** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| Αг | OI LITE | e 2023 Calefluar year, or tax year beginning | enung | | | | | | | | | | | | |
|--------------------------------|-------------------|---|----------------------------|-----------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|
| B c | heck if | C Name of organization | | D Employer identif | ication number | | | | | | | | | | |
| | Addre | WASHINGTON POLICY CENTER | | | | | | | | | | | | | |
| | Name chang | Doing business as | | 91-17527 | 69 | | | | | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | | | | | | | |
| | Final return | PO BOX 3643 | | (206) 93 | 37-9691 | | | | | | | | | | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 3,668,770. | | | | | | | | | | | |
| | Ameno return | SEATTLE, WA 90124 | | H(a) Is this a group r | return | | | | | | | | | | |
| | Application | F Name and address of principal officer: STEVEN HATTING | | for subordinate | s? Yes X No | | | | | | | | | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates i | included? Yes No | | | | | | | | | | |
| <u> 1 T</u> | ax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | If "No," attach a | a list. See instructions | | | | | | | | | | |
| | Vebsit | | | H(c) Group exemption | | | | | | | | | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1996 | M State of legal domicile: WA | | | | | | | | | | |
| Pa | rt I | Summary | | | | | | | | | | | | | |
| ø. | 1 | Briefly describe the organization's mission or most significant activities: SEE | SCHEDU | LE O | | | | | | | | | | | |
| Governance | | | | | | | | | | | | | | | |
| rne | 2 | Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | |
| Ŏ. | | | | 3 | | | | | | | | | | | |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | | | | |
| Activities & | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | | | | | | | | | | | |
| ĭŢ | | Total number of volunteers (estimate if necessary) | | | | | | | | | | | | | |
| Act | | | | 7a | | | | | | | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | Current Year | | | | | | | | | | |
| | | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 4,025,309. | | | | | | | | | | | |
| ne | | Contributions and grants (Part VIII, line 1h) | | 12,780. | | | | | | | | | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 54,580. | | | | | | | | | | | |
| Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -320,379. | | | | | | | | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,772,290. | | | | | | | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 17,500. | | | | | | | | | | | |
| | | D (1) (1) (D (1) (A) (1) (A) | | 0. | | | | | | | | | | | |
| | 45 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,536,073. | | | | | | | | | | | |
| Expenses | 15 | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 103,221. | | | | | | | | | | |
| en o | h | Total fundraising expenses (Part IX, column (D), line 25) 680, 1 | 45. | 0. 103,2 | | | | | | | | | | | |
| Ĕ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,211,453. | 1,212,064. | | | | | | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,765,026. | | | | | | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 7,264. | | | | | | | | | | | |
| nc es | | Tovalida loca expaniace. Cubilidae inte 10 hont inte 12 | | ginning of Current Year | End of Year | | | | | | | | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 5,905,562. | 5,082,907. | | | | | | | | | | |
| Ass Ba | 21 | Total liabilities (Part X, line 26) | | 177,491. | | | | | | | | | | | |
| Net | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 5,728,071. | | | | | | | | | | | |
| Pa | rt II | Signature Block | · | | | | | | | | | | | | |
| Unde | er pena | lties of perjury, I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of m | y knowledge and belief, it is | | | | | | | | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of w | hich preparer | has any knowledge. | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Sigr | ı | Signature of officer | | Date | | | | | | | | | | | |
| Her | е | STEVEN HATTING, PRESIDENT & CEO | | | | | | | | | | | | | |
| | | Type or print name and title | 1. | <u> </u> | | | | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check [| PTIN | | | | | | | | | | |
| Paid | | ERIC L. KIMPTON ERIC L. KIMPTON | | self-emplo | | | | | | | | | | | |
| - | arer | Firm's name GREENWOOD OHLUND, PS | | Firm's EIN 9 | 91-0873571 | | | | | | | | | | |
| Use | Only | Firm's address 4241 21ST AVE W SUITE 400 | | |) | | | | | | | | | | |
| | | SEATTLE, WA 98199 | | Phone no. (2 | | | | | | | | | | | |
| May | the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | | | | | | | | | |

| Form | 1 990 (2023) WASHINGTON POLICY CENTER | 91-1752769 Page 2 |
|------|---|-----------------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: TO PROMOTE PUBLIC POLICY SOLUTIONS ON THE STATE AND LOCA | I. LEVEL |
| | THROUGH RESEARCH AND EDUCATION. | <u></u> |
| | III. COOLI KEDEAKCII AND EDOCATION: | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| 2 | | Yes X No |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | |
| 2 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| 3 | | Tes ZI NO |
| | If "Yes," describe these changes on Schedule O. | d by |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | rs, the total expenses, and |
| | revenue, if any, for each program service reported. | 11 006 |
| 4a | (Code:) (Expenses \$3,033,761. including grants of \$15,000.) (Rever | |
| | THE CENTER SERVES CITIZENS, POLICYMAKERS, AND THE MEDIA | |
| | THROUGH MEDIA OUTREACH, PUBLICATIONS, CONFERENCES, AND F | ORUMS ON BOTH |
| | STATE AND LOCAL ISSUES. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Rever | |
| TD | (Code:) (Expenses a) (never | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Rever | nue \$ |
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| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 3,033,761. | |

Form 990 (2023) WASHINGTON 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)? | | 37 | |
| | If "Yes," complete Schedule A | 1 | X | - |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | 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 | Х | |
| 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 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | 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 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 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 | | | 37 |
| | 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 | | 37 | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | 3 | | | 37 |
| | 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 | | | 37 |
| _ | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 37 |
| 40 | 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 |
| | 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 | | | ₩ |
| 4 <i>E</i> | 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 | 4- | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 46 | | X |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | Х | |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | Λ. | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Λ. | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 4. | | x |
| 20- | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | | |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | _ v |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

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Form 990 (2023) WASHINGTON 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 | Х | |
| 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | 37 |
| | 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 | | | 37 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | v | |
| | "Yes," complete Schedule L, Part IV | 28a | X | Х |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 00- | | Х |
| 00 | "Yes," complete Schedule L, Part IV | 28c 29 | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Λ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | Х |
| 21 | contributions? If "Yes," complete Schedule M | 30 31 | | X |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | 31 | | |
| 32 | , , | 32 | | х |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | - 25 |
| 33 | | 33 | | х |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | - 21 |
| J-T | | 34 | | х |
| 35.2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| - | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 000 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| - | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 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 | |
| Par | | | | |
| | 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 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| | | | $\Omega\Omega\Omega$ | |

Form 990 (2023) WASHINGTON POLICY CENTER

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|------------|---|-----------------|-----|----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| _ | filed for the calendar year ending with or within the year covered by this return | | 77 | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | 37 |
| | 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 | 4 - | | х |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Λ |
| D | If "Yes," enter the name of the foreign country Con instructions for filing requirements for FigCFN Form 114. Penert of Foreign Reply and Figure 1. Accounts (FRAR) | | | |
| 50 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | Eo. | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | 21 |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 30 | | |
| ua | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - Ou | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| Ī | to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 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 | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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. | 120 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| b | organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | 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 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

Form 990 (2023) WASHINGTON POLICY CENTER 91-1/52/69 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 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 28 | | | | | | | | |
| | 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 | | | | | | | | |
| 2 | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | X | | | | | | |
| 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.) | | | | | | | | |
| | | | 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 | X | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | | | | | | |
| | on Schedule O how this was done | 12c | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | |
| | Other officers or key employees of the organization | 15b | X | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 filed NONE | | | | | | | | |
| 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) | availal | ole | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | X Own website X 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 | | | | | | | | |
| | STEVEN HATTING - 206-937-9691 | | | | | | | | |
| | PO BOX 3643, SEATTLE, WA 98124 | | | | | | | | |

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) | Jigai | | ((| C) | | Satt | (D) | (E) | (F) | |
|--|-----------------------|--------------------------------|-----------------------|--|--------------|---------------------------------|--------|------------------------------|------------------------------|-----------------------------|--|
| Name and title | Average | (do not che | | Position check more than one ess person is both an | | | | Reportable | Reportable | Estimated | |
| | hours per week | officer a | | | | | | compensation from | compensation from related | amount of other | |
| | (list any | ector | | | | | | the | organizations | compensation | |
| | hours for | Individual trustee or director | e e | | | ated | | organization | (W-2/1099-MISC/ | from the | |
| | related organizations | rustee | l truste | | 99 | npens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related | |
| | below | dual tı | Institutional trustee | _ | Key employee | Highest compensated employee | Je. | 1000 NEO) | | organizations | |
| | line) | Indivi | Instit | Officer | Key e | Highe emplo | Former | | | | |
| (1) MICHAEL GALLAGHER | 40.00 | | | | | | | | | | |
| PRESIDENT & CEO | | Х | | Х | | | | 297,124. | 0. | 16,294. | |
| (2) PAUL GUPPY | 40.00 | | | | | | | | | | |
| VP FOR RESEARCH | | | | Х | | | | 158,727. | 0. | 31,968. | |
| (3) TODD MYERS | 40.00 | | | | | | | 100 566 | | | |
| DIRECTOR, CENTER FOR THE ENVIRONMENT | 40.00 | | | | | Х | | 129,766. | 0. | 20,623. | |
| (4) DAVID BOZE | 40.00 | | | | | 3,7 | | 107 704 | 0 | 10 600 | |
| COMMUNICATIONS DIRECTOR (5) BRADEN GOODWIN | 40.00 | | | | | Х | | 107,724. | 0. | 19,699. | |
| OPERATIONS MANAGER | 40.00 | | | | | X | | 102,395. | 0. | 13,187. | |
| (6) LIV FINNE | 40.00 | | | | | ^ | | 102,393. | 0. | 13,107. | |
| DIRECTOR, CENTER FOR EDUCATION | 40.00 | | | | | x | | 110,500. | 0. | 2,400. | |
| (7) KEVIN BOUCHEY | 5.00 | | | | | | | 110/3001 | • | 271001 | |
| CHAIRMAN | | х | | х | | | | 0. | 0. | 0. | |
| (8) NATHAN RIMMER | 5.00 | | | | | | | - | - | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | |
| (9) ADAM WRAY | 5.00 | | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. | |
| (10) DAN ABSHER | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (11) RICHARD ALVORD | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (12) DAVID BARBER | 1.00 | | | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (13) ROGER BOWLIN | 1.00 | | | | | | | | _ | • | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (14) ARTIE BUERK | 1.00 | ., | | | | | | | 0 | • | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (15) JOANNA CABLE | 1.00 | v | | | | | | _ | 0. | 0 | |
| (16) KATHY CONNORS | 1.00 | Х | | | _ | | | 0. | 0. | 0. | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. | |
| (17) ANNE COWLES | 1.00 | 27 | | | | | | 0. | 0. | <u> </u> | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. | |
| | | | _ | — | | | | <u> </u> | | 000 | |

332007 12-21-23 Form **990** (2023)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|---|--|--------------------------------|--|---------|------------------------------------|--|---------------------------------|---|---|--|--|--|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) | | |
| Name and title | Average hours per week | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Reportable compensation from | Reportable compensation from related | Estimated amount of other | | | | | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations | | |
| (18) JO ANNE ESTES | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (19) HON. KEMPER FREEMAN, JR. DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. | | |
| (20) KATIE JANSEN | 1.00 | | | | | | | | 0. | <u></u> | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. | | |
| (21) KATE LAMPSON | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (22) MARTHA LEE DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. | | |
| (23) MATT MCILWAIN | 1.00 | Λ | | | | | | 0. | 0. | <u> </u> | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. | | |
| (24) JOHN S. OTTER | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (25) JEFF PERRAULT | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (26) BENJAMIN PETTER | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| 1b Subtotal | | | | | | | | 906,236. | 0. | 104,171. | | |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | 0. | 0. | | |
| d Total (add lines 1b and 1c) | | | | | | | | 906,236. | 0. | 104,171. | | |

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

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | Х |
| 4 | | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services | | | |
| | rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | Х |

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.

| and diganization: Hoport compensation for the calcinating year chaing with or within | in the erganization e tax year. | |
|--|---------------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| PREMIER SPEAKERS BUREAU, 109 INTERNATIONAL DRIVE, SUITE 300, FRANKLIN, TN 37067 | SPEAKER PROCUREMENT | 113,000. |
| | FUNDRAISING CONTRACT | |
| 11102 83RD AVENUE SW, LAKEWOOD, WA 98498 | WORK | 103,221. |
| | | |
| | | |
| | | |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than

6

| Form 990 WASHINGTO | N POPIC | . Y | CE | M.T. | Ŀĸ | | | | 91-175 | 4/09 |
|--|---|------------------|-----------------------|---------------|--------------|------------------------------|--------|---------------------------------------|--|---|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key En | nplo | yee | s, ar | nd H | ligh | est | Compensated Employ | ees (continued) | |
| (A) | (B) | | | ((| | | | (D) | (E) | (F) |
| Name and title | Average hours | (cl | | Posi all t | ition | | lv) | Reportable compensation | Reportable compensation | Estimated amount of |
| | per week (list any hours for related organizations below line) | stee 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) MARK PINKOWSKI DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (28) GREG PORTER DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (29) SARAH RINDLAUB | 1.00 | | | | | | | | | |
| DIRECTOR (30) PHIL SCOTT SCHLAEPFER | 1.00 | X | | | | | | 0. | 0. | 0. |
| DIRECTOR (31) BOB TIPPETT | 1.00 | Х | | | | | | 0. | 0. | 0. |
| DIRECTOR (32) JANET TRUE | 1.00 | Х | | | | | | 0. | 0. | 0. |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (33) CRAIG WILLIAMSON DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (34) JOHN CONNORS DIRECTOR UNTIL 6/1 | 1.00 | х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | • | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

91-1752769

Form 990 (2023) WASHINGTON POLICY CENTER
Part VIII Statement of Revenue

| | | Check if Schedule O contains a respor | nse or note to any lin | e in this Part VIII | | | |
|--|----------|---|---------------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | Check ii Genedale o contains a respoi | isc of flote to arry lift | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| | | | | | | | Sections 512 - 514 |
| nts nts | | Federated campaigns 1a | | | | | |
| ira Oui | | Membership dues1b | | | | | |
| s, (Am | С | Fundraising events 1c | 118,774. | | | | |
| Sift ar | d | Related organizations 1d | | | | | |
| s, (mil | е | Government grants (contributions) 1e | | | | | |
| Sign | f | All other contributions, gifts, grants, and | | | | | |
| out | | similar amounts not included above 1f | 2,713,850. | | | | |
| Ē | q | Noncash contributions included in lines 1a-1f | 4,319. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | Total. Add lines 1a-1f | · | 2,832,624. | | | |
| <u> </u> | | | Business Code | , , | | | |
| σ. | 2 a | SEMINARS/CONFERENCES | 900099 | 11,886. | 11,886. | | |
| ķ | b | - | | , | , | | |
| ser Iue | | | | | | | |
| m S | C | | | | | | |
| ar Be | d | | _ | | | | |
| Program Service Revenue | e | All 11 | _ | | | | |
| - | | All other program service revenue | | 11 000 | | | |
| | | Total. Add lines 2a-2f | | 11,886. | | | |
| | 3 | Investment income (including dividends, in | | 61 500 | | | 61 500 |
| | | other similar amounts) | | 61,792. | | | 61,792. |
| | 4 | Income from investment of tax-exempt bor | nd proceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securiti | es (ii) Other | | | | |
| | | assets other than inventory 7a 454,0 | 00. 11,058. | | | | |
| | b | Less: cost or other basis | | | | | |
| <u>o</u> | - | and sales expenses 7b 417,7 | 07. | | | | |
| nue | • | Gain or (loss) 7c 36,2 | | | | | |
| Revenue | | Net gain or (loss) | | 47,351. | | | 47,351. |
| er B | | Gross income from fundraising events (not | | | | | , |
| Oth | 0 a | including \$ 118,774. of | | | | | |
| ٥ | | contributions reported on line 1c). See | | | | | |
| | | ' ' | 8a 297,410. | | | | |
| | . | | 8b 575,223. | | | | |
| | | Less: direct expenses | , | -277,813. | | | -277,813. |
| | | Net income or (loss) from fundraising even | | 2,7,013. | | | 277,013. |
| | э а | Gross income from gaming activities. See | | | | | |
| | | | 9a | | | | |
| | | Less: direct expenses | 9b | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | | 10a | | | | |
| | | • | 10b | | | | |
| \longrightarrow | С | Net income or (loss) from sales of inventor | | | | | |
| <u>s</u> | | | Business Code | | | | |
| eon Te | 11 a | | _ | | | | |
| Miscellaneous Revenue | b | | _ | | | | |
| Sev. | С | | | | | | |
| Mis | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue See instructions | | 2 675 840. | 11 886. | 0. | -168 670. |

Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a respons | | | , , , | |
|-------|---|-----------------|--------------------------|---------------------------------|------------------------|
| Do : | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | САРСПЭСЭ | general expenses | схрензез |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | 15,000. | 15,000. | | |
| 3 | Grants and other assistance to foreign | 23,0001 | 23,3331 | | |
| Ū | 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 | 504,113. | 364,150. | 59,903. | 80,060. |
| 6 | Compensation not included above to disqualified | , | , | 37,7333 | |
| · | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,989,396. | 1,437,056. | 236,398. | 315,942. |
| 8 | Pension plan accruals and contributions (include | , = = = , = = = | , =:,, | , | , · |
| • | section 401(k) and 403(b) employer contributions) | 27,564. | 19,911. | 3,275. | 4,378. |
| 9 | Other employee benefits | 218,366. | 157,738. | 25,949. | 4,378. 34,679. |
| 10 | Payroll taxes | 184,173. | 133,039. | 21,885. | 29,249. |
| 11 | Fees for services (nonemployees): | , | , | , | , · |
| | Management | | | | |
| | Legal | 88,426. | 11,605. | 65,704. | 11.117. |
| | Accounting | 11,800. | 1,549. | 8,767. | 11,117. 1,484. |
| | Lobbying | 74,754. | , | 74,754. | , |
| e | | 103,221. | | | 103,221. |
| f | Investment management fees | , | | | • |
| g | | | | | |
| J | column (A), amount, list line 11g expenses on Sch 0.) | 168. | 22. | 125. | 21. |
| 12 | Advertising and promotion | 237,563. | 237,563. | | |
| 13 | Office expenses | 75,534. | 58,746. | 6,774. | 10,014. |
| 14 | Information technology | • | · | · | • |
| 15 | Royalties | | | | |
| 16 | Occupancy | 141,803. | 113,443. | 14,180. | 14,180. |
| 17 | Travel | 104,220. | 88,211. | | 16,009. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 307,224. | 307,224. | | |
| 20 | Interest | - | - | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 13,629. | 9,540. | 1,363. | 2,726. |
| 23 | Insurance | 19,944. | 6,648. | 6,648. | 6,648. |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MISCELLANEOUS | 94,894. | 43,052. | 13,410. | 38,432. |
| b | PRINTING AND POSTAGE | 42,105. | 29,264. | 856. | 11,985. |
| С | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,253,897. | 3,033,761. | 539,991. | 680,145. |
| 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) | | | | |
| 22224 | 12-21-23 | | | | Form 990 (2023) |

Form 990 (2023)
Part X Balance Sheet

| Pai | rt 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 | | | 673,491. | 1 | 213,577. |
| | 2 | | | | 440,679. | 2 | 536,679. |
| | 3 | Pledges and grants receivable, net | | | 2,548,210. | 3 | 1,707,075. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, su | bstantial co | ntributor, or 35% | | | |
| | | controlled entity or family member of any of t | hese persor | าร | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified perso | | | | |
| | | under section 4958(f)(1)), and persons describ | bed in section | on 4958(c)(3)(B) | | 6 | |
| ιχ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 13,782. | 8 | 13,782. |
| As | 9 | | | | 41,412. | 9 | 82,718. |
| | 10a | Land, buildings, and equipment: cost or othe | r | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 76,525. | | | |
| | b | Less: accumulated depreciation | 10b | 50,184. | 2,041. | 10c | 26,341. 2,019,110. |
| | 11 | Investments - publicly traded securities | | | 2,185,947. | 11 | 2,019,110. |
| | 12 | Investments - other securities. See Part IV, Iir | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lii | ne 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 0. | 15 | 483,625. |
| | 16 | Total assets. Add lines 1 through 15 (must e | 5,905,562. | 16 | 5,082,907. | | |
| | 17 | Accounts payable and accrued expenses | 173,991. | 17 | 235,690. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 3,500. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV of | Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | |
| iab | | controlled entity or family member of any of t | hese persor | ns | | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | | · · · · · · · · · · · · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | Г | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | | · 1 | 0 | | F00 C04 |
| | | of Schedule D | | | | 25 | 529,684. |
| | 26 | | | ▼ | 177,491. | 26 | 765,374. |
| ý | | Organizations that follow FASB ASC 958, o | check here | X | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | 3,079,050. | 07 | 2,504,147. |
| a <u>la</u> | 27 | Net assets without donor restrictions | | | 2,649,021. | 27 | 1,813,386. |
| g B | 28 | Net assets with donor restrictions | | | 2,049,021. | 28 | 1,013,300. |
| Ë | | Organizations that do not follow FASB ASC | 958, cnec ر | K nere | | | |
| <u> </u> | | and complete lines 29 through 33. | حاء | | | 00 | |
|)ts | 29 | Capital stock or trust principal, or current fun | | | | 29 | |
| ISSE | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 5,728,071. | 31 | 4,317,533. |
| ž | 32 | Total liabilities and not assets/fund balances | | | 5,905,562. | 32 | 5,082,907. |
| | 33 | Total liabilities and net assets/fund balances | | | J, 90J, J04. | ა პ | 3,004,307. |

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 | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | <u>40.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4 | , 25 | 3,8 | <u>97.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1 | , 57 | 8,0 | 57. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5 | ,72 | 8,0 | 71. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 23 | 9,2 | 19. |
| 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 | | -7 | 1,7 | 00. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 4 | , 31 | 7,5 | 33. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | [| | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | <u> </u> | |
| | 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: | | | | | |
| | X 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: | | | | | |
| | 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, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | 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? | | | За | | X |
| 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)

Total

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.

Open to Public

Name of the organization

Employer identification number

OMB No. 1545-0047

WASHINGTON POLICY CENTER 91-1752769 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(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 |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4005121. | 3980663. | 5132959. | 4025309. | 2832624. | 19976676. |
| 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 | 4005121. | 3980663. | 5132959. | 4025309. | 2832624. | 19976676. |
| | 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) | | | | | | 561,842. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 19414834. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 4005121. | 3980663. | 5132959. | 4025309. | | 19976676. |
| | Gross income from interest, | | | | | | |
| _ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 62,229. | 15,930. | 48,099. | 54,580. | 61,792. | 242,630. |
| 9 | Net income from unrelated business | , , , , , , | | | | , , , , , , , , , , , , , , , , , , , | |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 20219306. |
| | Gross receipts from related activities, | etc (see instructio | ne) | | | 12 | 272,745. |
| | First 5 years. If the Form 990 is for th | | | ourth or fifth tax v | ا ear as a section 5 | | |
| | organization, check this box and stor | - | | | | | |
| Sec | tion C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | olumn (f)) | | 14 | 96.02 % |
| | Public support percentage from 2022 | | | | | 15 | 96.50 % |
| | 33 1/3% support test - 2023. If the o | | | | | ore, check this box | |
| | stop here. The organization qualifies | | | | | | 77 |
| b | 33 1/3% support test - 2022. If the o | organization did no | t check a box on li | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the orga | anization did not c | heck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | ganization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the orga | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | stances test, chec | k this box and st | op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | lifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | · |

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.)

| Se | 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 | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| r | 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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | | (a) 2010 | (b) 2020 | (a) 2021 | (4) 2022 | (2) 2022 | (f) Total |
| | ndar year (or fiscal year beginning in) Amounts from line 6 | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organization | on, |
| | | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2023 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | <u>%</u> |
| | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| 18 | | | | | | 18 | <u>%</u> |
| 19a | 33 1/3% support tests - 2023. If the | | | | | | 7 is not |
| - | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2022. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | лт ини пот спеск а | DUX UITIIIIE 14, 19 | a, OF TYD, CHECK TO | iis dux aiiu see ins | แนบแบที่ | |

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 |
|-------|----------|--------|------|
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| Par | rt IV 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 | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of | one or | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or | fficers, | | |
| | 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 supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | ction 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 | | | |
| 800 | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| Seci | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructions). | | |
| а | | | | |
| b | | | | |
| C | 5 The gradual of the state of the stat | tity (see instructior | l ' l | NI- |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | | | |
| | 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 | 2a | | |
| b | that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | 24 | | |
| IJ | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 20 | | |
| | | | | |
| . | 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 | 32 | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | J |
|------|---|---------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on l | Nov. 20, 1970 (explain in | 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 | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by 0.035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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

Schedule A (Form 990) 2023

instructions).

| Sche | edule A (Form 990) 2023 WASHINGTON PO | 9 | 1-1752769 Page 7 | | | |
|------|---|-------------------------------|------------------|----|---|---|
| Pa | rt V Type III Non-Functionally Integrated 509 | ıed) | | | | |
| Sect | ion D - Distributions | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | 1 | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | } | 3 | | _ |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | _ |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | ovide details in Part VI) | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| Sect | ection E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistributions Pre-2023 | | | | (iii) Distributable Amount for 2023 | _ |
| 1 | Distributable amount for 2023 from Section C. line 6 | | | | | |

| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|----------|---|-----------------------------|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | | | |
| b | From 2019 | | | |
| c | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2023 distributable amount | | | |
| i_ | Carryover from 2018 not applied (see instructions) | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| c | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| <u>e</u> | Excess from 2023 | | | |

Schedule A (Form 990) 2023

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12: |
|---------|--|
| | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Open to Public

OMB No. 1545-0047

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

| | Occilon o | 5 1(0)(4), (0), 01 (0) 01ga1112at | dono. Compicto i ait iii. | | | | | |
|-----|------------|-----------------------------------|--|----------------------|--|---------|---|---|
| Nan | ne of orga | nization | | | En | nploye | er identification | number |
| | | WASHING | TON POLICY CENTE | ≅R | | | 91-17527 | 69 |
| Pa | art I-A | Complete if the org | anization is exempt und | der section 501(c) o | or is a section 527 | orga | nization. | |
| 2 | Political | campaign activity expendit | ation's direct and indirect politi ures gn activities | | | | | |
| Pa | art I-B | Complete if the org | anization is exempt und | der section 501(c)(| 3). | | | |
| 1 | Enter the | amount of any excise tax | incurred by the organization un | nder section 4955 | | \$_ | | |
| | | | incurred by organization mana | | | | | |
| | | | n 4955 tax, did it file Form 4720 | | | | | No No |
| | | | | | | | Yes | No |
| | | describe in Part IV. | oni-ation is avenual | day as ation FO4/a | awaant aaatian E0d | 1-1/2 | | |
| | art I-C | | anization is exempt und | | - | | - | |
| | | | by the filing organization for s | | | \$ | | |
| 2 | | 0 0 | ization's funds contributed to c | · · | | | | |
| _ | | | | | | \$_ | | |
| 3 | | · | . Add lines 1 and 2. Enter here | • | | _ | | |
| _ | | | | | | | | <u> </u> |
| | | | 1120-POL for this year? | | | | | └── No |
| 5 | | | mployer identification number (I | | ~ | | | |
| | • | | tion listed, enter the amount pa omptly and directly delivered to | | | | • | |
| | | • | additional space is needed, pro | | • | iale se | egregated fulld t | ла |
| | poou. | | | | | | (a) Amount of m | olitical |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid fror filing organization's funds. If none, enter | i c | (e) Amount of pontributions rece promptly and delivered to a se political organials If none, enter | eived and lirectly eparate zation. |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Part II-A Complete if the org | anization is exem | npt under section | ±к ⊤501(c)(3) and file | | ction under | | | |
|---|---|--------------------------|---------------------------|---|------------------------------------|--|--|--|
| section 501(h)). | | | | | | | | |
| A Check if the filing organiza | tion belongs to an affil | iated group (and list in | Part IV each affiliated | group member's name | e, address, EIN, | | | |
| expenses, and share of excess lobbying expenditures). | | | | | | | | |
| B Check if the filing organiza | tion checked box A an | d "limited control" pro | visions apply. | | | | | |
| | | | | (a) Filing organization's totals | (b) Affiliated group totals | | | |
| 1a Total lobbying expenditures to influ | uence public opinion (g | rassroots lobbying) | | 0. | | | | |
| b Total lobbying expenditures to influ | uence a legislative bod | y (direct lobbying) | | 74,754. | | | | |
| c Total lobbying expenditures (add li | 74,754. | | | | | | | |
| d Other exempt purpose expenditure | 4,179,143. | | | | | | | |
| e Total exempt purpose expenditure | | 4,253,897. | | | | | | |
| f _Lobbying nontaxable amount. Ente | Complete if the organization is exempt under section 501(c)(3) and section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures). if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) bying expenditures to influence public opinion (grassroots lobbying) bying expenditures (add lines 1a and 1b) tempt purpose expenditures and to line 1e, column (a) or (b) is: \$500,000 10,000 but not over \$1,000,000, 1000,000 but not over \$1,500,000, 20% of the amount on line 1e. \$500,000 but not over \$1,500,000, \$100,000 but not over \$1,500,000, \$175,000 plus 15% of the excess over \$1,000,000 \$200,000 but not over \$1,7,000,000, \$225,000 plus 5% of the excess over \$1,000,000 bots nontaxable amount (enter 25% of line 1f) Line 1g from line 1a. If zero or less, enter -0- st an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 greation 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete See the separate instructions for lines 2a through 2x Lobbying Expenditures During 4-Year Averaging Period and a section 501(h) election do not have to complete See the separate instructions for lines 2a through 2x and pound and a section 501(h) election do not have to complete See the separate instructions for lines 2a through 2x and pound the section 501(h) election do not have to complete See the separate instructions for lines 2a through 2x and pound the section 501(h) election do not have to complete See the separate instructions for lines 2a through 2x and pound the section 501(h) election do not have to complete See the separate instructions for lines 2a through 2x and pound the section 501(h) election do not have to complete See the separate instructions for lines 2a | | | | | | | |
| If the amount on line 1e, column (a) o | r (b) is: The lob! | bying nontaxable am | ount is: | | | | | |
| not over \$500,000, | 20% of t | he amount on line 1e. | | | | | | |
| over \$500,000 but not over \$1,000 | ,000, \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | | | | |
| over \$1,000,000 but not over \$1,50 | | | | | | | | |
| over \$1,500,000 but not over \$17,0 | 000,000, \$225,00 | 0 plus 5% of the exces | ss over \$1,500,000. | | | | | |
| over \$17,000,000, | \$1,000,0 | 000. | | | | | | |
| g Grassroots nontaxable amount (en | ter 25% of line 1f) | | | 90,674. | | | | |
| h Subtract line 1g from line 1a. If zer | h Cubtract line 1g from line 1g. If your or lone enter 0 | | | | | | | |
| i Subtract line 1f from line 1c. If zero | or less, enter -0 | | | 0. | | | | |
| j If there is an amount other than ze | ro on either line 1h or l | ine 1i, did the organiza | tion file Form 4720 | _ | | | | |
| reporting section 4911 tax for this | year? | | | | Yes No | | | |
| (Some organizations t | nat made a section 50 |)1(h) election do not h | nave to complete all o | of the five columns be | low. | | | |
| | Lobbying Exper | ditures During 4-Yea | r Averaging Period | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total | | | |
| 2a Lobbying nontaxable amount | 289,364. | 322,294. | 338,251. | 362,695. | 1,312,604. | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,968,906. | | | |
| c Total lobbying expenditures | 81,333. | 99,613. | 97,143. | 74,754. | 352,843. | | | |
| d Grassroots nontaxable amount | 72,341. | 80,574. | 84,563. | 90,674. | 328,152. | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 492,228. | | | |
| f Grassroots lobbying expenditures | | 1,569. | 1,374. | | 2,943. | | | |

2,943. Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 WASHINGTON POLICY CENTER 91-17527 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| f the | ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description |) | (b) | |
|---|---|--------------------------------|---|------|
| | lobbying activity. | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | |
| | or referendum, through the use of: | | | |
| а | Volunteers? | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| С | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| е | Publications, or published or broadcast statements? | | | |
| | Grants to other organizations for lobbying purposes? | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| | Other activities? | | | |
| | Total. Add lines 1c through 1i | | | |
| | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? |) or sec | rtion | |
| art | | ,, or sec | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| art | 501(c)(6). | | | |
| art | 501(c)(6). | | Yes | |
| | | 1 | Yes | |
| | Were substantially all (90% or more) dues received nondeductible by members? | | Yes | |
| | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (i | 2 3), or sec | etion | 3, i |
| ı 2 3 art | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (lines) answered "Yes." | 2 3), or sec b) Part | etion | |
| e B art | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (i answered "Yes." Dues, assessments and similar amounts from members | 2 3), or sec b) Part | etion | |
| art | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (lines) answered "Yes." | 2 3), or sec b) Part | etion | |
| art | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2 3), or sec b) Part | etion | |
| art | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year | 2 3), or sec b) Part | etion | |
| art art | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year | 2 3), or sec b) Part | etion | |
| art a b | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year | 2 3), or sec b) Part | etion | |
| a b c | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (in answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total | 2 3), or sec b) Part | etion | |
| art b | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 2 3), or sec b) Part | etion | |
| art | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (i answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 2 3), or sec b) Part | etion | |
| 1 2 3 art 1 2 a b c | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (i answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions | 2 3), or sec b) Part | etion | |

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

WASHINGTON POLICY CENTER

Employer identification number 91-1752769

| | | (a) Donor advised | funds | (b) Funds and other accounts |
|------------|--|------------------------------|-------------------------|----------------------------------|
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held | in donor advised fun | ds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| | for charitable purposes and not for the benefit of the donor or | | | |
| | impermissible private benefit? | | | Yes No |
| Pai | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | | |
| | Preservation of land for public use (for example, recreat | ion or education) | Preservation of a hist | orically important land area |
| | Protection of natural habitat | | Preservation of a cert | ified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribut | ion in the form of a co | onservation easement on the last |
| | 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 | cture included on line 2a | | 2c |
| d | Number of conservation easements included on line 2c acquire | red after July 25, 2006, an | d not | |
| | on a historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or ter | minated by the organ | ization during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspectio | n, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and | enforcing conservation | on easements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ing of violations, and enfo | rcing conservation ea | sements during the year |
| | | | | |
| 8 | Does each conservation easement reported on line 2d above | • | . , , , , , | |
| | and section 170(h)(4)(B)(ii)? | | | Yes L No |
| 9 | In Part XIII, describe how the organization reports conservation | | • | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's fi | nancial statements th | at describes the |
| D - | organization's accounting for conservation easements. | Aut Historical Topos | Oth C | Similar Assats |
| Pa | t III Organizations Maintaining Collections of | | sures, or Other S | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | • | | |
| | of art, historical treasures, or other similar assets held for pub | | | nce of public |
| | service, provide in Part XIII the text of the footnote to its finan- | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | · | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or re | esearch in furtherance | e of public 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 | | | provide |
| | the following amounts required to be reported under FASB AS | | | |
| | Revenue included on Form 990, Part VIII, line 1 | | | |
| | Assets included in Form 990 Part X | | | \$ |

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

Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 76,525. | 50,184. | 26,341. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equ | 26,341. | | | |

Schedule D (Form 990) 2023

| | POLICY CENTER | 91 | -1752769 Page 3 |
|--|----------------------------|---|------------------------|
| Part VII Investments - Other Securities | 5 000 D 1 N 1 | 141 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Complete if the organization answered "Yes" of | | | d of year market value |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | a-or-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | 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 | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (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" o | | 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) RIGHT OF USE ASSET | | | 483,625. |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| <u>(6)</u> | | | |
| | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. | (D)) | | 483,625. |
| Part X Other Liabilities | (D)) | | 103,023. |
| Complete if the organization answered "Yes" of | 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) RIGHT OF USE LIABILITY | | | 529,684. |
| (3) | | | |
| (4) | | | |
| (5) | | | |

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | RIGHT OF USE LIABILITY | 529,684. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 529,684. |

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

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number WASHINGTON POLICY CENTER 91-1752769 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) MAIA ESPINOZA - 11102 83RD Yes No AVENUE SW, LAKEWOOD, WA FUNDRAISING CONTRACT WORK Х 0 103,221 0. 103,221, Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. WA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | _ | or furidialsing event contributions and gr | | | | T |
|-----------------|-------|---|---------------------------|--|-----------------------|--|
| | | | (a) Event #1 ANNUAL | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | DINNER | (avant tuna) | (total pumbar) | col. (c)) |
| e | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 416,184. | | | 416,184. |
| | 2 | Less: Contributions | 118,774. | | | 118,774. |
| | 3 | Gross income (line 1 minus line 2) | 297,410. | | | 297,410. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Senses | | Rent/facility costs | 143,846. | | | 143,846. |
| Direct Expenses | 7 | Food and beverages | 162,489. | | | 162,489. |
| ⊡ | 。 | Entertainment | 146,356. | | | 146,356. |
| | 9 | Other direct expenses | | | | 122,532. |
| | 10 | | | | | 575,223. |
| | 11 | Net income summary. Subtract line 10 from | | | | -277,813. |
| Pa | ırt I | Gaming. Complete if the organization | | 990, Part IV, line 19, or i | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | _ | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Be | ۱, | Gross revenue | | | | |
| | • | dross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expen | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | Ť | Other direct expenses | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | | Direct expense summary. Add lines 2 throug | | | | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | 7 from line 1, column (d) | | | |
| 9 | En | ter the state(s) in which the organization cond | uete gamina activities: | | | |
| | | the organization licensed to conduct gaming a | _ | etates? | | Yes No |
| | | No," explain: | | | | res . 140 |
| - | ** |)de | | | | |
| | | ere any of the organization's gaming licenses r Yes," explain: | | | /ear? | Yes No |
| | _ | • | | | | |
| | | | | | | |

| Sch | nedule G (Form 990) 2023 WASHINGTON POLICY CENTER 91- | 1752 | 769 | Page 3 |
|----------------|--|--------------|--------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| á | a The organization's facility | 13a | | % |
| | b An outside facility | 13b | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| k | b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ | | | |
| (| c If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| á | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | 📖 | Yes | L No |
| k | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| D - | organization's own exempt activities during the tax year \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | ırt III, lin | ies 9, | 9b, 10b, |
| SC | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER | S: | | |
| | | | | |
| , _T | ·\ NAME OF FUNDDATCED. MATA ECDINOZA | | | |
| (I | | | | |
| (I | ADDRESS OF FUNDRAISER: 11102 83RD AVENUE SW, LAKEWOOD, WA 9 | 8498 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

332083 09-13-23 Schedule G (Form 990) 2023

| Schedule G | (Form 990) | WASHINGTON | POLICY | CENTER | 91-1752769 | Page 4 |
|------------|-------------------------------|--------------------|--------|--------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| WASHINGTO | N POLICY | CENTER | | | | | 91-1752769 |
|---|----------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---------------------------------------|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records criteria used to award the grants or assis | | | | | | | x Yes No |
| 2 Describe in Part IV the organization's pro | | | | | | | |
| Part II Grants and Other Assistance to | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than | | <u> </u> | 1 | | (f) Method of | T | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter total number of section 501(c)(3) a Enter total number of other organization | - | | e line 1 table | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

| Part III can be duplicated if additional space is needed. | | | | | |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
| 200-17-00-77 | | 15.000 | | | |
| SCHOLARSHIPS | 4 | 15,000. | 0. | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information rec | quired in Part I, lin | e 2; Part III, column | (b); and any other ac | ditional information. | |
| PART I, LINE 2: | | | | | |
| THE AMOUNT OF THE SCHOLARSHIP(S) G | IVEN IS I | N OUR FINA | NCIAL RECO | RDS. WE | |
| REQUIRE CANDIDATES TO SUBMIT THEIR | TRANSCRT | יסיים שאדכים | SHOWS THEV | ARF: | |
| | | | | | |
| ENROLLED IN AN INSTITUTION OF HIGH | ER EDUCAT | 'ION, I.E., | A COLLEGE | OR | |
| UNIVERSITY. THE SELECTION CRITERIA | IS TO AW | ARD A RECI | PIENT OR R | ECIPIENTS | |
| WHO EMBODY THE IDEALS OF JENNIFER | DUNN THOM | SON. SCHOL | ARSHIP FUN | DS ARE SENT | |
| DIRECTLY TO THE GRANTEES' EDUCATION | N INSTITU | TION TO EN | SURE FUNDS | ARE USED | |
| FOR EDUCATIONAL PURPOSES. | | | | | |
| | | | | | |

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

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

WASHINGTON POLICY CENTER

Employer identification number 91-1752769

| D | Irt I Questions Regarding Compensation | L/32/0 | | |
|----|---|--------|----------|----|
| F | ut i Questions negarating compensation | | V | |
| | | | Yes | No |
| па | 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 | Х | |
| | | | | |
| 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. | | | |
| | Compensation committee Written employment contract | | | |
| | ☐ Independent compensation consultant ☐ Independent Compensation Compens | | | |
| | 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 |
| b | Participate in or receive payment of change of control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? | | | X |
| c | Participate in or receive payment from an equity-based compensation arrangement? | | | X |
| · | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | The state of the art of the persons and provide the applicable amounts for each terminal art in. | | | |
| | 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 |
| b | Any related organization? | | | 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 |
| | Any related organization? | | | 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 | | x |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| • | Regulations section 53.4958-6(c)? | 9 | | |
| | | • | | |

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 V | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (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) MICHAEL GALLAGHER | (i) | 297,124. | 0. | 0. | 0. | 16,294. | 313,418. | 0. | |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) PAUL GUPPY | (i) | 158,667. | 0. | 60. | 3,150. | 28,818. | | 0. | |
| VP FOR RESEARCH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) TODD MYERS | (i) | 129,706. | 0. | 60. | 3,525. | 17,098. | | 0. | |
| DIRECTOR, CENTER FOR THE ENVIRONMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | _ | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | <u> </u> | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

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

Department of the Treasury

Internal Revenue Service

(Form 990)

(1) (2) (3) (4) (5) (6)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

WASHINGTON POLICY CENTER

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

Employer identification number

91-1752769

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

(a) Name of disqualified person

(b) Relationship between disqualified person and organization

(c) Description of transaction

(d) Corrected?

Yes No

| ~ | Effect the amount of tax incurred by the organization managers of disqualified persons during the year under | |
|---|--|----|
| | section 4958 | \$ |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | \$ |

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|------|------|-------------------------------|-----------------|-----------------|----|--|----|------------------------|----|
| | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| _(7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| Total | | | | \$ | | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

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

Schedule L (Form 990) 2023

| (a | Complete if the organization answered | | | | | |
|------------|---|---|---------------------------|--------------------------------|---------------------------------------|---------|
| (a | | d "Yes" on Form 990, Part IV, line 28a, 28 | b, or 28c. | | | |
| | a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization revenues? | |
| (4)GIII.I. | INDUSTRIES, LLC | ENTITY PARTIALLY OW | 62 848 | RENTAL OF O | Yes | No X |
| (2) | INDOBINIES, EEC | | 02,040. | TELLUTION OF O | | - 25 |
| (3) | | | | | | |
| (4) | | 1 | | | | |
| <u>(5)</u> | | | | | | |
| <u>(6)</u> | | + | | | | |
| (7) (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| Part V | Supplemental Information | | | | | |
| | Provide additional information for resp | oonses to questions on Schedule L. See in | structions. | | | |
| CH L, | PART IV, BUSINESS T | TRANSACTIONS INVOLVING | INTERESTE | D PERSONS: | | |
| (A) NA | ME OF PERSON: GULL 1 | INDUSTRIES, LLC | | | | |
| (B) RE | LATIONSHIP BETWEEN 1 | INTERESTED PERSON AND | ORGANIZATI | ON: | | |
| INTITY | PARTIALLY OWNED BY | DIRECTOR, JANET TRUE | | | | |
| (D) DE | SCRIPTION OF TRANSAC | CTION: RENTAL OF OFFIC | CE SPACE AT | ' FMV | | |
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WASHINGTON POLICY CENTER

Employer identification number 91-1752769

Schedule O (Form 990) 2023

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| TO PROMOTE PUBLIC POLICY SOLUTIONS ON THE STATE AND LOCAL LEVEL THROUGH |
| RESEARCH AND EDUCATION. |
| |
| FORM 990, PART VI, SECTION A, LINE 2: |
| JOHN AND KATHY CONNORS ARE MARRIED. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE 990 RETURN WILL BE EMAILED TO THE ORGANIZATION'S EXECUTIVE COMMITTEE |
| FOR REVIEW AND EACH MEMBER WILL EMAIL A RESPONSE BACK INDICATING THEY HAVE |
| REVIEWED AND BELIEVE THE RETURN IS ACCURATE. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| THE ORGANIZATION REQUIRES BOARD MEMBERS TO ANNUALLY FILL OUT A FORM |
| DISCLOSING ANY POSSIBLE CONFLICTS OF INTEREST. THE FORMS ARE REVIEWED AND |
| POSSIBLE CONFLICTS OF INTEREST ARE FOLLOWED UP IN ACCORDANCE WITH THE |
| ORGANIZATION'S CONFLICT OF INTEREST POLICY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| FORM 990, PART VI, SECTION B, LINE 15A: |
| THE BOARD'S EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR THE |
| ORGANIZATION'S PRESIDENT AT AN ANNUAL REVIEW HELD IN DECEMBER. |
| |
| FORM 990, PART VI, SECTION B, LINE 15B: |
| THE BOARD'S EXECUTIVE COMMITTEE CONFIRMS THE COMPENSATION FOR ALL EMPLOYEES |

AFTER THE SENIOR LEADERSHIP TEAM MEETS INDIVIDUALLY WITH EACH EMPLOYEE FOR

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

Schedule O (Form 990) 2023 Page **2**

| Name of the organization WASHINGTON POLICY CENTER | Employer identification number 91-1752769 | | | | | |
|---|---|--|--|--|--|--|
| AN EXTENSIVE ANNUAL REVIEW. THE EXECUTIVE COMMITTEE MEMBER | S USE THEIR | | | | | |
| BUSINESS EXPERIENCE TO HELP DETERMINE COMPENSATION. IN ADDITION, THEY ARE | | | | | | |
| GIVEN A SALARY HISTORY FOR EACH EMPLOYEE. STATE POLICY NET | WORK, A THINK | | | | | |
| TANK TRADE ASSOCIATION IN WHICH WPC IS A MEMBER, RELEASES | THE RESULTS OF A | | | | | |
| SALARY SURVEY SO THAT ORGANIZATIONS CAN KNOW WHAT OTHER OR | GANIZATIONS THEIR | | | | | |
| SIZE PAY FOR PARTICULAR POSITIONS. THE COMMITTEE USES THIS | SURVEY TO | | | | | |
| DETERMINE COMPENSATION. THE COMMITTEE MAY ALTER THE COMPEN | SATION FOR ANY | | | | | |
| EMPLOYEE. | | | | | | |
| | | | | | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | | | | | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O | F INTEREST | | | | | |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC B | Y REQUEST IF | | | | | |
| REQUIRED BY LAW. | | | | | | |
| ~ | | | | | | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | | | | | | |
| BAD DEBT: -71,700. | | | | | | |
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