

Form 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

<u>A</u> F	A For the 2023 calendar year, or tax year beginning and ending							
	heck if pplicab	e: C Name of organization		D Employer identifie	cation number			
X	Addre							
	Name Chang	e Doing business as		47-2843650				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final returr		130	214-538-				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,323,914.			
	Amer returr	DADDAS, IA 75220		H(a) Is this a group re	turn			
	Appli tion	F Name and address of principal officer. SIACI DUANEDEI		for subordinates	? Yes X No			
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u>I</u> T	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
JV	Vebsi	te: WWW.THEPOLICYCIRCLE.ORG		H(c) Group exemption	n number			
KF	orm o	f organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 2015 N	I State of legal domicile: IN			
Pa	rt I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: INFO	RM, EQ	UIP, AND CON	INECT WOMEN			
Governance		TO BE MORE IMPACTFUL CITIZENS.						
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass				
ove	3				5			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			5			
es S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			12			
vitio	6	Total number of volunteers (estimate if necessary)			36			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		2,169,590.	2,321,087.			
enu	9	Program service revenue (Part VIII, line 2g)		21,469.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-59,963.	0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,872.	2,827.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,135,968.	2,323,914.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,061,500.	1,280,869.			
sue		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 43,1		000 100	1 100 (50			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		972,196.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,033,696.	2,464,522.			
		Revenue less expenses. Subtract line 18 from line 12		102,272.	-140,608.			
s or			Ве	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		640,499.	634,252.			
et A:	21	Total liabilities (Part X, line 26)		49,484.	183,845.			
		Net assets or fund balances. Subtract line 21 from line 20		591,015.	450,407.			
	rt II	Signature Block						
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	nts, and to the best of my	knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
Here	STACY BLAKELEY, EXECUTIVE	DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date		
Paid	AMANDA MEKO, CPA	AMANDA MEKO, (CPA 08/06	/24 self-employed P01062615	
Preparer	Firm's name GREENWALT CPAS, I	NC		Firm's EIN 35-1489521	
Use Only	Firm's address 5342 W. VERMONT S	TREET			
	INDIANAPOLIS, IN	46224		Phone no. 317 - 241 - 2999	
May the IRS discuss this return with the preparer shown above? See instructions					
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

	990 (2023) THE POLICY CIRCLE, CO.	47-2843650 Page
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE POLICY CIRCLE IS A NATIONAL, NONPARTISAN ORGANIZATIC	N THAT
	INFORMS, EQUIPS, AND CONNECTS WOMEN TO BE MORE IMPACTFUL	CITIZENS.
	THE POLICY CIRCLE'S AGILE AND FLEXIBLE MODEL HAS THREE O	
	COMPONENTS:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$) (Reve	
та	WE INFORM A BROAD, DIVERSE, AND DISPERSED AUDIENCE USING	
	VIRTUAL PROGRAMS, AND ROBUST SOCIAL CHANNELS. IN 2023, F	
	BRIEFS GARNERED 214,680 VIEWS, OUR WEBSITE HAD 16.6 MILL	
	IMPRESSIONS, AND WE EXPANDED OUR SOCIAL REACH BY 79%. WE	
	RESOURCES FROM A VARIETY OF VETTED SOURCES TO SHARE VALU	
		LABORATE WITH
	RESPECTED THINK TANKS, BEST-SELLING AUTHORS, INNOVATIVE	
	LEADERS, AND POLICY EXPERTS TO PROVIDE OUR COMMUNITY WIT	
	RESEARCH, RELIABLE INFORMATION, AND ACTIONABLE NEXT STEP	
	RESEARCH, RELIABLE INFORMATION, AND ACTIONABLE NEXT SIEF	
	CE1 002	
4b	(Code:) (Expenses \$ 651,093. including grants of \$) (Reve	
	WE ATTRACT INDEPENDENT THINKERS AND CIVIC-MINDED WOMEN W	
	REVITALIZING CIVIL SOCIETY BY CONVENING AND HOSTING ROUN	
	CONVERSATIONS IN 37 STATES. WITH 12,000+ MEMBERS IN OUR	
	COMMUNITY, WE ARE SEEING A REAWAKENING AMONGST CITIZENS CONNECTION AND COLLABORATIVE SOLUTIONS TO THE ISSUES FAC	
	COMMUNITIES. FROM LIVING ROOMS TO BOARD ROOMS, OUR GROWI	
	CONVENING STAKEHOLDERS FOR CONSTRUCTIVE, CIVIL CONVERSAT	
	POLICY CIRCLE'S ANNUAL LEADERSHIP SUMMIT GATHERS MEMBERS	
	AND PARTNERS FOR A CATALYTIC EXPERIENCE. IN 2023, MORE T	
	PARTICIPANTS ENGAGED IN PERSON AND VIRTUALLY TO DISCOVER	WHAT MAKES
	COMMUNITIES THRIVE.	
4c	(Code:) (Expenses \$ 795,055. including grants of \$) (Reve	
	WE IDENTIFY AND EQUIP LEADERS THROUGH THE CIVIC LEADERSH	
	ROADMAP (CLER). THIS FLEXIBLE FRAMEWORK HAS ATTRACTED 40	
	BOTH ESTABLISHED AND EMERGING LEADERS. CLER IS A THREE-M	
	PROGRAM THAT INCLUDES ASSIGNMENTS THAT REQUIRE PARTICIPA	
	WITH THEIR LOCAL COMMUNITY LEADERS TO DEVELOP TOWN HALL	
	IN ONLY TWO YEARS SINCE ITS LAUNCH, CLER IS ALREADY PROD	
	WOMEN ARE SECURING HIGH-LEVEL APPOINTMENTS TO TASK FORCE	
	COMMISSIONS AND SUCCESSFULLY RUNNING FOR LOCAL OFFICE. T	
	CIRCLE'S STATE LEADERSHIP COUNCILS, MANNED BY VOLUNTEER	
	LOCAL PROGRAMMING AND STATE-BASED INITIATIVES TO STRENGT	HEN THE IMPACT
	AND REACH OF OUR MISSION	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,860,671.	
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	0	

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 THE POLICY CIRCLE, CO.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A			L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	blic office? If "Yes," complete Schedule C, Part I			_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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?			v
46	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			- 23
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 THE POLICY CIRCLE, CO.
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-	I.I. 4		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c		(0000)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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.			
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
14a	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? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	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.			
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Form 990	(2023)
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THE	POLICY	CIRCLE,	CO.
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Check if Schedule O contains a response or note to any line in this Part VI

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

Sec	tion A. Governing Body and Management					
4.	Enter the number of vetting members of the governing body at the and of the tay year	40	1	5	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	ſ	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		37	
a	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u></u>		9		А
	tion 211 onoioo (This Section B requests information about policies not required by the internal Re	venue	<u> Code.)</u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
		•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			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	
b	· · · · · · · · · · · · · · · · · · ·			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	′es," de	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
D	Other officers or key employees of the organization			15b	Δ	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	oont wi	th a			
104	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			Tou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	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 IN , AK , AL , AR , C	A,C	O,CT,DC,FL	,GA	,HI,	,IL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, an	d finan	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 boo	oks and	l records			
	STACY BLAKELEY - 214-538-9563	<u>, </u>				
	4347 W. NORTHWEST HWY, SUITE 130, DALLAS, TX 75220)		-	000	(0000)
332006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	9 90	(2023)

2023.04010 THE POLICY CIRCLE, CO.

POL05.01

Form 990 (
Part VII	Col

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Er	mployees, Highest Compensated
	Em	ployees, 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.

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

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

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck	more	l than c s both		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)				irecto	Highest compensated	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) STACY BLAKELEY EXECUTIVE DIRECTOR	40.00			x				231,100.	0.	29,196.
(2) KRISTY KUNA CHIEF STRATEGY & OPERATIONS OFFICER	40.00			x					0.	
(3) NICOLE CLINE	40.00			^				145,800.	0.	4,407.
DIRECTOR OF PHILANTHROPY	40.00					X		124,700.	0.	11,128.
(4) SAVANNAH LANE DIR. OF EDUCATION & EXPERIENCES	40.00	-				x		125,400.	0.	4,924.
(5) SYLVIE LEGERE PRESIDENT	3.00	x		x				0.	0.	0.
(6) KATHY HUBBARD	3.00									
TREASURER	2 00	Х		X				0.	0.	0.
(7) ANGELA BRALY SECRETARY	3.00	x		x				0.	0.	0.
(8) LAURA COX KAPLAN	3.00								_	
DIRECTOR (9) CAROL GREENE (RESIGNED SEPT 2023	3.00	Х						0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
		-								
332007 12-21-23										Form 990 (2023)

7

332007 12-21-23

Form 990 (2023)

	990 (2023) THE POLIC	CY CIRCL	ιE,	С	0.					47-28	3436	50	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp (B)	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	F) nated unt of ner		
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fron organ and r	nsation the ization elated zations
											_		
	Subtotal Total from continuation sheets to Part VI								627,000.		0.	49	,655. 0.
	Total number of individuals (including but n				<u></u>				627,000.	000 of reportable	0.	49	655.
	compensation from the organization						,		· · · · · ·	•			4
3	Did the organization list any former officer,	-		-	•	-		Ŭ	• •		ſ		es No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>	ccrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	lual for services		5	X
	tion B. Independent Contractors Complete this table for your five highest con							- 44		100.000 of comm			
1	the organization. Report compensation for t	•	•						the organization's tax y	•			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) ompensa	ation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos C		ted	above) who received mo	ore than			0 (65.55)
											F	-orm ଅଧ	0 (2023)

332008 12-21-23

			2023) THE POLICY	CI	RCLE, CO	•		47-2843	650 Page
Par	t V	/111	Statement of Revenue						
			Check if Schedule O contains a resp	onse	or note to any lin		(B)	(C)	
						(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
ς γ	1	а	Federated campaigns 1a						
nu			Membership dues 1b						
			Fundraising events						
ar /			Related organizations 1d						
ini,		е	Government grants (contributions) 1e						
contributions, Girts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and						
E E			similar amounts not included above 1f		321,087.				
		-	Noncash contributions included in lines 1a-1f		5,732.				
<u>ה</u> כ		h	Total. Add lines 1a-1f		Business Code	2,321,087.			
	~	_			Business Code				
Program Service Revenue	2	a b							
Ine		с С							
žer.		d							
БЩ.		e							
Ĕ		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends	intere	st, and				
			other similar amounts)						
	4		Income from investment of tax-exempt b			0.007	0.007		
	5		Royalties			2,827.	2,827.		
	-			ai	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b Rental income or (loss) 6c						
			Rental income or (loss) 6c Net rental income or (loss)						
			Gross amount from sales of (i) Secu	rities	(ii) Other				
	•	ü	assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
venue		с	Gain or (loss)						
0		d	Net gain or (loss)						
Other Ro	8	а	Gross income from fundraising events (not						
			including \$ of						
			contributions reported on line 1c). See Part IV, line 18	80					
		h	Less: direct expenses						
			Net income or (loss) from fundraising ev						
			Gross income from gaming activities. Se						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activit	es					
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
\neg		С	Net income or (loss) from sales of invent	ory	Business Code				
ŝ	11	2			Dusiliess Coue				
Revenue	11	a b							
Bevenue		с С							
Ba			All other revenue						
ž			Total. Add lines 11a-11d						
_	12					2,323,914.	2,827.	0.	0
32009			Total revenue. See instructions			2,323,914.	2,827.	0.	Form 9 9

Form 990 (2023)

THE POLICY CIRCLE, CO. Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			105 622	
	trustees, and key employees	376,900.	251,267.	125,633.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	714 001			11 (
7	Other salaries and wages	714,901.	562,494.	140,750.	11,657
8	Pension plan accruals and contributions (include		10 077	6 171	201
-	section 401(k) and 403(b) employer contributions)	25,032.	<u>18,277.</u> 65,961.	6,474. 19,847.	<u> 281 </u> 226
9	Other employee benefits	86,034. 78,002.	56,961.	20,145.	896
10	Payroll taxes	70,002.	50,901.	20,145.	090
11	Fees for services (nonemployees):				
a	F	281.	281.		
b	5 F	97,240.	97,240.		
c	9 F	97,240.	97,240.		
d	, E				
e	, Е				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	324 173	131 147	163,593.	29,433.
12	Advertising and promotion	324,173. 47,938.	<u>131,147.</u> 47,938.	105,555	25,4550
12 13		17,5501	47,550.		
13 14	Office expenses Information technology	208,885.	208,885.		
15	Royalties	20070031	20070031		
16	Occupancy				
17	Travel	141,664.	116,016.	25,628.	20.
18	Payments of travel or entertainment expenses	111,0010	110,0100		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,713.	5,713.		
20 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	EVENTS	252,411.	252,411.		
b	OTHER	55,348.	46,080.	8,595.	673.
С	CREDIT LOSSES	50,000.	-	50,000.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,464,522.	1,860,671.	560,665.	43,186
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)				

10

332010 12-21-23

2023.04010 THE POLICY CIRCLE, CO.

Form 990 (2023)

11460806 765919 POL05.0

32

33

591,015.

640,499.

32

33

188,937. 266,221. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 391,904. 331,516. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 53,173. 12,180. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 0. 17,850. Intangible assets 14 14 6,485. 6,485. Other assets. See Part IV, line 11 15 15 634,252. 640,499. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 49,484. 183,845. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 49,484. 183,845. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 134,111. 27 118,891. 27 Net assets without donor restrictions Net assets with donor restrictions 456,904. 331,516. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

THE POLICY CIRCLE, CO.

(A) Beginning of year

47-2843650 Page 11

(B) End of year

450,407.

634,252.

Form 990 (2023)

orm 990 (2023)	
Part X	Ba	ance	Sheet

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	1990 (2023) THE POLICY CIRCLE, CO.	47-	2843650	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets				-		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,323				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,464				
3	Revenue less expenses. Subtract line 2 from line 1	3	-140				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	591	.,0:	15.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	450),4	07.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	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?		<u>3a</u>		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Name of the organization

Name of	the organization						Employer	identification number	
		POLICY CIR						7-2843650	
Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A))(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7 X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research org	-			-		-	-	
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
	university:								
10	An organization that norma								
	activities related to its exen		•	. ,				•	
	income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	tter June 30, 1975.	
	See section 509(a)(2). (Col			(at.) 0 a a		O(-)(4)			
11 <u>1</u> 12 <u>1</u>	An organization organized a	-	•	•			rn, out tho	nurnance of one or	
	An organization organized a more publicly supported or	-	-	-			•		
	lines 12a through 12d that	-							
a	Type I. A supporting orga	• •					-	aivina	
u	the supported organization	-	-	• • • •	-				
	organization. You must o			indjointy c				ipporting	
b	Type II. A supporting org	-		tion with it:	s supporte	ed organization	n(s), by hav	ing	
	control or management o	-				-		-	
	organization(s). You mus			•		·			
c 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,	
	its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.			
d 🗌	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
e	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III								
	functionally integrated, or Type III non-functionally integrated supporting organization.							[]	
	Enter the number of supported organizations								
	Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (v) Amount							(vi) Amount of other	
	organization (described on lines 1-10 in your governing document? support (see instruct				,	support (see instructions)			
	above (see instructions)) Yes No support (see								
Total									

Part II

THE POLICY CIRCLE, CO.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization folds to gualify under the total listed below, places complete Part III.

fails to qualify under the tests listed below, please complete Part III.)

Se	Section 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.")	991,440.	1253314.	1530329.	2169590.	2321087.	8265760.	
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				
4	Total. Add lines 1 through 3	991,440.	1253314.	1530329.	2169590.	2321087.	8265760.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
_	column (f)						2756770.	
	Public support. Subtract line 5 from line 4.						5508990.	
	ction B. Total Support	()	// \	() 005 :	(()	10 - · ·	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 1253314.	(c) 2021	(d) 2022	(e) 2023	(f) Total 8265760.	
	Amounts from line 4	991,440.	1203314.	1530329.	2169590.	2321087.	8205/00.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
•	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
44	assets (Explain in Part VI.)						8265760.	
	Total support. Add lines 7 through 10					12	0203700.	
12	Gross receipts from related activities,		,	fourth or fifth tax y				
13	First 5 years. If the Form 990 is for the	-		-				
Se	organization, check this box and stop ction C. Computation of Publi						·····	
	Public support percentage for 2023 (I			column (f))		14	66.65 %	
	Public support percentage from 2022		•			15	58.74 %	
	a 33 1/3% support test - 2023. If the o							
	stop here. The organization qualifies							
Ł	33 1/3% support test - 2022. If the o							
-	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
-	and if the organization meets the fact							
	meets the facts-and-circumstances te			•				
k	0 10% -facts-and-circumstances test	-			-			
	more, and if the organization meets th	-						
	organization meets the facts-and-circl							
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions		
	Schedule A (Form 990) 2023							

332022 12-21-23

Schedule A	Form	990) 2023

Schedule A	(Form 990)	2023	THE	POLICY	CIRCLE,	CO.	
Part III	Support	Schedule for	r Orga	nizations [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.)
Section	A Public Support

Sec	cion 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						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	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 the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiza	tion,
Sec	ction C. Computation of Publi	<u>c Support Per</u>	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022		1			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						17 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che						י
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	23 12-21-23		15			Schedule	A (Form 990) 2023

THE POLICY CIRCLE, CO.

1

2

3a

3b

3c

4a

Yes No

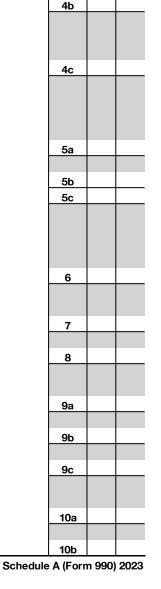
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	(Form 990) 2023			CIRCLE,	CO.
Part IV	Supporting Organ	nizations	(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		
Sec	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 officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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		

supervised	<u>d. or controlle</u>	d the supportin	ng organization.	
Section C. T	vpe II Sup	porting Ord	anizations	

 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
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Sec	Section D. All Type III Supporting Organizations				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).				

3	By reason of the relationship described 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

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)
		1000 1100 000000

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

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

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Schedule A (Form 990) 2023

Yes No

Yes No

1

2

3

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		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must of	complet	te Sections A through E.	
Sec	tion 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)

THE POLICY CIRCLE, CO. Schedule A (Form 990) 2023

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

2 Acquisition indebtedness applicable to non-exempt-use assets

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

a Average monthly value of securities

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI):

3 Subtract line 2 from line 1d.

see instructions).

6 Multiply line 5 by 0.035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

2 Enter 0.85 of line 1.

7

8

4

6

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

structions.

Schedule A (Form 990) 2023

Current Year

6

1a

1b

1c

1d

2 3

4

5

6 7

8

1

2

3

4

5

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

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Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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 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	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	າຣ	(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				
а	From 2018				

Schedule A (Form 990) 2023

19

e Excess from 2023

Schedule A (Form 9

Part V

b From 2019 c From 2020 d From 2021 e From 2022

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

f Total of lines 3a through 3e

Part VI. See instructions.

g Applied to underdistributions of prior years h Applied to 2023 distributable amount

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

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

7 Excess distributions carryover to 2024. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

4 Distributions for 2023 from Section D,

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

(Form 990)				CIRCLE,			
Type III	Non-Functio	onally I	ntegrated	509(a)(3) Su	pporting	Organizations	(continued)

Part VI	Form 990) 2023 THE POLICY CIRCLE, CO. 47	_
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional inf (See instructions.)	Pa 2; I tio fori

Schedule A (Form 990) 2023

332028 12-21-23

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Department of the Treasury
Internal Revenue Service

(Form 990)

Name of the organization

Organization type (check one):

Л

Schedule B

ΉE	POLICY	CIRCLE,	со.	

47-	284	436	550	

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

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Page **2**

Employer identification number

THE POLICY CIRCLE, CO.

47-2843650

	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		- \$\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		- \$ <u>125,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		- \$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		- \$125,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		- \$115,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>6</u> 323452 12-26		- \$ <u>85,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)		

Schedule B (Form 990) (2023)

22

Name of organization

Employer identification number

47-2843650

THE POLICY CIRCLE, CO.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>138,407.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

8		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>100,910.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 323452 12-22		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

B (For 990) (2023)

11460806 765919 POL05.0

Name of organization

Employer identification number

47-2843650

THE POLICY CIRCLE, CO.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Original Statement of Payroll Original Statement of Payroll Original Statement of Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

11460806 765919 POL05.0

Name of organization

Page 3
Employer identification number

47-2843650

THE POLICY CIRCLE, CO.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

25

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Name of o	rganization			Employer identification number
гне ра	OLICY CIRCLE, CO.			47-2843650
Part III		a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I	v For organizations	t total more than \$1,000 for the year
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a	and ZIP + 4	Relationship of trans	sferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a		Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a		Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
-				
-	Transferee's name, address, a	and ZIP + 4	Relationship of trans	sferor to transferee
23454 12-26	5-23			Schedule B (Form 990) (202

26

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00		Supplement	al Financial Statements		OMB No. 1545-0047
	HEDULE D		nization answered "Yes" on Form 990,		2023
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		LULU Open to Public
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Inspection
Nam	e of the organization	on THE POLICY CIRCLE,	co.	Emplo	oyer identification number 47-2843650
Par	t I Organiza		d Funds or Other Similar Funds or Ac	count	
	organization	n answered "Yes" on Form 990, Part IV, lin	e 6.		·
			(a) Donor advised funds (b) Funds	s and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised fund exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used or		
U	•		r donor advisor, or for any other purpose conferri		
	impermissible priva		·	•	Yes No
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		ervation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a histo	rically in	nportant land area
	Protection o	f natural habitat	Preservation of a certit	fied histo	oric structure
		of open space			
2	•		ied conservation contribution in the form of a cor		
	day of the tax year				leld at the End of the Tax Year
a L		take diber a second taken a second s		2a	
b	•	ricted by conservation easements	icture included on line 22	2b 2c	
c d		vation easements included on line 2c acqu		20	
u		•		2d	
3			eased, extinguished, or terminated by the organiz		uring the tax
	year				0
4	Number of states v	where property subject to conservation eas	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	,	orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easem	ents during the year
-	<u>.</u>				de la contra de contra con
7	Amount of expense	es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation eas	sements	during the year
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)		
Ū		•			Yes No
9			on easements in its revenue and expense statem		
	balance sheet, and	include, if applicable, the text of the footr	ote to the organization's financial statements that	t descri	bes the
	organization's acco	ounting for conservation easements.			
Par			Art, Historical Treasures, or Other Si	imilar	Assets.
		the organization answered "Yes" on Form			
1 a	•	· •	8, not to report in its revenue statement and bala		
			blic exhibition, education, or research in furtheran	ce of pu	iblic
L	•		ncial statements that describes these items.	abaatu	iorling of
a	-		8, to report in its revenue statement and balance exhibition, education, or research in furtherance		
		ng amounts relating to these items.	examplion, equivation, or research in furtheralite	o, hanii	
	•	c		\$	
2			asures, or other similar assets for financial gain, p		
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1		\$	
b	Assets included in	Form 990, Part X		\$	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	S	chedule D (Form 990) 2023
332051	09-28-23				

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Sche		ICY CIRCLE					4	47-28	43650) Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the f	following that	make sigr	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	ım					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical treas	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatior	n answered "N	Yes" on Fo	orm 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not in	cluded				
14	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							∟		L	
~			liettilig	abie.					Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			_		Ī
Par											
	•	(a) Current year		Prior year	(c) Two year		I) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administer	ed for the			-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							_
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		•								
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)	• •	umulate eciation	d	(d) Bool	valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X line 1	10c. column	(B))						0.
	<u> </u>							Schedule	D (Form	990)	
									-	,	

332052 09-28-23

Schedule [) (Form 990) 2023	THE	POLICY	CIRCLE,	CO.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	

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

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 D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 THE POLICY CIRCLE, CO.			47-	2843650 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	2,372,492.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	48,578.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	48,578.
3	Subtract line 2e from line 1			3	2,323,914.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,323,914.
l Pa					
Iu	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per r	retur	n
i u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	l.			2,513,100.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities			1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	. 2a . 2b		1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	48,578.	1	2,513,100.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	48,578.	1 2e	2,513,100.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	48,578.	1	2,513,100.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	48,578.	1 2e	2,513,100.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	48,578.	1 2e	2,513,100.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	48,578.	1 2e	2,513,100.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	48,578.	1 2e 3 4c	2,513,100. 48,578. 2,464,522. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	48,578.	1 2e 3	2,513,100.

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

332054 09-28-23

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	
-	-	Compensated Employees		20	<u>ZJ</u>)
Dana	twent of the Tupper with	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatior	1	Employer i	dentificatio	on nu	mber
		THE POLICY CIRCLE, CO.	47-2	84365	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropria	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Х	
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Λ	
3	Indicate which if ar	w, of the following the organization used to establish the componention of the organization's				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		10		X
	If "Yes" to any of lin	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the re	evenues of:				
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
						X
b		ation?		6b		X
_		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
-				8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
_	Regulations section					
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990) 2023

LHA 332111 11-06-23

47-2843650

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STACY BLAKELEY	(i)	231,100.	0.	0.	6,915.	22,281.	260,296.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTY KUNA	(i)	145,800.	0.	0.	4,356.	51.	150,207.	0.
CHIEF STRATEGY & OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION USES AN ANNUAL SALARY SURVEY TO MAKE SURE SALARIES ARE IN

LINE WITH COMPARABLE ORGANZIATIONS. IN ADDITION, THE BOARD OF DIRECTORS

APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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

47-2843650

OMB No. 1545-0047

THE POLICY CIRCLE, C

LICY CIRCLE, CO.

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

1. WE INFORM AND INSPIRE A DIVERSE, NATIONAL AUDIENCE USING POLICY

BRIEFS, VIRTUAL PROGRAMS, AN ENGAGING WEBSITE, AND ROBUST SOCIAL

CHANNELS.

2. WE ATTRACT AND CONNECT INDEPENDENT THINKERS AND CIVIC-MINDED WOMEN

WHO ARE REVITALIZING CIVIL SOCIETY BY CONVENING AT NATIONAL AND

REGIONAL EVENTS, HOSTING ROUNDTABLE CONVERSATIONS IN 45 STATES, AND

GATHERING VIRTUALLY.

3. WE IDENTIFY AND EQUIP LEADERS THROUGH THE CIVIC LEADERSHIP

ENGAGEMENT ROADMAP (CLER), WHICH IS A PROPRIETARY 3-MONTH PROGRAM THAT

STRENGTHENS WOMEN'S LEADERSHIP SKILLS, POLICY ACUMEN, AND COMMUNITY

RELATIONSHIPS.

THE POLICY CIRCLE IS CULTIVATING AN UNTAPPED COMMUNITY OF CIVIC-MINDED INDIVIDUALS WHO ARE EAGER TO LEARN AND LEAD IN THEIR COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED DURING THE YEAR, INCREASING THE BOARD SIZE FROM 5

TO 10 MEMBERS AND ESTABLISHING AN EXECUTIVE COMMITTEE.

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

THE FORM 990 IS REVIEWED BY THE PRESIDENT AND BOOKKEEPER AND THEN SHARED

WITH THE ENTIRE BOARD FOR THEIR APPROVAL

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

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2023.04010 THE POLICY CIRCLE, CO.

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Name of the organization THE POLICY CIRCLE, CO.	Employer identification number $47 - 2843650$
EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH BOAR	D DELEGATED
POWERS MUST ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT	. IN ADDITION,
THE POLICY REQUIRES PERIODIC REVIEWS THAT INCLUDE AT A MIN	IMUM, AN
ASSESSMENT OF COMPENSATION AND BENEFITS.	

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

THE ORGANIZATION CONDUCTED STUDIES AND SECURED THIRD PARTY DATA TO

DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR AS WELL AS ALL OTHER

DIRECTORS. IN ADDITION, THE BOARD OF DIRECTORS APPROVED THE COMPENSATION

OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

IN, AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH

NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

THESE ARE AVAILABLE UPON REQUEST.

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

CONSULTANT FEES: PROGRAM SERVICE EXPENSES 131,147. MANAGEMENT AND GENERAL EXPENSES 163,593. FUNDRAISING EXPENSES 29,433. TOTAL EXPENSES 324,173. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 324,173.

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