

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection


A For the 2013 calendar year, or tax year beginning and ending

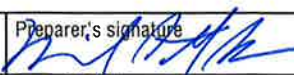
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POLICYLINK		D Employer identification number 94-3297479
	Doing Business As		E Telephone number 510-663-2333
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,389,365.
	1438 WEBSTER STREET, NO 303		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612-3228		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: ANGELA GLOVER BLACKWELL SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.POLICYLINK.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1998 M State of legal domicile: CA	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: POLICYLINK IS A NATIONAL RESEARCH AND ACTION INSTITUTE ADVANCING ECONOMIC AND SOCIAL EQUITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	96
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,708,450.	13,300,572.
	9 Program service revenue (Part VIII, line 2g)	2,310,090.	2,027,725.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	938.	214.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,837.	60,854.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,089,315.	15,389,365.
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,088,659.	7,691,376.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	472,167.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,282,073.	5,412,247.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,370,732.	13,103,623.	
19 Revenue less expenses. Subtract line 18 from line 12	718,583.	2,285,742.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,160,534.	End of Year 9,168,653.
	21 Total liabilities (Part X, line 26)	1,457,521.	1,179,898.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,703,013.	7,988,755.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/13/14
	JUDITH BELL, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL STEPHEN SCHAFFER	Preparer's signature 	Date 11/12/14	Check if self-employed <input type="checkbox"/>	PTIN P00210063
	Firm's name BURR PILGER MAYER, INC.	Firm's EIN 26-3839190			
	Firm's address 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108	Phone no. (415) 421-5757			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. POLICYLINK	Employer identification number (EIN) or 94-3297479
	Number, street, and room or suite no. If a P.O. box, see instructions. 1438 WEBSTER STREET, NO 303	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94612-3228	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RITA GOLDBERGER

• The books are in the care of **▶ 1438 WEBSTER STREET, NO 303 - OAKLAND, CA 94612**
Telephone No. **▶ (510) 663-2333** Fax No. **▶ (510) 663-9684**

• If the organization does not have an office or place of business in the United States, check this box **▶**
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014.**

5 For calendar year **2013**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** _____ Title **▶ CFO** Date **▶** _____

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: POLICYLINK, FOUNDED IN 1999, IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION THAT IS A NATIONAL RESEARCH AND ACTION INSTITUTE ADVANCING ECONOMIC AND SOCIAL EQUITY BY LIFTING UP WHAT WORKS. THE ORGANIZATION FRAMES POLICY ISSUES AND PRIORITIES; ANALYZES POLICY OPTIONS FROM THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,056,338. including grants of \$) (Revenue \$ 1,448,315.) THE POLICYLINK CENTER FOR HEALTH EQUITY AND PLACE IS DRIVEN BY THE RECOGNITION THAT A NEIGHBORHOOD'S ENVIRONMENT-ITS ACCESS TO HEALTHY FOOD AND OPPORTUNITIES FOR SAFE PHYSICAL ACTIVITY, THE AVAILABILITY OF JOBS, PUBLIC TRANSIT, AND QUALITY AFFORDABLE HOUSING-ALL AFFECT OUR HEALTH. THE CENTER EQUIPS ADVOCATES WITH THE TOOLS NECESSARY TO PUSH FOR REAL CHANGE BY PROVIDING TECHNICAL ASSISTANCE; STRATEGIES FOR SHAPING POLICY; STRATEGIC COMMUNICATIONS FRAMING, MESSAGING, AND TECHNIQUES; AND OTHER RESOURCES.

IN 2013, WORKING WITH ADVOCATES AND PARTNERS IN THE HEALTH EQUITY FIELD, POLICYLINK CONTINUED TO SUPPORT EFFORTS TO ADVANCE THE HEALTHY FOOD FINANCING INITIATIVE. THROUGH ACTIVITIES WITH HFFI GRANTEES AND

4b (Code:) (Expenses \$ 1,823,990. including grants of \$) (Revenue \$ 354,043.) THE POLICYLINK CENTER FOR INFRASTRUCTURE EQUITY ADVANCES ADVOCACY FOR FAIR AND INCLUSIVE POLICIES RELATED TO THE BUILT ENVIRONMENT, TRANSPORTATION, AFFORDABLE HOUSING, AND COMMUNITY REVITALIZATION. THE CENTER WORKS WITH GRASSROOTS LEADERS, COMMUNITY ORGANIZATIONS, ADVOCATES, AND PUBLIC OFFICIALS TO PROVIDE TOOLS, TRAINING, AND CONSULTATION TO ENSURE THAT PUBLIC INVESTMENTS IN INFRASTRUCTURE CREATE ECONOMIC OPPORTUNITY IN ALL COMMUNITIES AND FOR EVERYONE. COMMUNITIES OF OPPORTUNITY REQUIRE STRONG INFRASTRUCTURE SUPPORTS AND RESOURCES, INCLUDING BUILDING AND REPAIRING BRIDGES, TUNNELS, WATER AND SEWER SYSTEMS, SCHOOL BUILDINGS, HIGHWAYS, AND PUBLIC TRANSPORTATION.

IN 2013, AS PART OF A MULTIYEAR PROJECT WITH THE FEDERAL SUSTAINABLE

4c (Code:) (Expenses \$ 2,675,805. including grants of \$) (Revenue \$ 124,698.) THE PROMISE NEIGHBORHOODS INSTITUTE AT POLICYLINK PROVIDES GUIDANCE AND SUPPORT TO GRANT RECIPIENTS OF THE FEDERAL PROMISE NEIGHBORHOODS PROGRAM AS WELL AS COMMUNITIES INTERESTED IN CREATING PROMISE NEIGHBORHOODS EVEN WITHOUT FEDERAL FUNDING. A PROMISE NEIGHBORHOOD IS A COMMUNITY OF OPPORTUNITY, CENTERED AROUND STRONG SCHOOLS, THAT ALLOWS CHILDREN TO LEARN, GROW, AND SUCCEED BY WRAPPING CHILDREN IN HIGH-QUALITY, COORDINATED HEALTH, SOCIAL, COMMUNITY, AND EDUCATIONAL PROGRAMS FROM CRADLE TO COLLEGE TO CAREER. POLICYLINK HAS BEEN INVOLVED IN PROVIDING THIS SUPPORT TO THE GRANTEES AND OTHERS SINCE THE PROGRAM BEGAN IN 2010, AND HAS WORKED WITH AN INCREASING NUMBER OF COMMUNITIES IN PLANNING OR IMPLEMENTING PROMISE NEIGHBORHOOD SITES-A TOTAL OF 58 TO DATE. ONSITE TECHNICAL ASSISTANCE IN DATA COLLECTION,

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,247,505. including grants of \$) (Revenue \$ 161,523.)

4e Total program service expenses 11,803,638.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
38	Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RITA GOLDBERGER - (510) 663-2333**
1438 WEBSTER STREET, NO 303, OAKLAND, CA 94612

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES O. GIBSON CHAIR OF BOARD	1.00	X					0.	0.	0.	
(2) RICHARD BARON DIRECTOR	1.00	X					0.	0.	0.	
(3) SHERI DUNN BERRY DIRECTOR	1.00	X					0.	0.	0.	
(4) STEWART KWOH DIRECTOR	1.00	X					0.	0.	0.	
(5) CATHERINE S. MUTHER DIRECTOR	1.00	X					0.	0.	0.	
(6) WILLIAM JULIUS WILSON DIRECTOR	1.00	X					0.	0.	0.	
(7) ANGELA BLACKWELL FOUNDER AND CHIEF EXECUTIV	40.00	X		X			250,000.	0.	67,114.	
(8) JUDITH BELL PRESIDENT	40.00	X		X			208,594.	0.	46,130.	
(9) GEOFFREY CANADA DIRECTOR	1.00	X					0.	0.	0.	
(10) JOAN WALSH DIRECTOR	1.00	X					0.	0.	0.	
(11) LAUREN WEBSTER CHIEF FINANCIAL OFFICIER	40.00			X			112,000.	0.	34,873.	
(12) JOSH KIRSCHENBAUM VP FOR STRATEGIC DIRECTION	40.00				X		177,667.	0.	31,369.	
(13) MICHAEL MCAFEE SENIOR DIRECTOR	40.00					X	172,500.	0.	33,720.	
(14) MILDRED THOMPSON SENIOR DIRECTOR	40.00					X	166,667.	0.	36,818.	
(15) MILDRED HAWK DANIEL VP COMMUNICATIONS	40.00					X	164,083.	0.	40,218.	
(16) KALIMA ROSE SENIOR DIRECTOR	40.00					X	156,250.	0.	44,882.	
(17) VICTOR RUBIN VP RESEARCH	40.00					X	141,000.	0.	47,473.	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,300,572.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		13,300,572.			
Program Service Revenue	2 a CONTRACTS	Business Code 541900	2,027,725.	2,027,725.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,027,725.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		214.		214.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a HONORARIA	900099	60,549.	60,549.			
b OTHER INCOME	900099	305.	305.			
c						
d All other revenue						
e Total. Add lines 11a-11d		60,854.				
12 Total revenue. See instructions.		15,389,365.	2,088,579.	0.	214.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	927,747.	667,103.	112,479.	148,165.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,335,199.	4,771,653.	350,421.	213,125.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,558.	203,622.	13,521.	7,415.
9 Other employee benefits	761,568.	675,303.	59,046.	27,219.
10 Payroll taxes	442,304.	385,540.	35,863.	20,901.
11 Fees for services (non-employees):				
a Management				
b Legal	21,637.	7,529.	14,108.	
c Accounting	94,909.	160.	94,749.	
d Lobbying	63,255.	63,255.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,584,979.	2,571,955.	11,325.	1,699.
12 Advertising and promotion				
13 Office expenses	50,797.	45,213.	3,402.	2,182.
14 Information technology	427,264.	417,749.	3,979.	5,536.
15 Royalties				
16 Occupancy	644,058.	581,532.	39,816.	22,710.
17 Travel	802,383.	750,619.	45,060.	6,704.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	213,764.	212,543.	828.	393.
20 Interest	10,673.	10.	10,663.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,426.	82,385.	5,757.	3,284.
23 Insurance	14,549.	8,473.	5,738.	338.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	245,327.	228,778.	10,529.	6,020.
b PRINTING & PUBLICATIONS	76,613.	73,552.	1,164.	1,897.
c EQUIPMENT RENTAL & MAIN	36,607.	29,179.	5,129.	2,299.
d POSTAGE AND SHIPPING	19,228.	15,762.	1,446.	2,020.
e All other expenses	14,778.	11,723.	2,795.	260.
25 Total functional expenses. Add lines 1 through 24e	13,103,623.	11,803,638.	827,818.	472,167.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,008,898.	1	2,562,248.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,736,760.	3	5,436,506.
	4 Accounts receivable, net	998,314.	4	641,663.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	168,100.	9	369,358.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 925,102.		
	b Less: accumulated depreciation	10b 825,489.	185,732.	10c 99,613.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	62,730.	15	59,265.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,160,534.	16	9,168,653.	
Liabilities	17 Accounts payable and accrued expenses	1,190,279.	17	1,009,254.
	18 Grants payable		18	
	19 Deferred revenue	15,759.	19	20,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	251,483.	25	150,644.
	26 Total liabilities. Add lines 17 through 25	1,457,521.	26	1,179,898.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	53,423.	27	67,133.
	28 Temporarily restricted net assets	5,649,590.	28	7,921,622.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,703,013.	33	7,988,755.	
34 Total liabilities and net assets/fund balances	7,160,534.	34	9,168,653.	

Form 990 (2013)

Part 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	15,389,365.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,103,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,285,742.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,703,013.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,988,755.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9061588.	8142138.	8438085.	11708450.	13300572.	50650833.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9061588.	8142138.	8438085.	11708450.	13300572.	50650833.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						29888982.
6 Public support. Subtract line 5 from line 4.						20761851.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9061588.	8142138.	8438085.	11708450.	13300572.	50650833.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,856.	12,926.	1,597.	938.	214.	30,531.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						50681364.
12 Gross receipts from related activities, etc. (see instructions)					12	13,679,661.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	40.97 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	41.43 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization <p align="center">POLICYLINK</p>	Employer identification number <p align="center">94-3297479</p>
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>2,720,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>2,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>1,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>602,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>950,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

POLICYLINK

94-3297479

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 386,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

POLICYLINK

94-3297479

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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2013**

LHA

332041
11-08-13

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	12,771.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	166,414.													
c	Total lobbying expenditures (add lines 1a and 1b)	179,185.													
d	Other exempt purpose expenditures	13,282,807.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,461,992.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	823,100.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	205,775.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	706,276.	804,618.	818,537.	823,100.	3,152,531.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,728,797.
c Total lobbying expenditures	72,497.	59,737.	169,822.	179,185.	481,241.
d Grassroots nontaxable amount	176,569.	201,155.	204,634.	205,775.	788,133.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,182,200.
f Grassroots lobbying expenditures	11,728.	2,705.	13,399.	12,771.	40,603.

Schedule C (Form 990 or 990-EZ) 2013

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

POLICYLINK

Employer identification number

94-3297479

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about total number of funds, aggregate contributions, grants, and value at end of year, and checkboxes for donor notification and private benefit.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes like land preservation, habitat protection, and open space. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d. Includes questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations

	Yes	No
3a(i)		
- (ii) related organizations

	Yes	No
3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		329,589.	265,993.	63,596.
d Equipment		595,513.	559,496.	36,017.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 99,613.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSULTANTS	81,110.
(3) CAPITAL LEASE OBLIGATIONS	18,262.
(4) DEFERRED RENT LIABILITY	51,272.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	150,644.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	15,431,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	42,270.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	42,270.	
3	Subtract line 2e from line 1		3	15,389,365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,389,365.

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

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

1	Total expenses and losses per audited financial statements		1	13,145,893.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	42,270.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	42,270.	
3	Subtract line 2e from line 1		3	13,103,623.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,103,623.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: POLICYLINK WAS INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA AND GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER SECTION 501(C)(3) AND BY THE CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. POLICYLINK HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) AND HAS BEEN DESIGNATED AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER SECTION 170(B)(1)(A)(VI) OF THE CODE. HOWEVER, INCOME FROM ACTIVITIES NOT RELATED TO ITS TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

POLICYLINK FOLLOWS THE GUIDANCE FOR UNCERTAIN TAX POSITIONS. MANAGEMENT

Part XIII Supplemental Information (continued)

HAS CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2013.

POLICYLINK'S TAX FILINGS FROM 2009 TO 2012 ARE PRESENTLY SUBJECT TO EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD. TAX FILING FROM 2010 TO 2012 ARE PRESENTLY SUBJECT TO EXAMINATION BY THE IRS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

POLICYLINK

Employer identification number

94-3297479

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2013

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANGELA BLACKWELL FOUNDER AND CHIEF EXECUTIV	(i) 250,000.	0.	0.	15,000.	52,114.	317,114.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) JUDITH BELL PRESIDENT	(i) 208,594.	0.	0.	12,516.	33,614.	254,724.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) JOSH KIRSCHENBAUM VP FOR STRATEGIC DIRECTION	(i) 177,667.	0.	0.	10,660.	20,709.	209,036.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL MCAFEE SENIOR DIRECTOR	(i) 172,500.	0.	0.	10,350.	23,370.	206,220.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) MILDRED THOMPSON SENIOR DIRECTOR	(i) 166,667.	0.	0.	10,000.	26,818.	203,485.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) MILDRED HAWK DANIEL VP COMMUNICATIONS	(i) 164,083.	0.	0.	9,845.	30,373.	204,301.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) KALIMA ROSE SENIOR DIRECTOR	(i) 156,250.	0.	0.	9,375.	35,507.	201,132.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) VICTOR RUBIN VP RESEARCH	(i) 141,000.	0.	0.	8,460.	39,013.	188,473.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: THE CEO LEASES AN APARTMENT IN NEW YORK, WHERE POLICYLINK'S

SECOND LARGEST OFFICE AND OTHER SIGNIFICANT PROGRAM WORK ARE LOCATED. TO

MANAGE LODGING COSTS FOR ORGANIZATIONAL RELATED TRAVEL, POLICYLINK

REIMBURSES THE CEO FOR A PORTION OF THE COST RELATED TO THE LEASE.

POLICYLINK MAINTAINS A CURRENT COPY OF THE LEASE. THIS ARRANGEMENT

RESULTED IN SAVINGS TO THE ORGANIZATION.

Multiple horizontal lines for providing additional information.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GEOFFREY CANADA	BOARD MEMBER	385,000.	IN 2013 POL		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: GEOFFREY CANADA

(D) DESCRIPTION OF TRANSACTION: IN 2013 POLICYLINK PAID HARLEM CHILDREN'S ZONE \$125,261 FOR SERVICES IN CONNECTION WITH THE PROMISE NEIGHBORHOODS INSTITUTE AT POLICYLINK. THE PRESIDENT AND CEO OF THE HARLEM CHILDREN ZONE IS ALSO A MEMBER OF THE POLICYLINK BOARD OF DIRECTORS. IN 2013, IN ITS WORK WITH POLICYLINK, HARLEM CHILDREN'S ZONE PLAYED THE LEAD ROLE IN ACHIEVING THE DEVELOPMENT OF PROMISE NEIGHBORHOODS BUSINESS PLANS BY THE LEADERS OF ORGANIZATIONS PARTICIPATING IN THE INSTITUTE'S FORMAL LEARNING NETWORK, AND ENSURING THAT THESE BUSINESS PLANS ARE CONSISTENT WITH THE INSTITUTE'S RESULTS FRAMEWORK AND OPERATING PRINCIPLES. ADDITIONALLY, HARLEM CHILDREN'S ZONE PROVIDED OTHER FORMS OF TECHNICAL ASSISTANCE DURING THE PERIOD. POLICYLINK ENGAGED HARLEM CHILDREN'S ZONE FOR THESE SERVICES SINCE HARLEM CHILDREN'S ZONE IS THE NATIONAL MODEL AND STANDARD FOR SUCCESSFUL PROMISE NEIGHBORHOODS. IN 2013, POLICYLINK HAD \$259,739 PAYABLE TO HARLEM CHILDREN'S ZONE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

POLICYLINK

Employer identification number
94-3297479

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

BY LIFTING UP WHAT WORKS.

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

PERSPECTIVE OF LOW-INCOME PEOPLE AND COMMUNITIES OF COLOR; LIFTS UP

WHAT IS WORKING AT THE LOCAL LEVEL; AND OFFERS POLICY RECOMMENDATIONS

FOR DISSEMINATING AND IMPLEMENTING LOCAL EQUITY INNOVATIONS. THE

ORGANIZATION'S ULTIMATE GOAL IS TO ADDRESS THE NEEDS OF LOW-INCOME

PEOPLE AND COMMUNITIES OF COLOR THROUGH AN EQUITY FRAME AND CREATE A

CORRESPONDING POLICY AGENDA TO BUILD AN EQUITABLE SOCIETY IN WHICH ALL

HAVE THE OPPORTUNITY TO PARTICIPATE AND PROSPER. POLICYLINK RECEIVES

FUNDING FROM OTHER CHARITABLE ORGANIZATIONS AND FOUNDATIONS TO CARRY

OUT PROGRAMS AS DESCRIBED IN PART III, LINES 4A - 4D.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FIELD OF HEALTHY FOOD ACCESS IN THE PUBLIC AND PRIVATE SECTORS,

POLICYLINK AIDED IN PLANNING AND PRODUCING ONLINE AND OFFLINE

MATERIALS, AND HOSTING NATIONAL MEETINGS ABOUT THE WORK AND HOW IT'S

DONE. THE ORGANIZATION ALSO SUPPORTED HFFI GRANTEES IN THEIR EFFORTS

TO COMMUNICATE STRATEGICALLY WITH THEIR AUDIENCES. POLICYLINK

CONTINUED TO ADVOCATE FOR POLICIES TO EXPAND ACCESS TO HEALTHY FOOD,

REVIEWING AND ANALYZING RESEARCH AND DRAWING POLICY IMPLICATIONS IN NEW

REPORTS SUCH AS ACCESS TO HEALTHY FOOD AND WHY IT MATTERS: A REVIEW OF

THE RESEARCH AND ECONOMIC AND COMMUNITY DEVELOPMENT OUTCOMES OF HEALTHY

FOOD RETAIL. SUPPORT TO THE FIELD WAS FURTHER ENHANCED BY THE HEALTHY

FOOD ACCESS PORTAL, A COMPREHENSIVE ONLINE RESOURCE THAT AGGREGATES

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

POLICYLINK

Employer identification number

94-3297479

DATA, RESOURCES, AND STORIES RELATED TO ACQUIRING AND BUILDING
 SUPERMARKETS, STORES, AND OTHER SOURCES TO PURCHASE HEALTHY FOOD,
 ESPECIALLY IN NEIGHBORHOODS THAT LACK SUCH ACCESS.

SIMILARLY, POLICYLINK HAS CONTINUED TO BE PROGRAM DIRECTOR FOR THE
 CONVERGENCE PARTNERSHIP, A COLLABORATION OF MAJOR NATIONAL HEALTH
 FUNDERS THAT PROVIDES RESOURCES TO SOME 80 ORGANIZED EFFORTS THAT FORM
 A NETWORK ACROSS THE COUNTRY DEDICATED TO ENABLING HEALTHY PEOPLE IN
 HEALTHY PLACES. AS PROGRAM DIRECTOR, POLICYLINK PROVIDES STAFF
 SUPPORT, DEVELOPS MATERIALS, PLANS AND CONVENES MEETINGS AND
 CONFERENCES, PROVIDES TECHNICAL ASSISTANCE TO THE NETWORK, AND CONSULTS
 WITH GRANTEES ON PLANNING AND OUTREACH.

OTHER RECENT PUBLICATIONS RELATED TO HEALTH EQUITY AND PLACE INCLUDE
 PROMOTING EQUITY THROUGH THE PRACTICE OF HEALTH IMPACT ASSESSMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITIES EFFORT, POLICYLINK PROVIDED ONSITE TECHNICAL ASSISTANCE TO
 SCI GRANTEES IN 143 COMMUNITIES AND REGIONS ACROSS THE COUNTRY ENGAGED
 IN PLANNING FOR A PROSPEROUS FUTURE. SEVERAL REPORTS AND FACT SHEETS
 WERE PRODUCED TO ASSIST PLANNERS AND COMMUNITY GROUPS IN MAPPING
 OPPORTUNITY IN THEIR REGIONS AND DEVELOPING FAIR HOUSING STRATEGIES TO
 ADVANCE EQUITY. BY BRINGING TOGETHER DIVERSE AND DISPARATE INTERESTS
 WHILE DEVELOPING NEW LEADERS, SUSTAINABLE COMMUNITIES IS SEEDING AN
 OPPORTUNITY FOR REGIONS AND COMMUNITIES TO CRAFT AN AUTHENTIC VISION
 FOR AN EQUITABLE AND PROSPEROUS FUTURE. POLICYLINK ALSO CONTINUED ITS
 PARTNERSHIP WITH THE LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS
 AND OTHERS WORKING IN SUPPORT OF MORE EQUITABLE RESOURCES FOR PUBLIC

Name of the organization

POLICYLINK

Employer identification number

94-3297479

TRANSIT AND LAUNCHED A WEBSITE TO PROMOTE EQUITY IN PUBLIC
TRANSPORTATION.

ALSO IN 2013, POLICYLINK ADVANCED EFFORTS TO LIFT UP THE INFRASTRUCTURE
AND COMMUNITY SERVICE CHALLENGES FACED BY LOW-INCOME UNINCORPORATED
COMMUNITIES IN CALIFORNIA, WORKING WITH GROUPS SUCH AS CALIFORNIA RURAL
LEGAL ASSISTANCE, INC. THIS WORK LED TO THE PUBLICATION OF CALIFORNIA
UNINCORPORATED: MAPPING DISADVANTAGED COMMUNITIES IN THE SAN JOAQUIN
VALLEY, A REPORT OFFERING A NEW METHODOLOGY FOR IDENTIFYING, MEASURING,
AND MAPPING DISADVANTAGED UNINCORPORATED COMMUNITIES FOR THE PURPOSE OF
POLICY CHANGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CONVENING NATIONAL AND REGIONAL MEETINGS FOR PN RECIPIENTS, PRODUCTION
OF ONLINE AND PRINT MATERIALS FOR ADVOCACY AND OUTREACH, AND
MAINTENANCE OF THE WEBSITE ARE AMONG THE ACTIVITIES THAT ARE ONGOING
AND ESSENTIAL COMPONENTS OF THE WORK. IN ADDITION, IN A NEW ASPECT, A
SERIES OF BRIEFS GOT UNDERWAY LIFTING UP STRATEGIES TO SUPPORT AND
ENHANCE THE DEVELOPMENT OF BLACK BOYS IN PROMISE NEIGHBORHOODS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ADDITIONAL POLICYLINK WORK INCLUDED EFFORTS TO BRING MORE LEADERS OF
COLOR INTO THE POLICYMAKING PROCESS AND WAYS IN WHICH ARTS AND CULTURE
CAN BE A MEANS TO INFORM, MOBILIZE, AND BUILD COMMUNITIES. MUCH OF THE
ORGANIZATION'S WORK INVOLVES PROJECTS THAT ARE RIPE FOR THE INCLUSION
OF ARTS AND CULTURE AS A MEANS TO ADVANCE COMMUNITIES OF OPPORTUNITY.
A NEW PROJECT HAS EMERGED THAT UNDERSCORES THIS RELATIONSHIP AND SEEKS
TO ESTABLISH A POLICY AGENDA USING ARTS AND CULTURE AS A DRIVING

Name of the organization

POLICYLINK

Employer identification number

94-3297479

FRAMEWORK FOR BUILDING COMMUNITIES OF OPPORTUNITY. OTHER ACTIVITIES TO PROVIDE TOOLS AND TECHNIQUES TO HELP PEOPLE IN LOW-INCOME COMMUNITIES AND PEOPLE OF COLOR INCLUDE ASSET-BUILDING STRATEGIES; SUPPORTING THE WORK OF ADVOCATES SEEKING TO PROVIDE BETTER OUTCOMES IN THE LIVES OF BOYS AND MEN OF COLOR IN GENERAL AND BLACK MALES SPECIFICALLY; AND SEEKING NEW AND CREATIVE WAYS TO DEVELOP JOBS AND IMPACT THE BUILT ENVIRONMENT.

SPECIFICALLY, IN 2013, POLICYLINK CREATED OR ENHANCED WEBSITES FOR THE ALLIANCE FOR BOYS AND MEN OF COLOR, THE INSTITUTE FOR BLACK MALE ACHIEVEMENT, AND ACCESS TO FINANCIAL SECURITY FOR ALL AND HAVE PROVIDED RESOURCE MATERIALS, TECHNICAL ASSISTANCE, AND SUPPORT FOR GROUPS IN EACH OF THOSE PROGRAMS. THE ORGANIZATION ALSO BEGAN A MAJOR REBRANDING EFFORT THAT INVOLVED THE POLICYLINK WEBSITE AND ALL RELATED ONLINE AND OFFLINE COLLATERALS.

EXPENSES \$ 2,300,024. INCLUDING GRANTS OF \$ 0. REVENUE \$ 161,523.

ESGM IS A BODY OF WORK DRIVEN BY DATA AND DEMOGRAPHIC ANALYSIS TO SUPPORT THE DEVELOPMENT OF POLICY PROPOSALS AND STRATEGY DEVELOPMENT TO SECURE OPPORTUNITY FOR ALL, INCLUDING PEOPLE IN LOW-INCOME COMMUNITIES AND COMMUNITIES OF COLOR. ESGM PROGRAMS' FRAMING AND MESSAGING DESCRIBE AND SHARE HOW CHANGING DEMOGRAPHICS IN THE UNITED STATES OFFERS THE MEANS TO STRENGTHEN THE NATIONAL ECONOMY. ESGM-RELATED PROGRAMS FOCUS ON THE KINDS OF POLICIES THAT CAN HELP ENSURE THAT PLANS ARE IN PLACE TODAY TO PREPARE FOR A STRONG FUTURE ACCOMPANIED BY THE GROWTH OF EQUITY.

POLICYLINK ALSO WORKS TO INCREASE REGIONAL EQUITY THROUGH THE TOOLS AND

Name of the organization

POLICYLINK

Employer identification number

94-3297479

STRATEGIES OF EQUITABLE DEVELOPMENT - A COMPREHENSIVE FRAMEWORK FOR INCREASING EQUITABLE PUBLIC INVESTMENT, THE FAIR DISTRIBUTION OF AFFORDABLE HOUSING, AND COMMUNITY STRATEGIES TO IMPROVE HEALTH. THE IDEA THAT EQUITY IS THE SUPERIOR GROWTH MODEL HAS GROWN IN THE POLICYLINK MESSAGING HIERARCHY AND WAS FIRST PROMINENTLY FEATURED DURING THE 2011 NATIONAL SUMMIT IN DETROIT, MICHIGAN. THIS FRAMING HAS INFORMED THE DEVELOPMENT OF NEW WORK, NOTABLY IN PARTNERSHIP WITH THE UNIVERSITY OF SOUTHERN CALIFORNIA'S PROGRAM FOR ENVIRONMENTAL AND REGIONAL EQUITY.

WITH DATA INFORMED BY THE PROGRAM FOR ENVIRONMENTAL AND REGIONAL EQUITY, THE AMERICA'S TOMORROW WORK HAS GROWN TO INCLUDE ONLINE GRAPHIC REPRESENTATIONS OF DATA DEPICTING DEMOGRAPHIC CHANGE AND THE PROJECTED IMPACT ON THE ECONOMY. WORK ON ANALYZING AND REPORTING SUCH DATA CONTINUED IN 2013 WITH THE DEVELOPMENT OF COMPREHENSIVE, DATA-RICH, EQUITY PROFILES. IN ADDITION TO PROFILES ON RHODE ISLAND AND HOUSTON, TWO ADDITIONAL PROFILES WERE COMPLETED ON KANSAS CITY AND SOUTHEAST FLORIDA, WITH SEVERAL OTHER LOCATIONS UNDERWAY. THE PROFILES ARE USED TO INFORM PLANNING, POLICYMAKING, AND COMMUNITY ACTION IN REGIONS AND STATES. WORK ALSO BEGAN ON A PROJECT ANALYZING DEMOGRAPHIC CHANGE IN STATES SUCH AS MINNESOTA AND THE STEPS THAT WILL BE NEEDED TO ADVANCE EQUITY. CHANGING DEMOGRAPHICS WAS ALSO THE THEME OF WORK DONE IN PARTNERSHIP WITH THE CENTER FOR AMERICAN PROGRESS. SEVERAL CONVENINGS WERE HELD TO DISCUSS HOW CONCEPTS IN ALL-IN NATION: AN AMERICA THAT WORKS FOR ALL, A JOINTLY PRODUCED REPORT ADDRESSING THE CRITICAL ISSUES FACING THE NATION, COULD BE IMPLEMENTED AND WIDELY DISSEMINATED. EXPENSES \$ 947,481. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

POLICYLINK

Employer identification number

94-3297479

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

EXPLANATION: FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND BY THE CEO AND PRESIDENT BEFORE IT IS FILED. THE FILED 990 IS SUBMITTED TO THE ENTIRE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING.

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

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

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

EXPLANATION: SALARIES FOR THE CEO, PRESIDENT AND CFO ARE APPROVED BY THE BOARD OF DIRECTORS. IN THE CASE OF THE CEO, THE SALARY IS SET BY THE BOARD. FOR THE PRESIDENT AND THE CFO, THE SALARIES ARE SET BY THE CEO AND APPROVED BY THE BOARD. PRIOR TO APPROVAL OF SALARIES, THE BOARD IS PRESENTED WITH COMPENSATION DATA FOR THOSE POSITIONS IN SIMILAR ORGANIZATIONS COMPILED FROM NONPROFIT INDUSTRY SURVEYS, AS WELL AS INFORMATION FROM SPECIFIC ORGANIZATIONS OF SIMILAR IMPACT.

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

EXPLANATION: FINANCIAL DOCUMENTS ARE AVAILABLE ON GUIDESTAR.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES	2,276,652.
MANAGEMENT AND GENERAL EXPENSES	4,345.
FUNDRAISING EXPENSES	1,498.
TOTAL EXPENSES	2,282,495.

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

40

16141112 781135 209040.1

2013.04030 POLICYLINK

20904001

Name of the organization

POLICYLINK

Employer identification number

94-3297479

TEMPORARY AGENCIES AND CASUAL LABOR:

PROGRAM SERVICE EXPENSES 295,303.

MANAGEMENT AND GENERAL EXPENSES 6,980.

FUNDRAISING EXPENSES 201.

TOTAL EXPENSES 302,484.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,584,979.