

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

2015
Open to Public Inspection

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.

A For the 2015 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POLICYLINK Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1438 WEBSTER STREET, NO. 303 City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612-3228 F Name and address of principal officer: ANGELA GLOVER BLACKWELL SAME AS C ABOVE	D Employer identification number 94-3297479 E Telephone number 510-663-2333 G Gross receipts \$ 17,399,787. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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

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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2015 (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.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	6,631,934.	15,064,131.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,371,170.	2,300,429.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9.	276.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,854.	34,951.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,043,967.	17,399,787.
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)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,790,269.	7,938,674.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 567,216.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,173,937.	6,205,050.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,964,206.	14,143,724.
19	Revenue less expenses. Subtract line 18 from line 12	-3,920,239.	3,256,063.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	5,343,465.	8,543,490.
22	Net assets or fund balances. Subtract line 21 from line 20	1,274,949.	1,218,911.
		4,068,516.	7,324,579.

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 JOSH KIRSCHENBAUM, COO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL STEPHEN SCHAFFER	Preparer's signature Date 11/14/16
	Firm's name ▶ BURR PILGER MAYER, INC. Firm's address ▶ 60 SOUTH MARKET STREET, SUITE 800 SAN JOSE, CA 95113	Check <input type="checkbox"/> if self-employed PTIN P00210063 Firm's EIN ▶ 26-3839190 Phone no. (408) 961-6300

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. POLICYLINK	Employer identification number (EIN) or 94-3297479
File by the due date for filing your return. See instructions.	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-T (corporation)	07
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

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• 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 <small>File by the due date for filing your return. See instructions.</small>	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, 2016**.

5 For calendar year **2015**, 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 OBTAIN SUFFICIENT INFORMATION FROM WHICH A COMPLETE AND ACCURATE RETURN CAN BE PREPARED.

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 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 AND IS A NATIONAL RESEARCH AND ACTION INSTITUTE ADVANCING ECONOMIC AND SOCIAL EQUITY BY LIFTING UP WHAT WORKS. POLICYLINK 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 \$ 2,056,116. including grants of \$) (Revenue \$ 144,000.) EQUITABLE ECONOMY ENCOMPASSES THE ALL-IN-CITIES INITIATIVE, THE DATA PLATFORM AND RELATED PRODUCTS OF THE NATIONAL EQUITY ATLAS, THE EQUITY IS THE SUPERIOR GROWTH MODEL FRAMEWORK AND THE RELATED PUBLICATIONS, AND THE WORK OF OUR FINANCIAL SECURITY TEAM (PREVIOUSLY ASSET BUILDING). EACH DRAWS ON WORK DRIVEN BY DATA AND DEMOGRAPHIC ANALYSIS TO CREATE POLICY PROPOSALS AND STRATEGY DEVELOPMENT TO SECURE OPPORTUNITY FOR ALL, INCLUDING PEOPLE IN LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. EE PROGRAMS ARE DESIGNED TO DEMONSTRATE HOW CHANGING DEMOGRAPHICS IN THE US WILL ENHANCE THE NATIONAL ECONOMY, IF CERTAIN POLICIES AND PROGRAMS ARE IN PLACE TO SUPPORT AND EXPAND THE GROWTH OF EQUITY IN THE FUTURE.

4b (Code:) (Expenses \$ 1,660,936. including grants of \$) (Revenue \$ 416,178.) THE CENTER FOR INFRASTRUCTURE EQUITY (CIE) ADVOCATES FOR FAIR AND INCLUSIVE POLICIES AND PROVIDES COMMUNITY AND GRASSROOTS LEADERS, ADVOCATES, AND PUBLIC OFFICIALS WITH THE TOOLS, TRAINING, AND CONSULTATION NEEDED TO ENSURE THAT PUBLIC INVESTMENTS IN INFRASTRUCTURE CREATE ECONOMIC OPPORTUNITY AND HEALTH IN ALL COMMUNITIES. HEALTHY COMMUNITIES OF OPPORTUNITY: AN EQUITY BLUEPRINT TO ADDRESS AMERICA'S HOUSING CHALLENGES LOOKS AT THE HOUSING CRISES CONFRONTING THE NATION AND COLLECTS AND ASSESSES INSIGHTS FROM THE FIELDS OF HEALTHCARE, HOUSING, AND ECONOMIC SECURITY TO MAKE A CASE FOR PROGRESSIVE, EQUITY-FOCUSED POLICY.

ANOTHER PUBLICATION, STRENGTHENING THE PINE RIDGE ECONOMY: A REGIONAL

4c (Code:) (Expenses \$ 2,830,049. including grants of \$) (Revenue \$ 177,938.) THE POLICYLINK CRADLE-TO-CAREER CENTER HAS THE MISSION OF SUPPORTING PLACE-BASED AND POLICY SOLUTIONS TO IMPROVE THE EDUCATIONAL AND DEVELOPMENTAL OUTCOMES OF CHILDREN AND FAMILIES LIVING IN AREAS OF CONCENTRATED POVERTY. THE CENTER EXPANDS THE CRADLE-TO-CAREER APPROACH DESIGNED THROUGH THE WORK OF THE PROMISE NEIGHBORHOODS INSTITUTE AT POLICYLINK (PNI) TO ENCOMPASS OTHER PROJECTS THAT SUPPORT CHILDREN AND FAMILIES ALONG THE CRADLE TO CAREER CONTINUUM. THE CENTER WORKS IN PARTNERSHIP WITH LEADERS FROM GOVERNMENT, NONPROFIT, PHILANTHROPIC AND BUSINESS SECTORS, THROUGH PLACE-BASED INITIATIVES, TO ACHIEVE RESULTS IN THE AREAS OF EDUCATION, CAPACITY OF FAMILIES AND COMMUNITIES, AND PUBLIC WILL TO INVEST IN THESE SUPPORTS. THE CENTER PROVIDES LOCAL LEADERS WITH A FRAMEWORK AND IMPLEMENTATION INFRASTRUCTURE FOR THE

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,326,347. including grants of \$) (Revenue \$ 1,597,264.)

4e Total program service expenses 12,873,448.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 or for domestic individuals 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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? <i>If "Yes," complete Schedule L, Part II</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 72, 0, 96).

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.	11	
b	Enter the number of voting members included in line 1a, above, who are independent	10	
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
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	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, address, and telephone number of the person who possesses the organization's books and records: **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) DOLORES ACEVADO-GARCIA DIRECTOR	1.00 0.10	X						0.	0.	0.
(2) RICHARD BARON DIRECTOR	1.00 0.10	X						0.	0.	0.
(3) GEOFFREY CANADA DIRECTOR	1.00 0.10	X						0.	0.	0.
(4) SHERI DUNN BERRY DIRECTOR	1.00 0.10	X						0.	0.	0.
(5) RADHIKA FOX DIRECTOR	1.00 0.10	X						0.	0.	0.
(6) STEWART KWOH DIRECTOR	1.00 0.10	X						0.	0.	0.
(7) CATHERINE S. MUTHER DIRECTOR	1.00 0.10	X						0.	0.	0.
(8) MANUEL PASTOR, JR. DIRECTOR	1.00 0.10	X						0.	0.	0.
(9) JOAN WALSH DIRECTOR	1.00 0.10	X		X				0.	0.	0.
(10) WILLIAM JULIUS WILSON DIRECTOR	1.00 0.10	X						0.	0.	0.
(11) ANGELA GLOVER BLACKWELL FOUNDER AND CHIEF EXECUTIVE	40.00 0.10	X		X				249,667.	333.	65,916.
(12) JUDITH BELL PRESIDENT UNTIL 09/30/2015	40.00 0.10			X				159,824.	1,499.	38,502.
(13) LAUREN WEBSTER CHIEF FINANCIAL OFFICER	40.00 0.10			X				116,527.	7,676.	32,215.
(14) JOSH KIRSCHENBAUM VP FOR STRATEGIC DIRECTION	40.00 0.10				X			187,712.	0.	25,246.
(15) MICHAEL MCAFEE SENIOR DIRECTOR	40.00 0.10				X			189,657.	124.	30,211.
(16) KALIMA ROSE SENIOR DIRECTOR	40.00 0.10					X		171,957.	0.	37,356.
(17) MILDRED THOMPSON SENIOR DIRECTOR	40.00 0.10					X		174,734.	0.	30,764.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(18) MILDRED HAWK DANIEL VP COMMUNICATIONS	40.00 0.10					X		171,304.	0.	30,101.
(19) VICTOR RUBIN VP RESEARCH	40.00 0.10					X		147,875.	0.	40,960.
(20) MARY LEE DEPUTY DIRECTOR	40.00 0.10					X		128,817.	0.	56,203.
1b Sub-total								1,698,074.	9,632.	387,474.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,698,074.	9,632.	387,474.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **26**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOCIAL SOLUTIONS, 425 WILLIAMS COURT, SUITE 100, BALTIMORE, MD 21220	LONGITUDINAL DATA SYSTEM FOR PROMISE N	253,220.
BUREAU BLANK, INC., 273 GRAND STREET, 6TH FLOOR, NEW YORK, NY 10002	MULTI-SITE WEB INFRASTRUCTURE DESIG	233,250.
THE FOOD TRUST, 1617 JOHN F. KENNEDY BOULEVARD, #900, PHILADELPHIA, PA 19103	HEALTHY FOOD ACCESS CONSULTING	220,000.
HARLEM CHILDREN'S ZONE, INC. 35 EAST 125TH STREET, NEW YORK, NY 10035	PROGRAMMATIC TECHNICAL ASSISTANCE	200,100.
THE REINVESTMENT FUND, 1700 MARKET STREET, 19TH FLOOR, PHILADELPHIA, PA 19103	HEALTHY FOOD ACCESS CONSULTING	190,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	15,064,131.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			15,064,131.			
Program Service Revenue	2 a CONTRACTS	Business Code 541900		2,300,429.	2,300,429.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,300,429.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			276.			276.
	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	31,900.	31,900.			
	b OTHER INCOME	900099	3,051.	3,051.			
	c						
	d All other revenue						
e Total. Add lines 11a-11d			34,951.				
12 Total revenue. See instructions.			17,399,787.	2,335,380.	0.	276.	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,102,059.	734,683.	298,549.	68,827.
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	5,121,337.	4,676,649.	84,530.	360,158.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	289,970.	261,602.	16,658.	11,710.
9 Other employee benefits	999,828.	883,756.	85,570.	30,502.
10 Payroll taxes	425,480.	386,949.	23,714.	14,817.
11 Fees for services (non-employees):				
a Management				
b Legal	11,131.	8,586.	2,545.	
c Accounting	93,138.		93,138.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,453,332.	2,423,203.	1,115.	29,014.
12 Advertising and promotion				
13 Office expenses	40,129.	37,001.	1,897.	1,231.
14 Information technology	383,240.	375,924.	4,239.	3,077.
15 Royalties				
16 Occupancy	726,989.	661,885.	36,033.	29,071.
17 Travel	1,129,087.	1,104,745.	18,000.	6,342.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	949,251.	948,709.	203.	339.
20 Interest	24,612.	16,667.	7,945.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,351.	61,302.	3,348.	2,701.
23 Insurance	17,152.	10,368.	6,327.	457.
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	141,476.	130,135.	6,221.	5,120.
b PRINTING & PUBLICATIONS	101,355.	98,255.	1,630.	1,470.
c EQUIPMENT RENTAL & MAIN	27,135.	17,978.	8,365.	792.
d OTHER	16,211.	13,150.	2,524.	537.
e All other expenses	23,461.	21,901.	509.	1,051.
25 Total functional expenses. Add lines 1 through 24e	14,143,724.	12,873,448.	703,060.	567,216.
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	1,383,160.	1	4,180,180.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,436,959.	3	2,181,303.
	4 Accounts receivable, net	1,022,253.	4	1,473,714.
	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	291,157.	9	244,933.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,274,260.		
	b Less: accumulated depreciation	10b 883,338.	130,737.	10c 390,922.
	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	79,199.	15	72,438.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,343,465.	16	8,543,490.	
Liabilities	17 Accounts payable and accrued expenses	1,003,941.	17	722,033.
	18 Grants payable		18	
	19 Deferred revenue	114,243.	19	51,500.
	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	156,765.	25	445,378.
	26 Total liabilities. Add lines 17 through 25	1,274,949.	26	1,218,911.
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	80,981.	27	94,313.
	28 Temporarily restricted net assets	3,987,535.	28	4,230,266.
	29 Permanently restricted net assets		29	3,000,000.
	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	4,068,516.	33	7,324,579.	
34 Total liabilities and net assets/fund balances	5,343,465.	34	8,543,490.	

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	17,399,787.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,143,724.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,256,063.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,068,516.
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	7,324,579.

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
b 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	
c 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
b 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 _____		

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8438085.	11708450.	13300572.	6631934.	15064131.	55143172.
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	8438085.	11708450.	13300572.	6631934.	15064131.	55143172.
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)						31913481.
6 Public support. Subtract line 5 from line 4.						23229691.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	8438085.	11708450.	13300572.	6631934.	15064131.	55143172.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,597.	938.	214.	9.	276.	3,034.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						55146206.
12 Gross receipts from related activities, etc. (see instructions)					12	12,014,896.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	42.12 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	61.45 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

2015

Name of the organization

POLICYLINK

Employer identification number

94-3297479

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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) (2015)

Name of organization POLICYLINK	Employer identification number 94-3297479
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>3,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>2,544,760.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>1,266,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>905,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>865,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>802,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POLICYLINK	Employer identification number 94-3297479
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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	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POLICYLINK	Employer identification number 94-3297479
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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
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2015

Open to Public Inspection

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

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

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

Name of organization POLICYLINK	Employer identification number 94-3297479
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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) 2015

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)	22,979.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	121,292.													
c	Total lobbying expenditures (add lines 1a and 1b)	144,271.													
d	Other exempt purpose expenditures	13,999,453.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,143,724.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	857,186.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	214,297.													
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	818,537.	805,181.	798,210.	857,186.	3,279,114.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,918,671.
c Total lobbying expenditures	169,822.	179,185.	130,883.	144,271.	624,161.
d Grassroots nontaxable amount	204,634.	201,295.	199,553.	214,297.	819,779.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,229,669.
f Grassroots lobbying expenditures	13,399.	12,771.	17,162.	22,979.	66,311.

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part 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	0.				
b Contributions	3,000,000.				
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	3,000,000.				

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		641,420.	343,719.	297,701.
d Equipment		632,840.	539,619.	93,221.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				390,922.

Part VII Investments - Other Securities.

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

(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSULTANTS	93,121.
(3) CAPITAL LEASE OBLIGATIONS	29,696.
(4) DEFERRED RENT LIABILITY	322,561.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	445,378.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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.

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANGELA GLOVER BLACKWELL FOUNDER AND CHIEF EXECUTIVE	(i)	249,667.	0.	0.	15,000.	50,916.	315,583.	0.
	(ii)	333.	0.	0.	0.	0.	333.	0.
(2) JUDITH BELL PRESIDENT UNTIL 09/30/2015	(i)	159,824.	0.	0.	9,679.	28,823.	198,326.	0.
	(ii)	1,499.	0.	0.	0.	0.	1,499.	0.
(3) LAUREN WEBSTER CHIEF FINANCIAL OFFICER	(i)	116,527.	0.	0.	7,452.	24,763.	148,742.	0.
	(ii)	7,676.	0.	0.	0.	0.	7,676.	0.
(4) JOSH KIRSCHENBAUM VP FOR STRATEGIC DIRECTION	(i)	187,712.	0.	0.	11,263.	13,983.	212,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL MCAFEE SENIOR DIRECTOR	(i)	189,657.	0.	0.	11,387.	18,824.	219,868.	0.
	(ii)	124.	0.	0.	0.	0.	124.	0.
(6) KALIMA ROSE SENIOR DIRECTOR	(i)	171,957.	0.	0.	10,317.	27,039.	209,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MILDRED THOMPSON SENIOR DIRECTOR	(i)	174,734.	0.	0.	10,484.	20,280.	205,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MILDRED HAWK DANIEL VP COMMUNICATIONS	(i)	171,304.	0.	0.	10,278.	19,823.	201,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VICTOR RUBIN VP RESEARCH	(i)	147,875.	0.	0.	8,873.	32,087.	188,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARY LEE DEPUTY DIRECTOR	(i)	128,817.	0.	0.	7,729.	48,474.	185,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE CEO LEASES AN APARTMENT IN NEW YORK AND WASHINGTON DC, 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 COSTS RELATED TO THE
LEASES. POLICYLINK MAINTAINS CURRENT COPY OF THE LEASES. THIS ARRANGEMENT
RESULTED IN SAVINGS TO THE ORGANIZATION.

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

2015

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
TO DISSEMINATE AND IMPLEMENT LOCAL EQUITY INNOVATIONS. EQUITY MEANS
JUST AND FAIR INCLUSION INTO A SOCIETY IN WHICH ALL CAN PARTICIPATE,
PROSPER, AND REACH THEIR FULL POTENTIAL. POLICYLINK RECEIVES FUNDING
FROM OTHER CHARITABLE ORGANIZATIONS AND FOUNDATIONS.

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

THE ALL-IN-CITIES INITIATIVE PROVIDES SERVICES TO CITIES DESIGNED TO
EMPOWER CITY OFFICIALS, COMMUNITY ADVOCATES, AND OTHER CIVIC LEADERS IN
APPLYING POLICY IDEAS, DATA, AND HANDS-ON LEADERSHIP ASSISTANCE TO
ADVANCE RACIAL ECONOMIC INCLUSION AND EQUITABLE GROWTH. AMONG THE
PUBLICATIONS RELATED TO THIS WORK ARE ALL-IN-CITIES, EQUITABLE
DEVELOPMENT: THE PATH TO AN ALL IN PITTSBURG, AND EQUITABLE INNOVATION
ECONOMY.

IN OCTOBER, 2014, POLICYLINK, TOGETHER WITH THE PROGRAM FOR
ENVIRONMENTAL AND REGIONAL EQUITY AT THE UNIVERSITY OF SOUTHERN
CALIFORNIA (PERE), LAUNCHED THE NATIONAL EQUITY ATLAS, A UNIQUE,
COMPREHENSIVE AND POWERFUL RESOURCE FOR DATA TO TRACK, MEASURE, AND
MAKE THE CASE FOR INCLUSIVE GROWTH IN AMERICA'S REGIONS, STATES, AND
NATIONWIDE. BY ITS FIRST BIRTHDAY IN OCTOBER, 2015, THE ATLAS WAS

Name of the organization

POLICYLINK

Employer identification number

94-3297479

PROVIDING DETAILED DATA ON DEMOGRAPHIC CHANGE, EQUITY, AND THE ECONOMIC BENEFITS OF EQUITY FOR 301 GEOGRAPHIES: THE 150 LARGEST REGIONS, THE 100 LARGEST CITIES, ALL 50 STATES, AND THE UNITED STATES. THE ATLAS HAD ALSO ATTRACTED 20,000 USERS, MORE THAN A THIRD OF THEM RETURNING TO THE SITE MULTIPLE TIMES AND SPENDING AN AVERAGE OF 5 MINUTES BROWSING THE SITE. OVER 4,000 PEOPLE HAD REGISTERED FOR WEBINARS INTRODUCING THE TOOL, AND NEARLY EVERYONE WHO COMPLETED A POST-WEBINAR SURVEY SAID THEY WOULD VISIT THE ATLAS AGAIN. THE TEAM IS EXCITED TO BUILD UPON THIS SUCCESS AND CONTINUE TO EVOLVE THE ATLAS TO MEET THE NEEDS OF THE FIELD THROUGH CONTINUED TOOL DEVELOPMENT ALONG WITH PLACE-BASED ENGAGEMENTS TO USE DATA IN POLICY AND SYSTEMS CHANGE EFFORTS.

SINCE 2012, POLICYLINK HAS CONDUCTED RESEARCH AND PROVIDED TECHNICAL ASSISTANCE ON ECONOMIC INCLUSION STRATEGIES TO ASSESS AND INFORM THE EAST BALTIMORE REVITALIZATION INITIATIVE (EBRI), "AN INNOVATIVE, LARGE-SCALE EFFORT BY A CROSS-SECTOR PARTNERSHIP TO TRANSFORM A DEEPLY DISTRESSED, 88-ACRE NEIGHBORHOOD ADJACENT TO THE JOHNS HOPKINS HOSPITAL COMPLEX INTO A MIXED-INCOME, RESIDENTIAL COMMUNITY AND ENGINE OF OPPORTUNITY FOR BOTH LONG-TIME AND NEW RESIDENTS." OUR 2015 REPORT ABOUT THIS RESEARCH BECAME THE BASIS FOR THE ANNIE E. CASEY FOUNDATION REPORT "EXPANDING ECONOMIC OPPORTUNITY: LESSONS FROM THE EBRI," AND THE MATERIAL COLLECTED FOR THE PROJECT HAS BEEN THE BASIS FOR A MANY OTHER PRESENTATIONS AND PAPERS.

IN 2015, POLICYLINK BECAME CO-CHAIR OF THE THE TAX ALLIANCE FOR ECONOMIC MOBILITY, WHICH CONVENES ASSET-BUILDING ADVOCATES, TAX REFORM EXPERTS, RESEARCHERS, REPRESENTATIVES OF ORGANIZATIONS OF COLOR AND GRASSROOTS CONSTITUENTS AND OTHERS TO IDENTIFY NEAR- AND LONGER-TERM

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POLICY PRIORITIES TO EXPAND SAVINGS AND INVESTMENT OPPORTUNITIES FOR
 LOW- AND MODERATE-INCOME HOUSEHOLDS THROUGH REFORM OF THE U.S. TAX
 CODE.

POLICYLINK ALSO JOINED THE STEERING COMMITTEE OF MAKE IT FAIR, A
 COALITION OF CIVIL RIGHTS, RELIGIOUS, COMMUNITY, AND LABOR GROUPS
 DEDICATED TO REBUILDING CALIFORNIA BY MAKING THE COMMERCIAL PROPERTY
 TAX SYSTEM FAIR.

IN ADDITION, A SET OF THIRTEEN ISSUE BRIEFS WERE DEVELOPED FOCUSING ON
 THE EQUITY IMPERATIVES AND SOLUTIONS NECESSARY FOR ADVOCATES TO WIN
 POLICY CHANGES THAT BUILD AN "ALL-IN NATION" WHERE EVERYONE-INCLUDING
 LOW-INCOME PEOPLE AND COMMUNITIES OF COLOR-CAN PARTICIPATE, PROSPER,
 AND REACH THEIR FULL POTENTIAL.

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

EQUITY AND OPPORTUNITY ASSESSMENT, IDENTIFIES KEY STRATEGIES TO CREATE
 GREATER VIBRANCY AND EQUITY IN RESERVATION-BASED ECONOMIC ACTIVITY-TO
 INCREASE PROSPERITY AND QUALITY OF LIFE FOR BOTH THE OGLALA LAKOTA
 PEOPLE AND THE REGION AS A WHOLE.

IN 2015, POLICYLINK PARTNERED WITH BAY AREA HOUSING ADVOCATES CAUSA
 JUSTA :: JUST CAUSE TO TRAIN AND GIVE RISE TO A NEW GENERATION OF
 COMMUNITY LEADERS FROM THE NEIGHBORHOODS MOST VULNERABLE TO
 GENTRIFICATION. POLICYLINK WAS ALSO COMMISSIONED BY THE CITY OF
 OAKLAND'S STRATEGIC INITIATIVES UNIT IN THE DEPARTMENT OF HOUSING &
 COMMUNITY DEVELOPMENT TO ANALYZE THE CITY'S HOUSING CHALLENGES AND
 RECOMMEND COMPREHENSIVE POLICY SOLUTIONS. IN PARTNERSHIP WITH THE

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URBAN STRATEGIES COUNCIL AND WITH COLLABORATION FROM CAUSA JUSTA ::

JUST CAUSE, POLICYLINK DEVELOPED A ROADMAP TOWARD EQUITY: HOUSING

SOLUTIONS FOR OAKLAND, CALIFORNIA. THE ROADMAP RECOMMENDS VIABLE,

IMPACTFUL POLICIES AND PROGRAMS-TO ENABLE OAKLAND TO GROW; TO HONOR ITS

HISTORIC DIVERSITY; TO PROVIDE THE HOUSING INFRASTRUCTURE NEEDED TO

ENABLE LONG-TIME RESIDENTS TO REMAIN AND BENEFIT FROM OAKLAND'S

RENAISSANCE; AND TO PROTECT AND SERVE ITS MOST VULNERABLE RESIDENTS.

TWO NEW HOUSING EFFORTS-ONE TO HELP DESIGN AND GUIDE THE WORK OF A

FUNDERS' COLLABORATIVE TO ADDRESS THE HOUSING NEEDS OF VERY LOW INCOME

PEOPLE AND THE OTHER TO PROVIDE TECHNICAL ASSISTANCE TO THE

IMPLEMENTATION OF THE AFFIRMATIVELY FURTHERING FAIR HOUSING RULE FROM

THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT-WERE LAUNCHED IN

2015.

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

ENTIRE SYSTEM OF AVAILABLE SUPPORTS FOR LOW INCOME CHILDREN AND THEIR

FAMILIES, AND BUILDS ON THE STRONG FOUNDATION OF PNI TO GO EVEN FURTHER

BY SERVING AS THE CATALYST FOR ALIGNING MULTIPLE COMMUNITY ACTIVITIES

THAT ARE MUTUALLY REINFORCING AND PROVIDE A COMPREHENSIVE AND

INTEGRATED PATHWAY OUT OF POVERTY FOR THE TARGET POPULATION.

POLICYLINK HAS ALSO SERVED AS WILL SERVE AS THE BACKBONE ORGANIZATION

COORDINATING THE CORE PARTNERS AND FUNCTIONS OF THE TECHNICAL

ASSISTANCE EFFORT TO HELP COMMUNITIES PARTICIPATING IN THE NATIONAL MY

BROTHER'S KEEPER COMMUNITY CHALLENGE CONDUCT POLICY REVIEWS AND PRODUCE

HIGH QUALITY ACTION PLANS WITH A COHERENT CRADLE-TO-CAREER STRATEGY

INCLUSIVE OF OPPORTUNITY YOUTH FOR IMPROVING THE LIFE OUTCOMES OF BOYS

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AND MEN OF COLOR. POLICYLINK AND THE TA PROVIDERS DEPLOYED TECHNICAL ASSISTANCE OFFERINGS TO HELP COMMUNITIES DEVELOP SUCCESSFUL, HIGH QUALITY ACTION PLANS THAT ARE FOCUSED ON RELEVANT POLICY AND SYSTEMS CHANGES NOT JUST PROGRAMS, THAT ARE GROUNDED IN RESEARCH AND DATA AND ADDRESS THE ROOT CAUSES OF INEQUITY AND THE KEY DRIVERS OF NEGATIVE OUTCOMES, BUILD ON AND SUPPORT RELEVANT COMMUNITY BASED EFFORTS, AND ARE INFORMED BY, AND IN PARTNERSHIP WITH, BOYS AND MEN OF COLOR LEADERS AND ORGANIZATIONS.

IN CALIFORNIA, POLICYLINK CONTINUES TO SERVE AS PRINCIPAL COORDINATOR OF THE ALLIANCE FOR BOYS AND MEN OF COLOR, A COALITION OF CHANGE AGENTS COMMITTED TO IMPROVING THE LIFE CHANCES OF CALIFORNIA'S BOYS AND YOUNG MEN OF COLOR. THE ALLIANCE INCLUDES YOUTH, COMMUNITY ORGANIZATIONS, FOUNDATIONS, AND LEADERS IN GOVERNMENT, EDUCATION, PUBLIC HEALTH, AND LAW ENFORCEMENT. IN THIS ROLE, POLICYLINK MANAGES, FACILITATES, AND SUPPORTS ALL ASPECTS OF THE NETWORK'S FUNCTIONS INCLUDING EDUCATION AND ADVOCACY WITH POLICY AND SYSTEM LEADERS, AND COLLABORATING WITH STATE AND LOCAL PARTNERS TO DEEPEN THE IMPACT. THE ALLIANCE FOR BOYS AND MEN OF COLOR WORKS WITH LOCAL AND STATE PARTNERS TO ENSURE THAT CALIFORNIA'S BOYS AND MEN OF COLOR ARE PHYSICALLY AND MENTALLY HEALTHY; LIVE IN SAFE NEIGHBORHOODS; SUCCEED IN SCHOOL AND WORK; AND POSSESS THE KNOWLEDGE, SKILLS, AND LEADERSHIP NECESSARY TO CONTRIBUTE TO THE ECONOMIC WELL-BEING OF THEIR FAMILIES, COMMUNITIES, AND STATE.

ALSO WITHIN THE CRADLE TO CAREER CENTER, IN 2015, POLICYLINK, WITH THE BLUE SHIELD FOUNDATION OF CALIFORNIA, BEGAN DEVELOPING A CAPACITY BUILDING AND POLICY INITIATIVE TO SUPPORT BOYS AND MEN OF COLOR LEADERS TO PARTICIPATE IN EFFORTS TO END DOMESTIC VIOLENCE IN COMMUNITIES OF

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COLOR.

IN 2015, POLICYLINK AND CENTER FOR POPULAR DEMOCRACY (CPD) RELEASED BUILDING MOMENTUM FROM THE GROUND UP: A TOOLKIT FOR PROMOTING JUSTICE IN POLICING, A RESOURCE FOR ORGANIZERS ACROSS THE COUNTRY WORKING TO END POLICE VIOLENCE AND HOLD POLICE ACCOUNTABLE TO THEIR COMMUNITIES. THE TOOLKIT AND ACCOMPANYING, EVOLVING WEBSITE DETAILS 15 POLICY OPTIONS FOR COMMUNITIES TO SELECT AND PRIORITIZE DEPENDING ON THEIR LOCAL CONTEXT - COMPLETE WITH SAMPLE LEGISLATION, BEST PRACTICES, AND DEEPER DIVE RESOURCES. INCLUDED IN THE GUIDE, POLICYLINK ALSO DEVELOPED AN ORGANIZING 101 PRIMER AND MAYORAL PLEDGE TEMPLATE FOR ORGANIZERS TO URGE THE MAYORS OF THEIR COMMUNITIES TO TAKE PROACTIVE AND BOLD LEADERSHIP TO BUILD COMMUNITY TRUST AND HELP PREVENT POLICE VIOLENCE AGAINST COMMUNITIES. IN APRIL, 2015, POLICYLINK AND CPD CO-HOSTED A GATHERING TO SHARE AND GET FEEDBACK ON A DRAFT VERSION OF THE TOOLKIT FROM ORGANIZERS FROM ACROSS THE COUNTRY. THIS WORK WAS BUILT ON FOUR BRIEFS LIFTING UP COMMUNITY-CENTERED POLICING BEST PRACTICES AND MODELS FROM ACROSS THE COUNTRY, DEVELOPED BY POLICYLINK IN PARTNERSHIP WITH THE ADVANCEMENT PROJECT.

IN 2015, POLICYLINK WAS SELECTED TO BE EXECUTIVE DIRECTOR OF THE SAN FRANCISCO BLUE RIBBON PANEL ON TRANSPARENCY, ACCOUNTABILITY, AND FAIRNESS IN LAW ENFORCEMENT, AN INDEPENDENT PANEL CONVENED BY SAN FRANCISCO DISTRICT ATTORNEY GEORGE GASCON ON THE HEELS OF A 2015 "RACIST TEXTS" SCANDAL IMPLICATING 14 SFPD OFFICERS, TO INVESTIGATE EVIDENCE OF RACIAL BIAS IN THE DEPARTMENT AND ITS IMPACT ON POLICE WORK. THE JUDGES WERE EMPANELED TO REVIEW ALL OF THE POLICE INCIDENT REPORTS IN WHICH THE 14 POLICE OFFICERS PLAYED AN OFFICIAL ROLE -

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EXPECTED TO BE BETWEEN 3,000-4,000 CASES - FOR EVIDENCE OF RACIAL BIAS THAT MAY HAVE HAD A DETERMINATIVE IMPACT. POLICYLINK DIRECTED THE PANEL AND WILL PRODUCE A FINAL REPORT OF FINDINGS AND RECOMMENDATIONS WHICH WILL PROVIDE POLICYLINK, THE CITY OF SAN FRANCISCO, AND THE FIELD WITH MUCH NEEDED DATA AND BACKGROUND ON WHAT IT TAKES TO IDENTIFY BEST PRACTICES AND IMPLEMENT RECOMMENDED POLICY AT THE LOCAL LEVEL, INCLUDING A DEEPER UNDERSTANDING OF HOW TO CONDUCT RESEARCH ON POLICE DEPARTMENTS WHILE FACING POLITICAL BARRIERS, HOW RELATIONSHIPS BETWEEN LOCAL GOVERNMENT BODIES INFLUENCE OPPORTUNITIES TO AFFECT CHANGE, AND WHAT OPENINGS EXIST TO IMPLEMENT POLICY AT VARIOUS LEVELS - INCLUDING THROUGH DEPARTMENTAL REGULATIONS AND/OR THE CITY CHARTER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE WORK OF THE CENTER FOR HEALTH, EQUITY, AND PLACE (CHEP) 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 HAVE AN IMPACT ON INDIVIDUAL AND COMMUNITY HEALTH. THE CENTER SEEKS TO CREATE THE ECONOMIC, SOCIAL, AND PHYSICAL CHARACTERISTICS NEEDED FOR HEALTHY COMMUNITIES IN ALL NEIGHBORHOODS, WITH A FOCUS ON THE UNIQUE NEEDS OF LOW-INCOME COMMUNITIES AND COMMUNITIES OF COLOR. CHEP SUPPORTS THE WORK OF ADVOCATES IN THE FIELD THROUGH PUBLISHED REPORTS, DELIVERY OF TECHNICAL ASSISTANCE, STRATEGIES FOR POLICY DEVELOPMENT, COMMUNICATIONS, AND OTHER RESOURCES.

THE POLICYLINK CHEP CONTINUES, WITH ITS PARTNERS, TO STEWARD AND UPDATE ITS HEALTHY FOOD ACCESS PORTAL ("THE PORTAL"), THE NATION'S PREMIER HEALTHY FOOD ACCESS WEBSITE. THE PORTAL CONNECTS STAKEHOLDERS WITH

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AVAILABLE RESOURCES AND DATA RANGING FROM INFORMATION EXPLAINING THE LACK OF ACCESS TO HEALTHY FOOD AND THE HEALTH AND ECONOMIC IMPACTS, TO TOOLS FOR NEW USERS INTERESTED IN BEGINNING NEW HEALTHY FOOD RETAIL PROJECTS AND POLICIES IN THEIR COMMUNITY, TO MORE SOPHISTICATED RESOURCES FOR STAKEHOLDERS ALREADY IMMERSSED IN HEALTHY FOOD ACCESS STRATEGIES.

THE POLICYLINK CHEP ALSO PUBLISHED BUILDING A COMMUNITY-BASED FOOD SYSTEM TRANSFORMING WEST OAKLAND: A CASE STUDY SERIES ON MANDELA MARKETPLACE, THE FIRST IN A THREE-PART SERIES HIGHLIGHTING ONGOING WORK TO BUILD A LOCAL FOOD SYSTEM THAT PRIORITIZES COMMUNITY OWNERSHIP AND INCLUDES A REPORT, BLOG POST, AND PHOTO ESSAY.

POLICYLINK IS SUPPORTING EFFORTS TO CREATE, EXPAND, AND DOCUMENT EQUITABLE AND HEALTHY FOOD PROCUREMENT POLICIES AND PROCUREMENT PRACTICES ACROSS THE COUNTRY. AS FOOD PROCUREMENT QUICKLY GAINS NATIONAL PROMINENCE AS A SCALABLE APPROACH TO CREATING A MORE EQUITABLE FOOD SYSTEM THAT CREATES GREATER ACCESS TO HEALTHY FOOD, PROVIDING QUALITY JOBS, AND FOSTERING NEW ECONOMIC OPPORTUNITY, THE BURGEONING FIELD IS IN NEED OF GUIDANCE AND POLICY RECOMMENDATIONS TO ENSURE THAT IT IS EQUITABLE. IN LATE 2015, WE BEGAN WORKING WITH THE CENTER FOR GOOD FOOD PURCHASING TO CODIFY AND DOCUMENT A POLICY FRAMEWORK FOR EQUITABLE PROCUREMENT THAT WILL LAY THE POLICY GROUNDWORK FOR LOCAL, REGIONAL, AND STATE POLICY EFFORTS.

POLICYLINK ALSO CONTINUES TO DELIVER PROGRAM SUPPORT TO THE CONVERGENCE PARTNERSHIP, A COLLABORATION OF MAJOR NATIONAL HEALTH FUNDERS OFFERING RESOURCES TO ORGANIZED EFFORTS ACROSS THE COUNTRY TO ENSURE HEALTHY

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PEOPLE IN HEALTHY PLACES. AS PROGRAM DIRECTOR, POLICYLINK PROVIDES STAFF SUPPORT, DEVELOPS AND PRODUCES MATERIALS, PLANS AND CONVENES MEETINGS AND CONFERENCES, PROVIDES TECHNICAL ASSISTANCE, AND CONSULTS WITH GRANTEEES.

THROUGH THE INSTITUTIONALIZING HEALTH EQUITY PROJECT, CHEP IS CONVENING PRACTITIONERS, POLICYMAKERS AND ADVOCATES WHO WORK IN HEALTH DEPARTMENTS AND UNIVERSITIES, HAVE EMBRACED THE CONCEPT OF HEALTH EQUITY AS THE APPROACH TO CREATING VIBRANT COMMUNITIES AND HAVE TAKEN ON LEADERSHIP IN THIS SPACE BY CREATING CENTERS, INSTITUTES, OR INITIATIVES FOCUSED ON ADVANCING HEALTH EQUITY. POLICYLINK HAS CAPITALIZED ON THIS MOMENTUM TO CREATE A NETWORK AND FORUMS TO DISCUSS BEST PRACTICES, LESSONS LEARNED, AND THE NECESSARY INFRASTRUCTURE AND RESOURCES NEEDED TO DEVELOP AND RUN A SUCCESSFUL HEALTH EQUITY INSTITUTE (HEI).

EXPENSES \$ 3,004,180. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,456,250.

CENTRAL TO ITS MISSION, POLICYLINK SEEKS TO EXPAND THE THINKING, REACH, AND POWER OF LOCAL PARTNERS BY CREATING MORE FERTILE GROUND FOR ACTION THROUGH FRAMING NATIONAL DEBATES AND POLICY ADVOCACY. THE POLICYLINK NATIONAL SUMMITS ARE THE HALLMARK OF THESE EFFORTS. THE SUMMITS PROVIDE AN UNPARALLELED OPPORTUNITY FOR EQUITY ADVOCATES TO CONNECT AND DEVELOP NEW FRAMINGS AND APPROACHES TO CONTEXTUALIZE AND ADVANCE THEIR WORK. POLICYLINK CONTINUED THIS STRONG TRADITION BY CONVENING ITS FIFTH NATIONAL SUMMIT IN LOS ANGELES IN OCTOBER 27-29, 2015. EQUITY SUMMIT 2015: ALL IN FOR INCLUSION, JUSTICE, AND PROSPERITY BROKE ALL PREVIOUS RECORDS FOR THE NUMBER OF ATTENDEES (OVER 3,000), DELEGATIONS (OVER 60), SESSIONS AND WORKSHOPS (65+), SPEAKERS (350), AND FUNDING PARTNERS

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(17). THE SUMMIT FEATURED THREE FULL DAYS OF PROGRAMMING AND PRE-SUMMIT ACTIVITIES. THE CONTENT PRESENTED AND DISCUSSED AT THE SUMMIT FOCUSED ON ADDRESSING THE EQUITY CHALLENGES TO FOSTERING HEALTHY COMMUNITIES, INCLUSIVE CITIES, AND A PROSPEROUS AMERICA, AND ACCELERATED A NATIONAL CAMPAIGN TO HELP LEADERS ACROSS THE EQUITY SPECTRUM BECOME ACTIVE PARTICIPANTS IN IMPLEMENTING EQUITABLE GROWTH IN COMMUNITIES, CITIES, AND REGIONS ACROSS THE NATION.

ARTS AND CULTURE ACTIVITIES AT POLICYLINK HAVE EXPANDED AND ARE BEING INCORPORATED TO SUPPORT EQUITY EFFORTS RELATED TO HOUSING, TRANSPORTATION, HEALTH, AND OTHER SECTORS TO INFORM, MOBILIZE, AND BUILD COMMUNITIES. A REPORT LAYING OUT POLICY STRATEGIES THAT MUNICIPAL LEADERS CAN USE TO BRING ARTISTS AND COMMUNITY CULTURAL LEADERS INTO THE PLANNING FOR COMMUNITY DEVELOPMENT AND BUILT ENVIRONMENT IS PART OF THIS GROWTH. PROVIDING TECHNICAL ASSISTANCE TO CITIES AND ARTS ORGANIZATIONS DOING THIS WORK IS ANOTHER. EXPENSES \$ 3,322,167. INCLUDING GRANTS OF \$ 0. REVENUE \$ 141,014.

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

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING MANAGER AND CFO. A DRAFT OF FORM 990 IS THEN REVIEWED BY THE ACCOUNTING MANAGER AND CFO, AND ANY CORRECTIONS/MODIFICATIONS ARE THEN MADE BY THE OUTSIDE CPA. THE REVISED DRAFT IS THEN REVIEWED BY THE CFO AND VICE PRESIDENT FOR STRATEGIC DIRECTION. ANY CONCERNS THAT THE CFO HAS ARE RAISED WITH THE CPA FIRM, AND, WHEN NECESSARY, THE VICE PRESIDENT. WHEN A CONSENSUS IS ACHIEVED, THE RETURN IS THEN FINALIZED AND ELECTRONICALLY FILED WITH THE TAXING AUTHORITIES. THE FILED FORM 990 IS SUBMITTED TO THE ENTIRE BOARD OF

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DIRECTORS.

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

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:

THE SALARY FOR THE CEO WAS APPROVED BY THE BOARD OF DIRECTORS, AFTER A REVIEW OF COMPENSATION DATA FOR THE SAME POSITION IN SIMILAR ORGANIZATIONS, COMPILED FROM NONPROFIT INDUSTRY SURVEYS, AS WELL AS INFORMATION FROM SPECIFIC ORGANIZATIONS OF SIMILAR IMPACT.

THE SALARIES FOR THE VICE PRESIDENT AND CFO WERE SET BY THE CEO.

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

POLICYLINK MAKES ITS FINANCIAL STATEMENTS, ORGANIZING DOCUMENTS, AND CONFLICT OF INTEREST/ETHICS POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

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

OTHER PROJECT CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	511,253.
MANAGEMENT AND GENERAL EXPENSES	584.
FUNDRAISING EXPENSES	2,002.
TOTAL EXPENSES	513,839.

FOOD PORTAL:

PROGRAM SERVICE EXPENSES	397,580.
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	397,580.
TRANSPORTATION EQUITY:	
PROGRAM SERVICE EXPENSES	379,250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	379,250.
PROMISE NEIGHBORHOODS:	
PROGRAM SERVICE EXPENSES	264,106.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	264,106.
EQUITABLE DEVELOPMENT SUMMIT:	
PROGRAM SERVICE EXPENSES	258,366.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	258,366.
ASSET BUILDING:	
PROGRAM SERVICE EXPENSES	131,898.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	131,898.

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MY BROTHER'S KEEPER:

PROGRAM SERVICE EXPENSES	109,951.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	109,951.

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	84,855.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	84,855.

BOYS AND MEN OF COLOR POLICY FRAMEWORK:

PROGRAM SERVICE EXPENSES	73,470.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	73,470.

FRESH FOOD FINANCING INITIATIVE:

PROGRAM SERVICE EXPENSES	68,303.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,303.

OAKLAND INTERNATIONAL BOULEVARD:

PROGRAM SERVICE EXPENSES	52,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

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TOTAL EXPENSES	52,500.
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TEMPORARY AGENCIES AND CASUAL LABOR:

PROGRAM SERVICE EXPENSES	91,671.
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MANAGEMENT AND GENERAL EXPENSES	531.
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FUNDRAISING EXPENSES	27,012.
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TOTAL EXPENSES	119,214.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,453,332.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2015

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POLICYLINK EQUITY ACTION NETWORK	D	53,706.	ACTUAL
(2)			
(3)			
(4)			
(5)			
(6)			

