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

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

Infallianthanthanfilmilat

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2023 calendar year, or tax year beginning and	ending		
B c	heck if	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change			82-23804	79
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	1310 L ST NW	325	(202) 22	3-2233
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,950,753.
	Ameno return	WASHINGTON, DC 20005		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: IESIM SAIIN		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1 T</u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c)() (insert no.) $\overline{}$ 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2017 N	1 State of legal domicile: DC
Pa	rt I	Summary			
συ		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$			
Activities & Governance		NON-PARTISAN, INDEPENDENT THINK TANK FOCU			
ern.		Check this box if the organization discontinued its operations or dispos	sed of more		
Š				3	31
& ©		Number of independent voting members of the governing body (Part VI, line 1b)			31
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10
Σij		Total number of volunteers (estimate if necessary)			31
Acı		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	Current Year
		Contributions and greats (Dart VIII line 11)		1,265,985.	1,815,826.
ne		Contributions and grants (Part VIII, line 1h)		240,206.	134,927.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,506,191.	1,950,753.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,142,266.	1,244,440.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25) 182,60	04.		
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		314,529.	281,112.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,456,795.	1,525,552.
		Revenue less expenses. Subtract line 18 from line 12		49,396.	425,201.
or		·	Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,070,250.	1,538,188.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		518,045.	560,782.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		552,205.	977,406.
Pa	rt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Cignature of officer		Doto	
Sigr		Signature of officer		Date	
Her	е	YESIM SAYIN, EXECUTIVE DIRECTOR Type or print name and title			
			Tr	Date Check C	PTIN
Da! A		Print/Type preparer's name CT.FNN MILITED CDA CT.FNN MILITED CDA CT.FNN MILITED CDA		;	
Paid		GLENN MILLER, CPA GLENN MILLER, CI	-A U	14/29/24 self-employ	9-0974031
Prep Use		Firm's name WEGNER CPAS, LLP Firm's address 419 N LEE STREET		Firm's EIN 3	3-0314031
USE	Unity	Firm's address 419 N LEE STREET ALEXANDRIA, VA 22314		Dhone no 70	3-519-0990
May	the IE	S discuss this return with the preparer shown above? See instructions		Filolie IIO. 7 O	X Yes No
···ay					140

Other program services (Describe on Schedule O.)

including grants of \$ 1,139,035.

Total program service expenses

Form 990 (2023)

Form 990 (2023) DC POLICY CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	_ ا		₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	·	10		X
20-	complete Schedule G, Part III	19 20a		X
20a	•	20a 20b		 ^ `
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	Complete Schedule I, Falls I allu II		066	

14265.31

Form 990 (2023) DC POLICY CENTER Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		₩.
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
- -	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	1 12-21-23	Form	990	(2023)

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	7003	. 1)	P	age •
ı aı	Statements negarding other ins rillings and rax compliance (continued)				·
_	5. "	П		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10			
	filed for the calendar year ending with or within the year covered by this return 2a	_		v	
b		├	2b	Х	37
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	├	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country	— I			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	, , , , , , , , , , , , , , , , , , , ,	Г	5a		X
b	, , , , , , , , , , , , , , , , , , , ,	·····	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	····	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	}	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	/or?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	ე?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	📙	9b		_
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
11	Section 501(c)(12) organizations. Enter:				
а		_			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	F			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	, , , , , , , , , , , , , , , , , , , ,				
	organization is licensed to issue qualified health plans				
С					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	L	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	ļ	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	[15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	📙	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

Form **990** (2023)

If "Yes," complete Form 6069.

Par	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 logistic information as sat policies for logistically information as coopy		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	WANDA M. MEDINA - 703-728-3470			

20147

20915 ASHBURN ROAD, ASHBURN, VA

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	J			C)	.,,,		(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	9			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	Institutional trustee		99	Suadı		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	dual tr	rtional	_	nploy	st con	_	1099-NEC)		organizations
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former			o.gaa
(1) YESIM SAYIN	40.00									
EXECUTIVE DIRECTOR				Х				302,972.	0.	31,584.
(2) CHELSEA COFFIN	40.00									
DIRECTOR OF EDUCATION POLICY INITIAT						X		174,350.	0.	22,670.
(3) EMILIA CALMA	40.00								_	
DIRECTOR OF RESEARCH & POLICY						X		109,053.	0.	14,074.
(4) SANDY WILKES	1.00									
CHAIRMAN	1 00	Х		Х				0.	0.	0.
(5) CHRIS GLADSTONE	1.00	.,		.,					,	•
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(6) MICHAEL GOODWIN	1.00	3,7		3,7					0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(7) SEAN WARFIELD TREASURER	1.00	Х		х				0.	0.	0
(8) BILL ALSUP	1.00	Λ		Δ				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) TYLER ANTHONY	1.00	22							.	
DIRECTOR	1.00	х						0.	0.	0.
(10) LEILA BATTIES	1.00	T-								
DIRECTOR		Х						0.	0.	0.
(11) MICHELE BLACKWELL	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(12) MONICA DIXON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ELIZABETH DEBARROS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MARK EIN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ANGELA FRANCO	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(16) TOM GALLAGHER	1.00									_
DIRECTOR	1 22	Х						0.	0.	0.
(17) MICHELE HAGANS	1.00									_
DIRECTOR 332007 12:21:23		X			<u> </u>			0.	0.	0 • Form 990 (2023)

332007 12-21-23

Form **990** (2023)

	990 (2023) DC POLICY	CENTER	2							82-2380	479	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		than c	ne	Reportable	Reportable	Est	timate	:d
		hours per	box	, unle	ss per	rson is	s both	an	compensation	compensation		ount (of
		week		Jer ar	lu a u	recto	r/trust	ee)	from	from related		other	
		(list any hours for	irecto						the	organizations		oensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		om the anizati	
		organizations	Individual trustee or director	nstitutional trustee		ee/	Highest compensated employee		1099-NEC)	1000 NEO)		l relate	
		below	idual t	ution	5	oldm	sst co oyee	er				nizatio	
		line)	Indiv	Instit	Officer	Key employee	Highe empl	Former					
(18)	KAREN HARDWICK	1.00											
DIRE	CTOR		Х						0.	0.			0.
(19)	DANNY HUGHES	1.00											
DIRE	CTOR		Х						0.	0.			0.
	MARTY JANIS	1.00								_			
DIRE			Х						0.	0.			0.
	MATT KELLY	1.00											
DIRE		1 22	Х						0.	0.			0.
	MATT KLEIN	1.00	l										•
	CTOR	1 00	Х						0.	0.			0.
	ANDREW KLINE	1.00	l										•
DIRE		1 00	Х						0.	0.			0.
	EVELYN LEE	1.00	,,										^
DIRE		1 00	Х						0.	0.			0.
,	RUSTY LINDNER	1.00	٠,							0			^
	CTOR	1 00	Х						0.	0.			0.
	JODIE MCLEAN	1.00	٠,							0			^
DIRE			X						0. 586,375.	0.		3,32	$\frac{0}{20}$
	Subtotal								0.	0.	0.0	, 34	
	Total from continuation sheets to Part VII								586,375.	0.	60	3,32	0.
	Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·		0.0	, , ,	40.
2	Total number of individuals (including but no	of limited to the	ose	liste	d an	ove) wh	o re	eceived more than \$100,	000 of reportable			3
	compensation from the organization											Yes	No
•	Did the experientian list only former officer	director truct	a		امسا	0.70		bia.	best componented swo	loves on		163	140
3	Did the organization list any former officer,	•		•		•		_	•	•	3		Х
4	line 1a? If "Yes," complete Schedule J for so										3		Λ
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-						-	4	х	
5	Did any person listed on line 1a receive or a										7		
3											5		Х
	rendered to the organization? If "Yes, " com	piete Scheanie) J T	or st	ıcn t	bers	un .				J		

Section B. Independent Contractors

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.

Name	(A) e and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent	t contractors (including but r	not limited to those listed	above) who received more than	

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

Form 990 DC POLICY	CENTER	2							82-238	0479
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) KURT NEWMAN DIRECTOR	1.00	Х						0.	0.	0.
(28) GERREN PRICE DIRECTOR	1.00	Х						0.	0.	0.
(29) JIMMY REYES	1.00									
DIRECTOR (30) RICHARD RUBEN	1.00	Х						0.	0.	0.
DIRECTOR (31) KENNETH SAMET	1.00	Х						0.	0.	0.
DIRECTOR (32) TONY WILLIAMS	1.00	Х						0.	0.	0.
DIRECTOR (33) JAMIE WEINBAUM	1.00	Х						0.	0.	0.
DIRECTOR (FROM 9/2023)		Х						0.	0.	0.
(34) SHAHIRA KNIGHT DIRECTOR (THRU 5/23)	1.00	Х						0.	0.	0.
(35) ROBERT FLANAGAN DIRECTOR (THRU 9/2023)	1.00	х						0.	0.	0.
										_
Total to Part VII, Section A, line 1c										

			Check if Schedule O contains a response	e or note to anv lin	ne in this Part VIII			
			5.1301. H 55.1301. G 55.1101. G 6 150po.15		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10.10	_	_	Federated campaigns 1a					30000013 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	'				-			
جَيْ جَ					-			
Fts,			• • • • • • • • • • • • • • • • • • • •		-			
ig ig			•		-			
Sir.			Government grants (contributions) All other contributions, gifts, grants, and		-			
e E		'		,815,826.				
를 클		~	Noncash contributions included in lines 1a-1f 1g \$,015,020.	-			
o d		•			1,815,826.			
0 0		"	Total. Add lines 1a-1f	Business Code	1,013,020.			
•	2	2	ECONOMIC RESEARCH	541900	134,927.	134,927.		
Program Service Revenue	_	b		311300	131/32/1	131/32/0		
Ser		C						
E S		d						
gra Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		134,927.			
	3		Investment income (including dividends, intel		, ,			
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties	=				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		-			
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not rental income or (less)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e n			and sales expenses 7b					
en		С	Gain or (loss) 7c					
Re			Net gain or (loss)					
Other Revenue	8		Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	а				
		b	Less: direct expenses 8					
			Net income or (loss) from fundraising events	•				
	9		Gross income from gaming activities. See					
			Part IV, line 19	а				
		b	Less: direct expenses 9	b				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10)a				
		b	Less: cost of goods sold10)b				
		С	Net income or (loss) from sales of inventory					
_G				Business Code				
o a	11	а						
ane ang		b						
Miscellaneous Revenue		С						
Misc		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,950,753.	134,927.	0.	0.

Form 990 (2023) DC POLICY CENTER Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	334,557.	200,734.	33,456.	100,367.
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	725,275.	595,253.	100,873.	29,149.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,039.	28,569.	4,821. 9,579.	4,649. 9,235.
9	Other employee benefits	75,574.	56,760.	9,579.	9,235.
10	Payroll taxes	70,995.	53,321.	8,998.	8,676.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10.005		10.005	
С	Accounting	18,205.		18,205.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	40 771	40 756		1 -
	column (A), amount, list line 11g expenses on Sch O.)	40,771.	40,756.	4 270	15.
12	Advertising and promotion	4,378.	10 250	4,378.	1 660
13	Office expenses	13,658.	10,258.	1,731.	1,669.
14	Information technology	53,154.	39,922.	6,737.	6,495.
15	Royalties	06 000	72,101.	12,168.	11,731.
16	Occupancy	96,000. 7,757.	14,101.	12,100.	7,757.
17	Travel	1,151.			1,131
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	23,780.	23,780.		
19	Conferences, conventions, and meetings	13,468.	10,115.	1,707.	1,646.
20	Interest	13,400.	10,113.	Ι,/0/•	1,040
21	Payments to affiliates				
22		9,941.	7,466.	1,260.	1,215.
23 24	Other expenses, Itemize expenses not covered	J, J=1•	7,400•	1,200•	1,210
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,525,552.	1,139,035.	203,913.	182,604
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)				
_				·	Form 990 (202

Form 990 (2023)
Part X | Balance Sheet

art	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
	1	Cash - non-interest-bearing	829,264.	1	928,038
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	30,000.	3	506,00
	4	Accounts receivable, net		4	104,15
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
:	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	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	
1	15	Other assets. See Part IV, line 11	150,986.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,070,250 .	16	1,538,18
1	17	Accounts payable and accrued expenses	22,743.	17	77,64
	18	Grants payable		18	
	19	Deferred revenue		19	
:	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 any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
: ا	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		25	483,13
:	26	Total liabilities. Add lines 17 through 25	518,045.	26	560,78
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.	445 055		100.00
	27	Net assets without donor restrictions		27	198,23
	28	Net assets with donor restrictions	106,250.	28	779,16
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
:	29	Capital stock or trust principal, or current funds		29	
} ;	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
; ;	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances		32	977,40
;	33	Total liabilities and net assets/fund balances	1,070,250.	33	1,538,18 Form 990 (20

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,95			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,52	5,5	52.	
3						
4						
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	97	7,4	06.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1	
	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 on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2023)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization DC POLICY CENTER

Employer identification number 82-2380479

Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in sect	*				- N N	
3	Ħ	A hospital or a cooperative		•		V6V1VAVii	i\	
4	H	A medical research organiz					•	the hospital's name
7		city, and state:	anon operated in con	njanotion with a noophar	400011004	000110	11 17 0(B)(1)(A)(III). Entor	the respitate riams,
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ad in
3		section 170(b)(1)(A)(iv). (C		inege of difficulty owned	or operati	cd by a gc	verninental unit describe	SG III
6				anntal unit denovibed in	aastian 17	70/6\/4\/A\	6.4	
6	T	A federal, state, or local gov	•				• •	
7	X	An organization that norma	•	ntial part of its support if	om a gove	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		//// 1 /O				
8	Н	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10		An organization that norma	•				· ·	•
		activities related to its exen	-	•				-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	-				201 1141	
11	\mathbb{H}	An organization organized a	•	•	•			
12		An organization organized a	· ·	•	-		•	
		more publicly supported or	•					Sheck the box on
_		lines 12a through 12d that	* *			-		air in a
ē	·		· · · · · · · · · · · · · · · · · · ·			-		
		the supported organization			majority o	n trie airec	tors or trustees of the st	apporting
L		organization. You must o	-		ion with it		d organization(s) by bay	ina
t	,		•					-
		control or management o			ine persor	ris triat co	ntroi or manage the supp	Jorted
,		organization(s). You mus Type III functionally inte			in connoct	tion with	and functionally intograte	od with
C	, L	its supported organization	-				• •	with,
		Type III non-functionally		·				zation(s)
٠	•	that is not functionally int					· · · · · · · · · · · · · · · · · · ·	
		requirement (see instructi	•	• ,	•		•	VC11033
6		Check this box if the orga	•					
	, <u> </u>	functionally integrated, or					Type i, Type ii, Type iii	
1	Ente	er the number of supported of	* *	nany integrated supportin	ig organiz	ation.		
		vide the following information	•	d organization(s).				
_		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see mondono))				
	al							
100	ш						l	<u> </u>

332021 12-21-23

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and		• •					
	membership fees received. (Do not							
	include any "unusual grants.")	1201267.	1260541.	1050833.	1265985.	1815826.	6594452.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1201267.	1260541.	1050833.	1265985.	1815826.	6594452.	
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)						<u>1552893.</u>	
	Public support. Subtract line 5 from line 4.						5041559.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	1201267.	1260541.	1050833.	1265985.	1815826.	6594452.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	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						6594452.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	802,933.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)		
_	organization, check this box and stop							
	ction C. Computation of Publi							
	Public support percentage for 2023 (I					14	76.45 %	
	Public support percentage from 2022					15	79.04 %	
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies		~					
b	33 1/3% support test - 2022. If the							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the fact				•	VI how the organiz	ation	
	meets the facts-and-circumstances te	-		*	-			
b	10% -facts-and-circumstances test	•				•	10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar			
						Schedule A	(Form 990) 2023	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	J		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
_		~ 000)	

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

DC POLICY CENTER 82-2380479 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Page 2 Schedule B (Form 990) (2023)

Name of organization	Employer identification number			
DC POLICY CENTER	82-2380479			

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

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		\$ 270,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$130,000 . _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>45,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

82-2380479

DC POLICY CENTER

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

DC POLICY CENTER

82-2380479

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** DC POLICY CENTER 82-2380479 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

DC POLICY CENTER

Employer identification number 82-2380479

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar	Assets	contin	ued)	gc –
`	Using the organization's acquisition, accession								(**************************************		
	collection items (check all that apply).	,	,	,	3						
а	Public exhibition	C	ı 🗆	Loan or exc	hange progra	m					
b	Scholarly research	•			9- 9						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exem	nt nurnos	e in Part	XIII		
5	During the year, did the organization solicit o	·		•	ŭ			o iiii ait	,		
-	to be sold to raise funds rather than to be ma		-		•				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par			3			,	,	,		
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	ns or other ass	sets not in	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	Ü						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in Pa	art XIII					
Par	t V Endowment Funds Complete if	the organization and	swered "	Yes" on For	m 990, Part I\	V, line 10					
		(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three y	ears back	(e) Four	years b	oack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	j, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administere	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr		` '	or other (other)	٠,	cumulate reciation	d	(d) Bool	k value	t
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, line 1	Oc. column	(B))						0.

Schedule D (Form 990) 2023

Complete if the organization answered "Ves" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2023 DC POLICY C	ENTER	82	-2380479 Page
(a) Book value (c) Method of valuation: Cost or and of-year market value (f) Financial derivatives (f) Financial derivatives (f) Financial derivatives (f) Financial derivatives (f) Financial (f) Financial derivatives (f) Financial (f) Finan	Part VII Investments - Other Securities			
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (D) (D) (E) (F) (F) (F) (G) (H) (Part VIII) Investments - Program Related. (Complete if the organization answered "Ves" 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) (3) (4) (9) (9) (9) (17) (9) (9) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(3) Other (4) (6) (7) (7) (8) (9)	(1) Financial derivatives			
(G) (C) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(2) Closely held equity interests			
(B) (C) (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(3) Other			
(C) (D) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)			
(D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)			
(E) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)			
(F) (G) (H)	(D)			
(G) (H) (H) (Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered 'Yee' 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) (9) (7) (8) (9) (9) (1014. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered 'Yee' 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) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(E)			
(H)	(F)			
Total (Col. (b) must equal Form 990, Part X, line 12, col. (B)	(G)			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
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)	Part VIII Investments - Program Related.	•	•	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(1)				I-of-vear market value
(2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (10) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10				, , , , , , , , , , , , , , , , , , ,
(3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (t)) must equal Form 990, Part X, line 13, col. (8)) Part IX 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, line 15, col. (B)) Part X Other Labilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (c) Expose the first expose 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 (c) ECONOMIC INJURY DISASTER LOAN 483,138 (d) (e) (f)				
(4) (5) (6) (7) (8) (9) 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) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. 1. (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483, 138 (3) (4) (5) (6)				
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483, 138 (3) (4) (5) (6) (7)				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part X 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) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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, line 15, col. (B)) 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 (b) Book value (c) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (6)				
(8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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, line 15, col. (B)) 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 (b) Book value 483,138 (3) (4) (5) (6) (7)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX				
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				
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, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)				
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483, 138 (3) (4) (5) (6) (7)		are Farma 000. Doublive in a	11d Coo Forms 000 Dort V line 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)			Trd. See Form 990, Part X, line 15.	(h) Daali value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	<u>`</u>	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	<u>(1)</u>			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(2)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(3)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(4)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(5)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(6)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(7)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(8)			
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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	(9)			
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) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
1. (a) Description of liability (b) Book value (1) Federal income taxes 483,138 (2) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7) (7)	Part X Other Liabilities			
(1) Federal income taxes (2) ECONOMIC INJURY DISASTER LOAN (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(2) ECONOMIC INJURY DISASTER LOAN 483,138 (3) (4) (5) (6) (7)	1. (a) Description of liability			(b) Book value
(3) (4) (5) (6) (7)	(1) Federal income taxes			
(3) (4) (5) (6) (7)	(2) ECONOMIC INJURY DISASTER	LOAN		483,138
(4) (5) (6) (7)				•
(5) (6) (7)				
(6) (7)				
(7)				
	(8)			

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

Schedule D (Form 990) 2023

(9)

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

Pai	rt XI Reconciliation of Revenue per Audited Financia	l Statements With Revenue pe	r Return	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	ts	1	1,950,753.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,950,753.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а				
b	Other (Describe in Part XIII.)	4b		•
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. I.	ne 12.)	5	1,950,753.
Pa	rt XII Reconciliation of Expenses per Audited Financi		per Return	
	Complete if the organization answered "Yes" on Form 990, Par			1 505 550
1	Total expenses and losses per audited financial statements		1	1,525,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		I I		
b	• • • • • • • • • • • • • • • • • • • •			
С.				
d	,	· · · · · · · · · · · · · · · · · · ·		0
e	9			1,525,552.
3	Subtract line 2e from line 1		3	1,343,334.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a				
b				0.
с 5				1,525,552.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information	Ine 18.)	3	1,323,3324
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV lines 1h and 2h: Part V	line 4: Part X	line 2: Part XI
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		mic +, r ait A	, III C Z, I alt XI,
	za ana 15, ana 1 are xii, inico za ana 15. 7 iloo complete ano pare to pro	vide any additional information.		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

DC POLICY CENTER

Part I Questions Regarding Compensation

Employer identification number 82-2380479

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
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 on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee			
	☐ Independent compensation consultant ☐ Independent Compensation Compensati			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on 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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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 nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YESIM SAYIN	(i)	240,251.	30,000.	32,721.	18,180.	13,404.	334,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHELSEA COFFIN	(i)	174,350.	0.	0.	10,461.	12,209.	197,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(II)						I .	<u> </u>

Page 2

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

DC POLICY CENTER

Employer identification number 82-2380479

20 101101 0111111
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR A VIBRANT AND GROWING ECONOMY IN THE DISTRICT OF COLUMBIA. THE D.C.
POLICY CENTER PROVIDES OBJECTIVE, TARGETED, AND HIGH-QUALITY DATA
ANALYSES TO SUPPORT A PRODUCTIVE POLICY DEBATE IN THE DISTRICT OF
COLUMBIA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PROVIDED TO BOARD OF DIRECTORS FOR THEIR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD REVIEWS ALL TRANSACTIONS BEFORE THEY ARE EXECUTED TO IDENTIFY
POTENTIAL CONFLICTS OF INTEREST. IF A REAL OR PERCEIVED CONFLICT OF
INTEREST IS IDENTIFIED, THE TRANSACTION IS MODIFIED TO REMOVE THE CONFLICT
OR THE TRANSACTION IS NOT EXECUTED.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED BY THE BOARD AND IS
BASED ON INDEPENDENTLY COLLECTED AND PUBLICLY AVAILABLE SALARY SURVEY DATA.
THE COMPENSATION OF OTHER STAFF MEMBERS IS DETERMINED BY THE EXECUTIVE
DIRECTOR AND IS REVIEWED AND APPROVED BY THE GOVERNING BOARD ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
DC POLICY CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FINANCIAL INFORMATION IS POSTED ON THEIR WEBSITE.

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

Schedule O (Form 990) 2023