			0.
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,050,833.	1,265,985.
nue	9	Program service revenue (Part VIII, line 2g)		176,100.	240,206.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
č	11	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)		1,226,933.	1,506,191.
	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.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,040,753.	1,142,266.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 279, 2			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		328,080.	314,529.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,368,833.	1,456,795.
	19	Revenue less expenses. Subtract line 18 from line 12		-141,900.	49,396.
S OF			Be	ginning of Current Year	End of Year
Net Assets of	20	Total assets (Part X, line 16)	·····	1,038,643.	1,070,250.
etA	21	Total liabilities (Part X, line 26)		535,834.	518,045.
	art II	Net assets or fund balances. Subtract line 21 from line 20		502,809.	552,205.
				ante and to the best of mu	Includes and halisf it is

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. Т

Sign	Signature of officer		Date							
Here										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date							
Paid	GLENN MILLER, CPA	GLENN MILLER, CPA	04/24	/23 self-employed P00086726						
Preparer	Firm's name WEGNER CPAS, LLP			Firm's EIN 39-0974031						
Use Only	Firm's address 419 N LEE STREET									
ALEXANDRIA, VA 22314 Phone no.703-519-09										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) DC POLICY CENTER	82-2380479	Page <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		🗌
1	Briefly describe the organization's mission:		
	THE MISSION OF THE D.C. POLICY CENTER IS TO ARM DECISION	MAKERS WITH	
	FACT-BASED, UNBIASED, AND RELIABLE RESEARCH AND ANALYSES	TO HELP	
	CREATE A VIBRANT LOCAL ECONOMY THAT CAN MAXIMIZE OPPORTU	NITIES FOR	
	RESIDENTS, WORKERS, AND BUSINESSES IN THE DISTRICT OF CO	LUMBIA.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		h
	revenue, if any, for each program service reported.		
	(Code:) (Expenses \$776, 177. including grants of \$0. ) (Revenue)	as 240.2	206.)
	ECONOMIC RESEARCH AND POLICY ANALYSIS - ADVANCING POLICI		
	AND VIBRANT ECONOMY IN THE DISTRICT OF COLUMBIA. 57 REPOR		
	PUBLICATIONS WERE PUBLISHED IN 2022, WEEKLY UPDATES WERE		3
	SUBSCRIBERS, AND WE WERE CITED BY THE MEDIA 48 TIMES.		<u> </u>
	bobberibliko, and we ware cited by the mabin 40 times.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	ie \$	)
			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses776,177.		
		Form <b>9</b>	<b>90</b> (2022)
232002	12-13-22		
	3		

Form	990	(2022)

 Form 990 (2022)
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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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 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>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16		10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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			77
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

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Form	990	(2022)
	330	(2022)

 Form 990 (2022)
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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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)
	5			

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2022.03040 DC POLICY CENTER

Form	990 (2022) DC POLICY CENTER 82-2380	479	P	age <b>5</b>
Par				<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 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		<u> </u>
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	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.		000	
232005	12-13-22	Form	990	(2022)

orm	990 (2022) DC POLICY CENTER	82-23			Page 6
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through the second s	ıgh 7b below, and f	or a "No"	respoi	nse
	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
ec	tion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	а	33		
	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	b	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the di	rect supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	nt one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	holders, or		1	
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache	d at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form	? <b>11a</b>	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>12</b> a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe			
	on Schedule O how this was done		. 12c	Х	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	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?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization				X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t with a			
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				-
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-T (section 501(c	:)(3)s onlv)	availa	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	Schedule (O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli	,	and finar	cial	
	statements available to the public during the tax year.	· · · · · · · · · · · · · · · · · · ·			
0	State the name, address, and telephone number of the person who possesses the organization's books	and records			
-	WANDA M. MEDINA - $703-728-3470$				
	20915 ASHBURN ROAD, ASHBURN, VA 20147				
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Form 990 (2022)	DC POLICY CENTER	82-2380479 Page	7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, a	nd Independent Contractors						
Check if Schedule	O contains a response or note to any line in this Part VII		]				
Section A. Officers, Directo	ors, Trustees, Key Employees, and Highest Compensated Emplo	yees	_				
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>Ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>							

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and thie         Average hours per week filts any filter and a director states before and a director states filter and a director states organization         Reportable compension from related organization (W-2/1098-NEC)         Estimated and promote organization (W-2/1098-NEC)         Estimated and promote organization           (1)         YESIM SAYIN TAYLOR         40.000         X         X         287,475         0.         30,421.           (1)         YESIM SAYIN TAYLOR         40.000         X         X         161,208         29,223.           (1)         YESIM SAYIN TAYLOR         40.000         X         X         161,208         29,223.           (3)         MILLA CAMA         40.000         X         X         0.         0.           (4)         SANDY WILKES         1.000         X         X         0.         0.           (4)         SANDY WILKES         1.000         X         X         0.         0.         0.           (5)         MICHAEL GOOPHIN         1.000         X         X         0.         0.         0.           (6)         SER MARPIELD         1.000         X         X <td< th=""><th>(A)</th><th>(B)</th><th></th><th colspan="2">(C)</th><th>(D)</th><th>(E)</th><th>(F)</th></td<>	(A)	(B)		(C)		(D)	(E)	(F)			
hours per week (list any bours for elated organizations         compensation to model organizations         compensation the organizations         compensation the organizations         amount of other organizations           (1) YESTM SAYIN TAYLOR         40.00         x         287,475.         0.         30,421.           (2) CHLESEA COPEIN (02) CHDESA COPEIN Ine)         40.00         x         287,475.         0.         30,421.           (2) CHLESEA COPEIN INE         40.00         x         161,208.         0.         29,223.           (3) EMLIN CALMA         40.00         x         100,896.         0.         12,998.           (4) SANDY WILKES         1.00         x         x         0.         0.         0.           (6) SEAN WARFIELD         1.00         x         x         0.         0.         0.           TOTO CHARL GOODWIN         1.00         x         x         0.         0.         0.           (1) WESTH ALLESER         1.000         x         x         0.         0.         0.           (1) CHLESEAR COPPIN         1.000         x         x         0.         0.         0.           (1) MARE EN         1.000         x         x         0.         0.         0.         0.	Name and title	Average	(do		Pos	ition		ne	Reportable	Reportable	Estimated
Very (list ary hours for melated organizations (w2/1099-MISC)         Internation organizations (w2/1099-MISC)         Compensation from the organizations (w2/1099-MISC)           (1) TESIM SAVIN FAXIOR         40.00         x         287,475         0.         30,421.           (2) CHELESA COPFIN         40.00         x         x         161,208         0.         29,223.           (3) EXILIA CALAR         40.00         x         x         0.         0.         0.           (4) SANDY WILES         1.000         x         x         0.         0.         0.           (5) WICHAELD         1.000         x         x         0.         0.         0.         0.           (6) SEAN WARPIELD         1.000         x         x         0.         0.         0.         0.           (9) LEILA BATTIES         1.000         x         x         0.		hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of
(1)         YESIM SAYIN TAYLOR         40.00         x         287,475.         0.         30,421.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         CALL         X         161,208.         0.         29,223.           CALL         CALL         CALL         X         100,896.         0.         12,998.           CALL         CALL         CALL         X         X         0.         0.         0.           CHALEANAN         NARFIELD         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           CIO         SEGRETARY         X         X         0.         0.         0.         0.           CIC         CALRAN (TRU 3/2022)         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           CID         DIRECTOR         X </td <td></td> <td>week</td> <td></td> <td colspan="2"></td> <td colspan="2">cer and a director/trustee)</td> <td>tee)</td> <td></td> <td></td> <td></td>		week				cer and a director/trustee)		tee)			
(1)         YESIM SAYIN TAYLOR         40.00         x         287,475.         0.         30,421.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         A0.00         x         161,208.         0.         29,223.           CALL         CALL         CALL         A0.00         x         100,896.         0.         12,998.           CALL         CALL         CALL         CALL         X         0.         0.         0.           CHALRAN         COLCY & RESEARCH         X         X         0.         0.         0.           CHALRAN         TANDY WILKES         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (6)         SEAN MARFIELD         1.00         X         X         0.         0.         0.         0.           (7)         NEIL ALBERT         1.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<			rector	irecto						<b>v</b>	•
(1)         YESIM SAYIN TAYLOR         40.00         x         287,475.         0.         30,421.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         A0.00         x         161,208.         0.         29,223.           CALL         CALL         CALL         A0.00         x         100,896.         0.         12,998.           CALL         CALL         CALL         CALL         X         0.         0.         0.           CHALRAN         COLCY & RESEARCH         X         X         0.         0.         0.           CHALRAN         TANDY WILKES         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (6)         SEAN MARFIELD         1.00         X         X         0.         0.         0.         0.           (7)         NEIL ALBERT         1.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<			or di	ee			ated		-	·	
(1)         YESIM SAYIN TAYLOR         40.00         x         287,475.         0.         30,421.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         CALL         X         161,208.         0.         29,223.           CALL         CALL         CALL         X         100,896.         0.         12,998.           CALL         CALL         CALL         X         X         0.         0.         0.           CHALEANAN         NARFIELD         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           CIO         SEGRETARY         X         X         0.         0.         0.         0.           CIC         CALRAN (TRU 3/2022)         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           CID         DIRECTOR         X </td <td></td> <td></td> <td>ustee</td> <td>trust</td> <td></td> <td>96</td> <td>suadu</td> <td></td> <td></td> <td>1099-NEC)</td> <td><b>v</b></td>			ustee	trust		96	suadu			1099-NEC)	<b>v</b>
(1)         YESIM SAYIN TAYLOR         40.00         x         287,475.         0.         30,421.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         CALL         X         161,208.         0.         29,223.           CALL         CALL         CALL         X         100,896.         0.         12,998.           CALL         CALL         CALL         X         X         0.         0.         0.           CHALEANAN         NARFIELD         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           CIO         SEGRETARY         X         X         0.         0.         0.         0.           CIC         CALRAN (TRU 3/2022)         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           CID         DIRECTOR         X </td <td></td> <td></td> <td>ual tr</td> <td>tional</td> <td></td> <td>n ploye</td> <td>t corr /ee</td> <td>~</td> <td>1099-NEC)</td> <td></td> <td></td>			ual tr	tional		n ploye	t corr /ee	~	1099-NEC)		
(1)         YESIM SAYIN TAYLOR         40.00         x         287,475.         0.         30,421.           CALL         CALL         40.00         x         161,208.         0.         29,223.           CALL         CALL         A0.00         x         161,208.         0.         29,223.           CALL         CALL         CALL         A0.00         x         100,896.         0.         12,998.           CALL         CALL         CALL         CALL         X         0.         0.         0.           CHALRAN         COLCY & RESEARCH         X         X         0.         0.         0.           CHALRAN         TANDY WILKES         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (6)         SEAN MARFIELD         1.00         X         X         0.         0.         0.         0.           (7)         NEIL ALBERT         1.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<			ndivid	nstitut	Officer	ley em	Highes mploy	ormer			organizations
EXECUTIVE DIRECTOR         X         287,475.         0.         30,421.           (2) CHELGRA COPTIN DIRECTOR OF EDUCATION POLICY INITIAT         X         161,208.         0.         29,223.           (3) ENILIA CALMA         40.00         X         100,896.         0.         12,998.           (4) SANDY WILKES         1.00         X         X         0.         0.         0.           CHAIRMAN         X         X         0.         0.         0.         0.           (5) MICHAEL GOODWIN         1.00         X         X         0.         0.         0.           (6) SEAN WARFIELD         1.00         X         X         0.         0.         0.           (7) NEIL ALBERT         1.00         X         X         0.         0.         0.           VICE CHAIRMAN (HRU 3/2022)         X         X         0.         0.         0.           (10) MOICA DIXON         1.00         X         0.         0.         0.           (11) MARK EIN         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (12) MORERT FLANAGAN         1.000         X	(1) YESIM SAYIN TAYLOR	,			0	×	Ξæ	ш			
(2) CHELSEA COFFIN         40.00         X         161,208.         0.         29,223.           (3) EMILIA CALMA         40.00         X         100,896.         0.         12,998.           (4) SANDY WIKES         1.00         X         X         0.0.         0.           (4) SANDY WIKES         1.00         X         X         0.0.         0.           (5) MICHAEL GOODWIN         1.00         X         X         0.         0.         0.           (6) SEAN WAFFIELD         1.00         X         X         0.         0.         0.           (7) NEIL ALBERT         1.00         X         X         0.         0.         0.           (8) BILL ALSUP         1.00         X         X         0.         0.         0.           (9) LEILA BATTIES         1.00         X         0.         0.         0.         0.           (11) MARK EIN         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) MARK EIN         1.00         X         0.         0.         0.         0.           DIRECTO	EXECUTIVE DIRECTOR		1		x				287,475.	0.	30,421.
(3)         ENTLIA CALMA         40.00         X         100,896.         0.         12,998.           CHAIRMAN         X         X         0.         0.         0.         0.           CHAIRMAN         X         X         0.         0.         0.         0.           CHAIRMAN         1.00         X         X         0.         0.         0.           CHAIRMAN         1.00         X         X         0.         0.         0.           SECRETAN         X         X         0.         0.         0.         0.           SECRETANY         X         X         0.         0.         0.         0.           (6)         SEAN WARFIELD         1.00         X         X         0.         0.         0.           (7)         NEL ALBERT         1.00         X         X         0.         0.         0.           (8)         BILL ALSUP         1.00         X         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           UIRECTOR         1.00         X         0.         0. <td< td=""><td>(2) CHELSEA COFFIN</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2) CHELSEA COFFIN	40.00									
DIRECTOR OF POLICY & RESEARCH         X         100,896.         0.         12,998.           (4) SANDY WILKES         1.00         X         X         0.         0.         0.           CHAIRMAN         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (6) SEAN WARFIELD         1.00         X         X         0.         0.         0.           (7) NEIL ALBERT         1.00         X         X         0.         0.         0.           (8) BILL ALSUP         1.00         X         0.         0.         0.         0.           (10) MONICA DLSUP         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) MONICA DLIXON         1.000         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	DIRECTOR OF EDUCATION POLICY INITIAT						X		161,208.	Ο.	29,223.
(4) SANDY WILKES       1.00       X       X       0.       0.       0.         (5) MICHAEL GOOWIN       1.00       X       X       0.       0.       0.         (5) MICHAEL GOOWIN       1.00       X       X       0.       0.       0.         (6) SEAN WARFIELD       1.00       X       X       0.       0.       0.         (7) NEIL ALBERT       1.00       X       X       0.       0.       0.         (7) NEIL ALBERT       1.00       X       X       0.       0.       0.         (8) BILL ALSUP       1.00       X       X       0.       0.       0.         (9) LEILA BATTIES       1.00       X       0.       0.       0.       0.         (10) MONICA DIXON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (11) MARK EIN       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (12) ROBERT FLANAGAN       1.00	(3) EMILIA CALMA	40.00									
CHAIRMAN         X         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           G(5)         SEAN WARFIELD         1.000         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           VICE CHAIRMAN (HRU 3/2022)         X         X         0.         0.         0.         0.           VICE CHAIRMAN (HRU 3/2022)         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	DIRECTOR OF POLICY & RESEARCH						X		100,896.	0.	12,998.
(5)         MICHAEL GOODWIN         1.00         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1.00									
SECRETARY         X         X         X         X         0.         0.         0.           (6)         SEAN WARFIELD         1.00         X         X         0.         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.         0.           (7)         NEIL ALBERT         1.00         X         X         0.         0.         0.           VICE CHAIRMAN (HRU 3/2022)         X         X         0.         0.         0.         0.           VICE CHAIRMAN (HRU 3/2022)         X         X         0.         0.         0.         0.           UIRE CTOR         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			Х		Х				0.	0.	0.
(6)         SEAN WARFIELD         1.00         X         X         X         0.         0.         0.           TREASURER         1.00         X         X         X         0.         0.         0.         0.           (7)         NEIL ALBERT         1.00         X         X         0.         0.         0.         0.           (8)         BILL ALSUP         1.00         X         0.         0.         0.         0.           (9)         LEILA BATTIES         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1.00									
TREASURER         X         X         X         X         0.         0.         0.           (7) NEIL ALBERT         1.00         X         X         X         0.         0.         0.           (8) BILL ALSUP         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>			Х		Х				0.	0.	0.
(7) NEIL ALBERT       1.00       X       X       0.       0.       0.         VICE CHAIRMAN ('HRU 3/2022)       X       X       X       0.       0.       0.         (8) BILL ALSUP       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (10) MONICA DIXON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (11) MARK EIN       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (12) ROBERT FLANAGAN       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00									_
VICE CHAIRMAN (THRU 3/2022)         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0			Х		X				0.	0.	0.
(8) BILL ALSUP       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) LEILA BATTIES       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) MONICA DIXON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) MARK EIN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) ROBERT FLANAGAN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) ANGELA FRANCO       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) TOM GALLAGHER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.<		1.00									
DIRECTORX0.0.0.(9) LEILA BATTIES1.00X0.0.0.DIRECTORX0.0.0.0.(10) MONICA DIXON1.00X0.0.0.DIRECTORX0.0.0.0.(11) MARK EIN1.00X0.0.0.DIRECTORX0.0.0.0.(12) ROBERT FLANAGAN1.00X0.0.0.DIRECTORX0.0.0.0.(13) ANGELA FRANCO1.00X0.0.0.DIRECTORX0.0.0.0.(14) TOM GALLAGHER1.00X0.0.0.DIRECTORX0.0.0.0.(15) CHRIS GLADSTONE1.00X0.0.0.DIRECTORX0.0.0.0.(16) MICHELE HAGANS1.00X0.0.0.DIRECTORX0.0.0.0.(17) KAREN HARDWICK1.00X0.0.0.DIRECTORX0.0.0.0.		1	Х		X				0.	0.	0.
(9) LEILA BATTIES       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) MONICA DIXON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) MARK EIN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) ROBERT FLANAGAN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) ANGELA FRANCO       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) TOM GALLAGHER       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00									
DIRECTOR         X         A         O.         O. <th< td=""><td></td><td>1</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>		1	Х						0.	0.	0.
(10) MONICA DIXON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<		1.00									
DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(11) MARK EIN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) ROBERT FLANAGAN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) ANGELA FRANCO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) TOM GALLAGHER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) CHRIS GLADSTONE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) MICHELE HAGANS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) KAREN HARDWICK       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.		1.00									
DIRECTORX0.0.0.(12) ROBERT FLANAGAN1.00X0.0.0.DIRECTORX0.0.0.0.(13) ANGELA FRANCO1.00X0.0.0.DIRECTORX0.0.0.0.(14) TOM GALLAGHER1.00X0.0.0.DIRECTORX0.0.0.0.(15) CHRIS GLADSTONE1.00X0.0.0.DIRECTORX0.0.0.0.(16) MICHELE HAGANS1.00X0.0.0.DIRECTORX0.0.0.0.(17) KAREN HARDWICK1.00X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(12) ROBERT FLANAGAN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) ANGELA FRANCO       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) TOM GALLAGHER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) MICHELE HAGANS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         UITY KAREN HARDWICK       1.00       X       0.       0.       0.       0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(13) ANGELA FRANCO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) TOM GALLAGHER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) CHRIS GLADSTONE       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) MICHELE HAGANS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (17) KAREN HARDWICK       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.		1.00									
DIRECTOR       X       0.       0.       0.       0.         (14) TOM GALLAGHER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) CHRIS GLADSTONE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) MICHELE HAGANS       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.			Х						0.	0.	0.
(14) TOM GALLAGHER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) CHRIS GLADSTONE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) MICHELE HAGANS       1.00       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) KAREN HARDWICK       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.	(	1.00									
DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) CHRIS GLADSTONE       1.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00									_
DIRECTORX0.0.0.(16) MICHELE HAGANS1.00DIRECTORX0.0.0.(17) KAREN HARDWICK1.00DIRECTORX0.0.0.			Х						0.	0.	0.
(16) MICHELE HAGANS       1.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(15) CHRIS GLADSTONE	1.00									_
DIRECTORX0.0.0.(17) KAREN HARDWICK1.00X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(17) KAREN HARDWICK 1.00 X 0. 0. 0.		1.00								_	
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00	I								•
			Х						0.	0.	

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232007 12-13-22

Form 990 (2022)

Form 990 (2022)
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DC POLICY CENTER

82-2380479 Page 8

Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		· /	1	
(A)	(B) (C)							(D)	(E)	(F)	
Name and title	Average Position (do not check more than one							Reportable	Reportable	Estima	
	hours per	box	, unles	ss pei	rson i	is both pr/trus	n an	compensation	compensation	amoun	
	week (list any					1	,	- from	from related	othe	
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compens from t	
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organiza	
	organizations	Individual trustee or director	nstitutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and rela	
	below	idual	ution	er	Key employee	est co oyee	er	,		organiza	tions
	line)	Indiv	Instit	Officer	Key e	High	Former				
(18) DANNY HUGHES	1.00										
DIRECTOR		Х						0.	0.		0.
(19) MARTY JANIS	1.00										
DIRECTOR		Х						0.	0.		0.
(20) SOLOMON KEENE	1.00										
DIRECTOR	1	Х						0.	0.		0.
(21) MATT KELLY	1.00								•		•
DIRECTOR	1 0 0	Х				-		0.	0.		0.
(22) MATT KLEIN	1.00	37						0	0		0
DIRECTOR	1.00	Х				-		0.	0.		0.
(23) SHAHIRA KNIGHT DIRECTOR	1.00	х						0.	0.		0.
(24) EVELYN LEE	1.00	~				-		0.	0.		0.
DIRECTOR	1.00	х						0.	0.		0.
(25) RUSTY LINDNER	1.00	Δ						0.	0.		0.
DIRECTOR	1.00	х						0.	0.		0.
(26) JODIE MCLEAN	1.00										
DIRECTOR		х						0.	0.		0.
1b Subtotal								549,579.	0.	72,6	
c Total from continuation sheets to Part VI								0.	0.		0.
_d Total (add lines 1b and 1c)								549,579.	0.	72,6	542.
2 Total number of individuals (including but n							o re	eceived more than \$100,0	000 of reportable		
compensation from the organization						-			-		3
										Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4 X	
5 Did any person listed on line 1a receive or a	•							•	lual for services		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich i	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest con										tion from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin T		ear.	(0)	
(A) Name and business	address	NC	ONE	r,				<b>(B)</b> Description of s	ervices	<b>(C)</b> Compensati	on
		INC		-			_	2000.010			
2 Total number of independent contractors (ir		ot lin	nited	l to	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					(	)					
SEE PART VII, SECTION	A CONT	ΙN	ŪΑ	ТΤ	ON	5	ΗE	ETS		Form <b>990</b>	(2022)

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232008 12-13-22

9 2022.03040 DC POLICY CENTER

	ICY CENTER								82-238	0479	
		nplo	yee			lighe	est	Compensated Employe	· ,		
(A)	(B) (C)						(D)	(E)	(F)		
Name and title	Average			Posi				Reportable	Reportable	Estimated	
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of	
	per							from the	from related organizations	other	
	(list any	tor				plo ye		organization	(W-2/1099-MISC)	compensation from the	
	hours for	e or director				ed em		(W-2/1099-MISC)	(11 2/1000 11100)	organization	
	related	tee or	ustee			ensate				and related	
	organizations	Individual trustee	Institutional trustee		Key employee	Highest com pensated em ployee				organizations	
	below	ividua	titutio	Officer	r em p	hest o	Former				
	line)	pul	Ins	Offi	Key	Hig	For				
(27) KURT NEWMAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(28) JIMMY REYES	1.00										
DIRECTOR		Х						0.	0.	0.	
(29) RICHARD RUBEN	1.00										
DIRECTOR		Х						0.	0.	0.	
(30) KENNETH SAMET	1.00										
DIRECTOR		Х						0.	0.	0.	
(31) ED WALTER	1.00										
DIRECTOR		Х						0.	0.	0.	
(32) TONY WILLIAMS	1.00										
DIRECTOR		Х						0.	Ο.	0.	
(33) TYLER ANTHONY	1.00										
DIRECTOR (FROM 1/2022)		Х						0.	Ο.	0.	
(34) STACY SPANN	1.00										
DIRECTOR (FROM 1/2022)		Х						0.	Ο.	0.	
(35) GERREN PRICE	1.00										
DIRECTOR (FROM 5/2022)		х						0.	Ο.	0.	
(36) MICHELE BLACKWELL	1.00										
DIRECTOR (FROM 10/2022)		х						0.	Ο.	0.	
(37) ANDREW KLINE	1.00										
DIRECTOR (FROM 10/2022)		х						0.	Ο.	0.	
(38) DERRICK MASHORE	1.00										
DIRECTOR (THRU 5/2022)		х						0.	0.	0.	
(39) KATHY HOLLINGER	1.00										
DIRECTOR (THRU 9/2022)		х						0.	Ο.	0.	
	I	I	I								
Total to Part VII, Section A, line 1c					<u></u>	<u></u>					

232201 04-01-22

				OLICY C	EN	TER			82-2380	<b>479</b> Pag	э <b>9</b>
Pa	rt \	/	Statement of Reve	enue						_	
			Check if Schedule O cor	ntains a respoi	nse	or note to any lin		(5)	(0)		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5	r
S G	1	-	Federated campaigns	1a							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
D G			Fundraising events								
ifts, ar A			Related organizations								
s, G mila			Government grants (contribu			155,986.					
ion: Sij			All other contributions, gifts, gra								
but			similar amounts not included ab	ove 1f	1,	109,999.					
d O		g	Noncash contributions included in line	s 1a-1f <b>1g</b> \$							
an Co		h	Total. Add lines 1a-1f				1,265,985.				
						Business Code					
e	2	а	ECONOMIC RESEAL			541900	240,206.	240,206.			
ervi Je		b									
n S /eni		с									
Program Service Revenue		d									
Proj		e f	All other program service rev	/00110							
-			Total. Add lines 2a-2f				240,206.				
	3		Investment income (including				210,2000				
	4		Income from investment of ta								_
	5		Royalties	-							
				(i) Real		(ii) Personal					
	6	а	Gross rents 6	ia							
		b	Less: rental expenses 6	ib							
		с	Rental income or (loss) 6	ic						-	
			Net rental income or (loss)								_
	7	а	Gross amount from sales of	(i) Securiti	es	(ii) Other					
			assets other than inventory <b>7</b>	'a							
		b	Less: cost or other basis	.							
venue		_	and sales expenses								
			. ,								_
Other Re			Net gain or (loss)								
Othe	0	a	including \$	-							
Ŭ			contributions reported on lin								
			Part IV, line 18	-	8a						
		b	Less: direct expenses		8b						
			Net income or (loss) from fur		ts						
	9		Gross income from gaming a								
			Part IV, line 19		9a						
			Less: direct expenses		9b						
			Net income or (loss) from ga		, <u></u>						_
	10	а	Gross sales of inventory, less								
			and allowances		10a						
			Less: cost of goods sold		10b						
		с	Net income or (loss) from sal	ies of inventor	у	Business Code					_
sn	44	~				Busiliess Coue					
neo	11	a b									
scellaneo Revenue		с С									
Miscellaneous Revenue		-	All other revenue		_						
Σ			Total. Add lines 11a-11d								
_	12		Total revenue. See instructions				1,506,191.	240,206.	0.		).
23200	9 12	-13-								Form <b>990</b> (20	)22

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11

DC POLICY CENTER

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

Do not include amounts reported on lines 6b,	<b>(A)</b> Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
<b>1</b> Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	317,897.	95,369.	95,369.	127,159
trustees, and key employees	517,097.	95,509.	95,509.	127,139
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	657,156.	416,523.	162,357.	78,276
7 Other salaries and wages	001,100.	±10,343.	TO7'221.	10,210
8 Pension plan accruals and contributions (include	31 061	17,883.	9,004.	7 177
section 401(k) and 403(b) employer contributions)	34,064. 65,096.	34,175.	17,206.	7,177 13,715 14,338
9 Other employee benefits	68,053.	35,727.	17,200.	1/ 339
0 Payroll taxes	00,055.	55,121.	17,900.	14,330
1 Fees for services (nonemployees):				
a Management				
b Legal	32,499.		32,499.	
c Accounting	52,499.		52,499.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	60 202		525	
column (A), amount, list line 11g expenses on Sch 0.)	60,293. 1,011.	59,768.	<u>525.</u> 1,011.	
Advertising and promotion	9,014.	2 575		1 0 2 /
3 Office expenses	45,000.	2,575. 23,625.	5,405.	1,034 9,481
I4 Information technology	45,000.	43,043.	11,894.	9,401
I5 Royalties	06.000	E0 200	25 275	20.226
	96,000.	50,399.	25,375.	20,226
I7 Travel	3,853.			3,853
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	40.000	20.075	10.00	
9 Conferences, conventions, and meetings	48,082.	30,275.	17,807.	2 014
20 Interest	15,254.	8,008.	4,032.	3,214
Payments to affiliates				
22 Depreciation, depletion, and amortization	2 5 0 2	1 0 5 0	0.21	740
	3,523.	1,850.	931.	742
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,456,795.	776,177.	401,403.	279,215
<b>Joint costs.</b> Complete this line only if the organization	_,,	,		, 3
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

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<sup>∋</sup> orm <b>Par</b>	990 (2 + X	2022) DC POLICY CENT Balance Sheet	ER		82-2	380479 Page 11
Fai	וא		a to any line in this Dart V			
		Check if Schedule O contains a response or not		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		801,043.	1	829,264.
	2	Savings and temporary cash investments		,	2	
	3	Pledges and grants receivable, net		220,000.	3	30,000.
	4	Accounts receivable, net		17,600.	4	60,000.
	5	Loans and other receivables from any current or	I	2770000		
	5	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif	r			
	U	under section 4958(f)(1)), and persons described		6		
	7	Notes and loans receivable, net			7	
Assets	-				8	
Ass	8 9	Inventories for sale or use Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other			3	
	IUa	basis. Complete Part VI of Schedule D	10a			
	h				100	
		Less: accumulated depreciation			10c 11	
	11 12	Investments - other securities. See Part IV, line 1		12		
	13		ſ		13	
		Investments - program-related. See Part IV, line -		13		
	14 15	Intangible assets		0.	14	150,986
	15 16	Other assets. See Part IV, line 11		1,038,643.	16	1,070,250
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equa		35,834.	17	22,743
	18	Accounts payable and accrued expenses		55,054.	18	22,7450
	10 19	Grants payable			19	
	20	Deferred revenue			20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F			20	
	21	Loans and other payables to any current or form		21		
lies	22	trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes			22	
Lia	00	Secured mortgages and notes payable to unrela		500,000.	22	0.
	23 24	Unsecured notes and loans payable to unrelated	r	500,000	23	
	24 25	Other liabilities (including federal income tax, pa			24	
	25	parties, and other liabilities not included on lines				
				0.	25	495,302.
	26	Total liabilities. Add lines 17 through 25		535,834.	25	518,045.
	20	Organizations that follow FASB ASC 958, che		555,054.	20	510,0450
ŝ		and complete lines 27, 28, 32, and 33.				
ů l	27			57,809.	27	445,955.
ala	28	Net assets with donor restrictions		445,000.	28	106,250.
ш р Ц	20	Organizations that do not follow FASB ASC 9		115,000	20	100/200
۳.		and complete lines 29 through 33.				
P	20	Capital stock or trust principal, or current funds			29	
ets	29 20	Paid-in or capital surplus, or land, building, or eq			30	
Net Assets or Fund Balances	30 21		r		30	
≤	31 32	Retained earnings, endowment, accumulated inc Total net assets or fund balances		502,809.	31	552,205.
t l						

Form 990 (2022)

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Form	DC POLICY CENTER	82-	-2380479	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,506	,19	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,456	,79	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	49	, 3	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	502	8,80	09.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	552	,20	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, , , , ,			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

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
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Name	e of t	he organization							identification number			
_		DC P	OLICY CENT	ER				8	2-2380479			
Par	tI	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	rgan	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)						
1 [		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 [		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A school described in section 170(b) (1(A)(ii). (Attach Schedule E (Form 350).)										
4	=						•	(iii) Enter	the hospital's name			
- L		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
<b>-</b> [		An organization operated for	r the honefit of a col		l or oporat		vorpmontolu	ait doooribo	vd in			
5 [		•		lege of university owned	or operate	eu by a gu	wennnentai ui	III describe				
. r		section 170(b)(1)(A)(iv). (C										
6 [		A federal, state, or local gov	-									
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	public described in			
-		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)							
9 [		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem										
		income and unrelated busir							-			
		See section 509(a)(2). (Cor				eee aequi						
11 [		An organization organized a		vely to test for public sa	fotu Soo i	section 50	Q(a)(4)					
12	-	An organization organized a	•	· ·	•			rny out tho	nurneses of one or			
12 [		<b>v</b>	•	•	•		-					
		more publicly supported or	-						Sheck the box on			
	_	lines 12a through 12d that			-			-				
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-						
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must c										
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	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 integrated. A supporting organization operated in connection with, and functionally integrated with,											
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.											
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)											
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness											
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	<b>v</b> .					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.											
f												
		ride the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10	Yes	No No	support (see in	structions)	support (see instructions)			
				above (see instructions))								
Total												

## Schedule A (Form 990) 2022

DC POLICY CENTER

82-2380479 Page 2

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	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	742,250.	1201267.	1260541.	1050833.	1265985.	5520876.			
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		1001068	1000544	1050000	1065005				
4	Total. Add lines 1 through 3	742,250.	1201267.	1260541.	1050833.	1265985.	5520876.			
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,						1157100			
	column (f)						1157129.			
	Public support. Subtract line 5 from line 4.						4363747.			
		(-) 0010	(1-) 0010	(-) 0000	(1) 0001	(-) 0000	(f) <b>T</b> - + -			
	ndar year (or fiscal year beginning in)	(a) 2018 742,250.	(b)2019 1201267.	(c) 2020 1260541.	(d) 2021 1050833.	(e) 2022 1265985.	(f) Total 5520876.			
-	Amounts from line 4 Gross income from interest,	742,230.	1201207.	1200341.	1030033.	1203903.	5520070.			
8	· ·									
	dividends, payments received on									
	securities loans, rents, royalties,									
0	and income from similar sources Net income from unrelated business									
9	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						5520876.			
	Gross receipts from related activities,	etc. (see instruction	ns)			12	668,006.			
	First 5 years. If the Form 990 is for th									
	organization, check this box and <b>sto</b>									
Sec	ction C. Computation of Publi									
	Public support percentage for 2022 (I			column (f))		14	79.04 %			
	Public support percentage from 2021		•			15	74.24 %			
	<b>33 1/3% support test - 2022.</b> If the o					ore, check this bo				
	stop here. The organization qualifies as a publicly supported organization									
b	<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization									
17a	<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	-				
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line						
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	o <b>p here.</b> Explain ii	n Part VI how the				
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies 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 a	nd see instructions				
						Schedule A	(Form 990) 2022			

232022 12-09-22

Schedule A	Form	990	202

DC POLICY CENTER

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

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

Sec	ction A. Public Support			_	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
_	check this box and stop here						
	tion C. Computation of Publ					1 1	
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from						<u>%</u>
19a	<b>33 1/3% support tests - 2022.</b> If the						e 17 is not
	more than 33 1/3%, check this box at						
b	<b>33 1/3% support tests - 2021.</b> If the						
~~	line 18 is not more than 33 1/3%, che						n
	Private foundation. If the organization	on ala not check a	box on line 14, 19	va, or 19b, check t	mis box and see ins		• A (Ferm 000) 0000
23202	3 12-09-22		17	1		Schedul	e A (Form 990) 2022

<sup>2022.03040</sup> DC POLICY CENTER

DC POLICY CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

232024 12-09-22

	(Form 990) 2022		POLICY	
Part IV	Supporting Org	anization	S (continued	d)

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 "No," 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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

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

supervised	l. or controlled the	supporting organ	lization.
Section C. T	ype II Support	ing Organiza	tions

 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
 1
 1

Section D	. All Type III Supporting Organizations

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

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

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

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	).
---	--	---------------------------------------------------	-------------------------	-----------------	---------------------	-------------------	----

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.* 

3b | | Schedule A (Form 990) 2022

2a

2b

3a

232025 12-09-22

# 12050424 788028 14265.3AU01

# 2022.03040 DC POLICY CENTER

Yes No

	edule A (Form 990) 2022 DC POLICY CENTER	82-2380479 Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

232026 12-09-22

7

instructions).

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# Underdistributions, if any, for years prior to 2022 (reason

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

(i)

**Excess Distributions** 

Schedule A (Form 990) 2022

14265.31

**Current Year** 

(iii)

Distributable

Amount for 2022

1

2

3

4

5

6 7

8 9

10

(ii)

Underdistributions

Pre-2022

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Distributable amount for 2022 from Section C, line 6

Distributable amount for 2022 from Section C, line 6

Total annual distributions. Add lines 1 through 6.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

10 Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A (Form 990) 2022

Section D - Distributions

2

3

4

7

8

9

1

Part VI	line 1; Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4 ), lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and rt IV, Section E, lines 1c, 2a, 2b, 3	82-2380479 Page a art II, line 10; Part II, line 17a or 17b; Part III, line 12; I 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, mplete this part for any additional information.
32028 12-09-2	22		22	Schedule A (Form 990) 202

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

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.

(Form 990)

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

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

# 2022

Employer identification number

82-2380479

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

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

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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.

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$286,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6 223452 11-15	Name, address, and ZIP + 4	Total contributions          \$	Type of contribution         Person       X         Payroll

DC POLICY CENTER

Name of organization

82-2380479

25 2022.03040 DC POLICY CENTER

12050424 788028 14265.3AU01

Page 2

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$ <u>150,986.</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		
		\$	Person Payroll On Payroll On Payroll On Payroll On Payrol On Payro		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
140.					

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

DC POLICY CENTER

Name of organization

Part I

Employer identification number

82-2380479

Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.)

Person Payroll Noncash

26 2022.03040 DC POLICY CENTER

\$

223452 11-15-22

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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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27 2022.03040 DC POLICY CENTER Schedule B (Form 990) (2022)

Page 3 Employer identification number

82-2380479

## Schedule B (Form 990) (2022)

DC POLICY CENTER

Name of organization

Schedule I	B (Form 990) (2022)		Page <b>4</b>
Name of o	rganization		Employer identification number
DC POI	LICY CENTER		82-2380479
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry. I charitable, etc., contributions of \$1,000 or less	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2022)

28 2022.03040 DC POLICY CENTER

SCHEDULE D	Supple
(Form 990)	Complete

# emental Financial Statements

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



nploy	er	ide	nt	ifi	са	tic	n	n	um	beı	٢
	-	-	-	-	-	-		_	-		

	ment of the Treasury I Revenue Service		ttach to Form 990. ) for instructions and the latest informati	ion.	Open to Public Inspection
	e of the organization	on		Employe	r identification number
Pa	t I Organiza	DC POLICY CENTER ations Maintaining Donor Advised	d Funds or Other Similar Funds o		<u>82-2380479</u>
I al		n answered "Yes" on Form 990, Part IV, lin		Accounts.	Complete li the
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at er	nd of year		( )	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in v		d funds	
	-	n's property, subject to the organization's	-		Yes No
6		on inform all grantees, donors, and donor a			
	for charitable purp	oses and not for the benefit of the donor o	donor advisor, or for any other purpose co	onferring	
	impermissible priva				Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recreat	tion or education)	a historically impo	ortant land area
	Protection o	f natural habitat	Preservation of a	a certified historic	structure
		of open space			
2	-	through 2d if the organization held a qualif	ied conservation contribution in the form of		
	day of the tax year				l at the End of the Tax Yea
а					
b	v				
C		vation easements on a certified historic stru		<u>2c</u>	
d		vation easements included in (c) acquired a			
•					
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization durin	g the tax
4	year	 where property subject to conservation eas	coment is located		
5		tion have a written policy regarding the per			
5	-	orcement of the conservation easements it			Yes No
6		r hours devoted to monitoring, inspecting,			·
•		······································			··· ··································
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements du	ring the year
	·				0 ,
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	)(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9		be how the organization reports conservation			
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes	; the
_		ounting for conservation easements.			
Pa		ations Maintaining Collections of		er Similar As	sets.
		the organization answered "Yes" on Form			
1a		elected, as permitted under FASB ASC 95			
		easures, or other similar assets held for pub		-	>
_	· •	Part XIII the text of the footnote to its finan			_
b	•	elected, as permitted under FASB ASC 95			
		sures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public s	ervice,
	-	ng amounts relating to these items:		*	
		ded on Form 990, Part VIII, line 1		•	
~	.,				
2	•	received or held works of art, historical treat		yain, provide	
~	-	unts required to be reported under FASB A	-	¢	
a h		on Form 990, Part VIII, line 1			
U U				U	

LHA For Pap	erwork Reduction Act Notice, see the Instructions for Form 990.	
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29 2022.03040 DC POLICY CENTER

Sche		CY CENTER						82-23			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	t make sig	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical trea	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" on I	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia		•						_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						_ 1f		7		٦
	Did the organization include an amount on Fo						y?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i										
I ai		(a) Current year		rior year	(c) Two yea			vears back		Voare	back
4.	Designing of year halance	(a) Current year	(0) -	noi yeai	( <b>C)</b> 1 WU yea	IS DACK (		Cars Dack	(e) i oui	years	Dack
1a ⊾	Beginning of year balance										
u o	Contributions										
C A	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance [ Provide the estimated percentage of the curr	ont year and balance	) (lino 1)	a column (a	)) hold as:						
2	Board designated or quasi-endowment		9 (iiiie ių %	y, column (a	jj nelu as.						
a h	Permanent endowment	%									
с С		% %									
U	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses		ition tha	t are held ar	nd administer	red for the	2				
ou	organization by:	solon of the organiza							]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI   Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
		basis (investr			(other)	.,	reciation		., -		
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	0c.)	<u></u>	<u></u>				0.
			-					Schedule	D (Forn	n 990)	2022

232052 09-01-22

	(Form 990) 2022		POLICY	CENTER
Part VII	Investments -	Other S	Securities.	

Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1) EMPLOYEE RETENTION CREDIT			150,986.
(1) IMPROVIDE REFERENCE (2)			150,500.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		150,986.
Part X Other Liabilities.	,		· · ·
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ECONOMIC INJURY DISASTER L	OAN		495,302.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		495,302.
2 Liability for uncortain tax positions. In Part XIII, provide t	he taxt of the features to	the organization's financial statements t	bot reports the

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 DC POLICY CENTER		82-2	2380479 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements			1,506,191.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,506,191.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			1,506,191.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		enses per Returi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	1,456,795.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			1,456,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<b>4b</b>		•
С	Add lines 4a and 4b			
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )		5	1,456,795.
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.

232054 09-01-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00			
-	-	Compensated Employees		20	22	-		
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection			
Nam	e of the organization		Employer i			mber		
		DC POLICY CENTER	82-2	38047	9			
Ра	rt I Question	s Regarding Compensation				<del></del>		
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chet)					
	If any of the street							
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		4				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's						
5		by, of the following the organization used to establish the compensation of the organizations actor. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat						
		ation of the CEO/Executive Director, but explain in Part III.	JITIO					
	X Compensation							
		ompensation consultant X Compensation survey or study						
	·	ther organizations $X$ Approval by the board or compensation c	ommittee					
			Ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re							
а	•	e payment or change-of-control payment?		4a		X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с	-	eive payment from an equity-based compensation arrangement?		4.		X		
		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
а	The organization?			5a		X		
		ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i					
		es 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	ie					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?	<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	) 2022		

232111 10-18-22

### 82-2380479

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YESIM SAYIN TAYLOR	(i)	259,975.	27,500.	0.	17,250.	13,171.	317,896.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHELSEA COFFIN	(i)	161,208.	0.	0.	9,673.	19,550.	190,431.	0.
DIRECTOR OF EDUCATION POLICY INITIAT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Employer identification number 82-2380479

OMB No. 1545-0047

DC POLICY CENTER

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 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

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

FINANCIAL INFORMATION IS POSTED ON THEIR WEBSITE.