Form	qqn
Form	330

Department of the Treasury Internal Revenue Service

** 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.



AF	or th	e 2020 calendar year, or tax year beginning and	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	Washington Policy Center			
	Name chang			91-175276	59
	Initial		Room/suite	E Telephone number	
	Final returr	PO Box 3643		206-937-9	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,076,558.
	Amer	Seallie, WA 90124		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer: Faul Guppy		for subordinates	? Yes X No
	-	same as C above		H(b) Are all subordinates in	No Yes
		empt status: 🗴 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	1 [']	list. See instructions
		te: • www.washingtonpolicy.org		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year (of formation: 1996 N	I State of legal domicile: WA
Pá	art I	Summary		h1;	
ě	1	Briefly describe the organization's mission or most significant activities: Promo	ote pu	DIIC POILCY	solutions
anc		on the state and local level through rese			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose			ets. 33
ğ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			31
~ŏ	4	Total number of individuals employed in calendar year 2020 (Part VI, line 16)			30
ties	6	Total number of volunteers (estimate if necessary)			100
ži	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,005,121.	3,980,663.
nue	9	Program service revenue (Part VIII, line 2g)		168,356.	71,043.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		61,790.	14,617.
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-488,070.	-273,411.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,747,197.	3,792,912.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	25,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,010,494.	2,249,594.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- dx	b	Total fundraising expenses (Part IX, column (D), line 25) • 568,88			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,330,785.	1,350,404.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,361,279.	3,624,998.
	19	Revenue less expenses. Subtract line 18 from line 12		385,918.	167,914.
S OF			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		4,520,543.	4,849,516.
Net As		Total liabilities (Part X, line 26)		142,783.	121,362.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		4,377,760.	4,728,154.
T C	art II	Signature block			

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

Sign Here	Signature of officer Paul Guppy, Interim Pr Type or print name and title	resident	Da	te					
Paid	Print/Type preparer's name Matt S. Smith	Preparer's signature Matt S. Smith	Date 10/27/2	1 Check PTIN if self-employed P01920313					
Preparer	Firm's name 🕒 Greenwood Ohlund	I, PS	Firi	m'sEIN ▶ 91-0873571					
Use Only	Firm's address 🕨 4241 21st Ave W	Suite 400							
Seattle, WA 98199 Phone no. (206) 782-176									
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

	1 990 (2020) Washington Policy Center rt III Statement of Program Service Accomplishments	91-1752769 Page 2
Pa		
	Check if Schedule O contains a response or note to any line in this Part III	······
1	Briefly describe the organization's mission: To promote public policy solutions on the state and	
	through research and education.	a iocai ievei
	chilough research and education.	
2	Did the organization undertake any significant program services during the year which were not liste	ed on the
-	prior Form 990 or 990-EZ?	
	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	m services?
5	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s	services as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,705,949. including grants of \$ 25,000	(0,) (Revenue \$ 71,043,)
ти	The center serves citizens, policymakers, and the	media in Washington
	through media outreach, publications, conferences,	
	state and local issues.	
4b	(Code:) (Expenses \$ including grants of \$) (Bevenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,705,949.	
		G (0000)

<u>Form 990 (</u>		Washington		Center
Part IV	Che	cklist of Required Schedu	es	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	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	•		v
~	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?	•		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		<u> </u>
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
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,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		v
00-	complete Schedule G, Part III	19 20a		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
		<u> </u>		

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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					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	Х			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV					
	instructions, for applicable filing thresholds, conditions, and exceptions):					
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		X		
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30						
	contributions? If "Yes." complete Schedule M					
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		x		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? 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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
	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					
36						
	If "Yes," complete Schedule R, Part V, line 2			x		
37						
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI			x		
38						
	Note: All Form 990 filers are required to complete Schedule O	38	Х			
Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>				
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
~	Did the organization comply with backup withbolding rules for reportable payments to vendors and reportable gaming					

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (controued) Yes No 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Batements. 2a 30 b If at least one is reported on time 2a, did the organization file all required federal employment tax returns? 2a 30 3a Did the organization have uncellated business gross income of \$1,000 or nore during the year? 2a 30 3a At any time during the calendary year of the togs of the togs and the as bate account in a foreign calent by the year? 3a 3a 3a At any time during the calendary exceeding the term during the year? 3a 3a 3b If "Tes," Instit filed A foreign contry by the proving the state account? 4a X 3b If "Tes," Instit file as a c5b, db, dt the organization that it haves or to a protibiled tax shelf the angelian tax year? 5a X 3b If "Tes," Instit file as a c5b, db, dt the organization include with every solicitation and party is a control to a protibiled tax shelf the organization account is a deductible of the angeliant that are normally greater than \$100,000, and dt the organization fact the number of the adductible of the angeliant account? 5a X 3c D bid ang state as a cob, db, dt the angeliant tax is angeling tax is angeling tax is	Form	990 (2020) Washington Policy Center 91-1752	769	P	age 5
2a Enter the number of employees reported on Form W4, Transmittal of Wage and Tax Statements, 2a 30 b If at least one is reported on line 2a, did the organization file all required toderal employment tax returns? 2b X Mote: If the sum of lines 1a and 2a is greater than 250, you may be required to e., Apic Gee instructions! 3a X B Did the organization have unleaded business groom code 31, 500 or med outing the year? 3b X B Taxs, Thest file all Form 900 Tor this year? Mote to engrate the nume of line forging country wear, did the organization have an interest in, or a signative or other autority over, a financial accountry is diring requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). Sa X Se instructions for timp equirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). Sa X Did any taxable party outly the organization fine Rom 8869 T? Sa X So in Save 3b, did the organization fine Rom 8869 T? Sa X Did the organization near toward statement that such contributions or gffs were not tax deductible? Sa X Dif Tays, 'ald the organization fine Rom 8869 T? Sa X Sa X Dif Tays, 'ald the organization fine Rom 8869 T?	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Inter of the calendar year enting with or within the year coverad by this return 2a 30 Mote: If the sum of times 1 and 2a is greater than 250, you may be required 10 early experiment that surfures? 2a Mote: If the sum of times 1 and 2a is greater than 250, you may be required 10 early files instructions? 2a Mote: If the sum of times 1 and 2a is greater than 250, you may be required 10 early files instructions? 2a Mote: If the sum of times 1 and 2a is greater than 250, you may be required 10 early files instructions? 2a Mote: If the sum of times 1 and 2a is greater than 250, you may be required to a signature or other authordy over, a than coll account is active into the same? 4a Mote: Mo				Yes	No
b If a last one in aponts on line 2a, did the organization fiel all required fedral employment to returns? 2a X 3a Did the organization have unrelated Dusiness gross income of \$1,000 or more during the year? 3b X 3b Thes, 'has it field a form 500-17 or file year? if 'No' to line 3b, provide an explanation on Schedule O 3b X b If 'Yes, 'nati field a form 500-17 or file year? if 'No' to line 3b, provide an explanation on schedule O 3b X b If 'Yes, 'neit the anare of the foreign country, securities account, or other financial accounts (FAP). 5a X b If 'Yes, 'neit the organization have annual gross medipts that are normally greater than \$100,000, and did the organization securits a chartable contributions? 5a X b If 'Yes, 'idd the organization file for walke of the outproblet at tax shelter transaction? 5a X c If 'Yes, 'idd the organization in the sup explot account any time during the sup explot account any time during the sup explot account any contributions or gifts were not tax deductible as chartable contributions? 5a X d If 'Yes, 'idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X b If 'Yes, 'idd the organization necexplot acconthy such organization fice aconthy the dorn or actinati	2a				
Note: If the sum of times 1a and 2a is greater fman 250, you may be required to a-rise (see instructions) Image:		, , , ,			
3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4b If Yeas," hast filted a Form 8000-107 thit isysar? 3b If Yeas," interference of the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial accountly over, a financial accountly over, a financial account in the organization in the foreign country (such as a tark account, securities account, or other financial account)? 4a X bit If Yeas," interference may be the foreign country (such as a tark account, securities account, or other financial account)? 5a X bit If Yeas," interference may be the organization in the foreign country for the more any time during the tax year? 5a X bit If Yeas," indite foreign country foreign as a party to a prohibited tax count in the foreign country for from 888.7? 5a X coor bit organization have annual gross enceipts that are normally greater than \$100,000, and did the organization include with every solicitation are express statement that such contributions or gifts were not tax douctibles a charable coortholutions? 6a X bit If Yeas," indite organization include with every solicitation are express statement that such contributions or gifts were not tax douctibles accharable coortholution? 7a X bit If Yeas," indite organization include with every solicitation express provided? 7a X 7a X coort Bit organi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, 'has it field a form 990-T for this yes?' // Yeo' fo lan 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign county (such as a bank account, securities account, or other financial account)? 4a X b I' Yes,' enter the name of the foreign county b 5a X 5a X b Did any tasket party neity the organization that it was or is a party to a prohibited tax sheler transaction? 5a X c M' Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheler transaction? 5c X b I' Yes,' of did the organization that it was or is a party to a prohibited tax sheler transaction? 6b X c I' Yes,' did the organization hat were y solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c). 6a X d Did the organization neituke as of a party to a prohibited tax sheler transaction? 7c X d Did the organization neituke as otherwise dispose of tangible personal property for which it was required to the party? 7a X d Did the organization neituke as other burness. C X Z Z					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other funncial account)? 4a X b If Yes, "enter the name of the foreign country be as hank account, securities account, or other financial Accounts (FBAF). 5a X b Was the organization a party to a prohibited as shelter transaction at any time during the tax yea? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X c If Yes' in the Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5a X c If Yes' in the Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible as charitable contributions? 5a X b If Yes, 'id the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c). bit If Yes, 'id the organization include with every solicitation an express provided? 7a X b If Yes, 'id the organization include with every solicitation an express provided to the pary or the was a period berefit contract? 7a X b If Yes, 'id the organization include with every solicitation an express solar benefit contract? 7a X b If Yes, 'indicate the number of Forms 8282 filed during the year 7d 7a <td< th=""><th></th><th></th><th></th><th></th><th><u> </u></th></td<>					<u> </u>
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 (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See X 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? See See 6a Does the organization have nanual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions and great than \$100,000, and did the organization solid any contributions that were not tax deductible contributions under section 170(c). See b if "Yes," did the organization nority the donor of the value of the goods or services provided? To X b if the organization noreity apart (in discret) to indirectly, to pay premiums on a personal benefit contract? Te X c bid the organization noreity any funds, directly or indirectly, on a personal benefit contract? Te X d if "Yes," indicate the number of Forms 8282 filed during the year? Fe X d bid the organization neceve any funds, directly or indirectly, on a personal benefit contract? Te X d if the organization neceve any taxe distribution or any action files form 8809 as equire? Th X d if the organiza			3b		
b # "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). Sa Was the organization approximation that it was or is a party to a prohibited tax shelter transaction? 50 Ut any taxable party notify the organization file Form 88897? 61 Yes," to lie Sa or 50, dif the organization file Form 88897? 62 Does the organization have annual gross receipts that are normally greater than \$100,000, and dif the organization solicit any contributions that were not tax deductible as charable contributions? 63 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 64 Organization that greace deductible contributions under section 170(c). 65 If "Yes," did the organization notify the donor to the value of the goods or services provided T 74 X X 75 Ut the organization notify the donor to the value of the goods or services provided T 76 If "Yes," indicate the number of Forms 8282 filed during the year 67 Did the organization cereive a any funds, directly or indirectly, on a personal benefit contract? 76 Ji the organization neceive a any funds, directly or indirectly, on a personal benefit contract? 77 T 78 Ji the organization neceive a contribution of cash, back, anginales, or other value of the organization formato? 79 Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution subdie section 4966? 98 Did the sponsoring organization make any taxible distributions under section 4966? 99 Did the sponsoring organization make any taxible distributions under section 4966? 90 Did the sponsoring organizations. Enter: a Initiation fees and capital contribution of calcular or related person? 99 Did the sponsoring organization make any taxible distributions under source against amounts due or received form them.) 112 If "Yes," there the amount	4a				37
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Form **990** (2020)

Form 990 (2020)

 Form 990 (2020)
 Washington Policy Center
 91–1752769
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 37

0						
Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	33			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cont	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	in 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	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	'S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other <i>(explain</i>					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, and	financ	ial	
	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	d records			
	Daniel Mead Smith - 206-937-9691					
	3404 4th Avenue S, Seattle, WA 98134					

Form 990 (2		91-1752769	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated					
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.							

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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.

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Form 990 (2020) Washingto	on Polic	'y	Ce	nt	er	•			91-175	2769	F	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per		not ch	Pos neck i		than o		(D) Reportable compensation	(E) Reportable compensation		(F) stimat mount	
	week (list any hours for related		cer and		irecto	s both pr/trus	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con 1 or	other npens from th ganiza	์ ation าe tion
	organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				nd rela Janizat	
(19) Irene Song	1.00	77										0
Director (20) Dan Absher	1.00	Х						0.	0	•		0.
Director	1.00	x						0.	0			0.
(21) Mark Pinkowski	1.00	~						0.	0	•		0.
Chairman	1000	х		х				0.	0			0.
(22) Heidi Stanley	3.00									-		
Vice Chair		х		х				0.	0			Ο.
(23) Martha Lee	1.00											
Director		Х						0.	0	•		0.
(24) Benjamin Petter	1.00											•
Director	1 00	Х						0.	0	•		0.
(25) Sarah Rindlaub Director	1.00	x						0.	0			0.
(26) Janet True	1.00	Λ						0.	0	•		0.
Director	1.00	х						0.	0			0.
(27) Kevin Bouchey	2.00											
Treasurer		х		х				0.	0			Ο.
1b Subtotal								705,659.	0	. 7	4,5	53.
c Total from continuation sheets to Part VI	, Section A							0.	0	_		0.
d Total (add lines 1b and 1c)								705,659.	0	. 7	4,5	53.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100	000 of reportable		T	5
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,				,	<i>'</i>	<u> </u>	, i i	,	3		x
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsa	tion	and	otł	her compensation from t	he organization			
and related organizations greater than \$150	,		•							4	X	-
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										5		x
Section B. Independent Contractors		<u> </u>	<u>JI SU</u>	<u>cn i</u>	Jers	011 .						
1 Complete this table for your five highest cor	npensated ind	lepei	nder	nt co	ontra	actor	s tł	hat received more than \$	100,000 of compens	ation fi	om	
the organization. Report compensation for t												
(A) Name and business	address	NC	ONE					(B) Description of s	services	(Compe	C) ensatio	n
		INC						Beschption of c		comp	Jiloutic	
2 Total number of independent contractors (ir	ocluding but p	nt lin	nited	to	thor		ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	•	. III	meu		())	cou					

(A) (B) (C) (D) (D) (E) (F) Name and title Average hours Average per week (list any line) Average per week (list any line) Position (check all that apply) Position (check all that apply) Reportable compensation from related organizations 28) Adam Wray 1.00 X X 0. 0. 0. 29) Nathan Rimmer 1.00 X X 0. 0. 0. 31) Jon Coles 1.00 X 0. 0. 0. 0. 331 Jon Coles 1.00 X 0. 0. 0. 0. 333) Kathy Connors 1.00 X 0. 0. 0. 0. 333 Kathy Connors 1.00 X 0. 0. 0. 0. 0. 335) Roberta Weynouth 1.00 X 0. 0. </th <th>Form 990 Washingto</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>91-175</th> <th>2769</th>	Form 990 Washingto									91-175	2769
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						<u> </u>					
			-								
			-	-		-					

	1 990 (<i>i</i>	2020) Was	shing	ton :	Pol	icy Cent	cer		91-1752	769 Page 9
Pa	rt VII									
		Check if Schedule O	contains	a respor	nse or	note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
<i>(</i>) <i>(</i>)	1.0	Federated campaigns		10						
Contributions, Gifts, Grants and Other Similar Amounts	l a b	•• • • • •								
л С	0	Fundraising events				1,241,794.				
fts,	с д	Related organizations				_,,				
, Gi Dila	u o	Government grants (contr								
Sin	f	All other contributions, gifts,								
nti Der	•	similar amounts not included				2,738,869.				
oti	a	Noncash contributions included in		1g \$		9,328.				
no Dud	9 h	Total. Add lines 1a-1f					3,980,663.			
0.0						Business Code	, ,			
Ð	2 a	Seminars/Conference:	S			900099	71,043.	71,043.		
, vic	b						-			
Ser	c									
eve B	d									
Program Service Revenue	е									
Pre	f	All other program service	revenue		[
	g	Total. Add lines 2a-2f					71,043.			
	3	Investment income (inclue								
		other similar amounts)				►	15,930.			15,930.
	4	Income from investment of			-					
	5	Royalties	··· ······							
				(i) Real		(ii) Personal				
		Gross rents	6a							
	b		6b							
	С	Rental income or (loss)	6c							
		Net rental income or (loss		Securiti						
	7 a	Gross amount from sales of		Securitie	es	(ii) Other				
		assets other than inventory	7a			8,922.				
Ð	a	Less: cost or other basis	7b			10,235.				
venue	~	and sales expenses Gain or (loss)				-1,313.				
		Net gain or (loss)					-1,313.			-1,313.
Other Re		Gross income from fundraisi			<u> </u>	·····	_,			_,
Gţ	υu	including \$ 1,	-							
Ŭ		contributions reported on		_						
		Part IV, line 18	,		8a	٥.				
	b	Less: direct expenses			8b	273,411.				
		Net income or (loss) from			t <u>s</u>	►	-273,411.			-273,411.
	9 a	Gross income from gamin	ng activiti	es. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gaming a	activities	· <u> </u>	►				
	10 a	Gross sales of inventory,	less retur	ns						
		and allowances			10a					
		Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales of i	nventory						
S						Business Code				
Miscellaneous Revenue	11 a				$- \vdash$					
scellaneo <u>Revenue</u>	b				$- \vdash$					
sce	c d	All other revenue			$-\vdash$					
Ξ		Total. Add lines 11a-11d								
1	12	Total revenue. See instruction					3,792,912.	71,043.	0.	-258,794.

_	M 990 (2020) Washington I rt IX Statement of Functional Expense	Policy Cente	er	91-3
	ion 501(c)(3) and 501(c)(4) organizations must comp		her organizations must co	mplete column (A).
	Check if Schedule O contains a respon			
	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
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	25,000.	25,000.	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors, trustees, and key employees	414,635.	297,662.	44,406
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
-		1 515 973	1 099 232	162 3/1

(D) Fundraising expenses

70,	SD, 9D, and TUD Of Part VIII.		expenses	general expenses	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	25,000.	25,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	414,635.	297,662.	44,406.	72,567.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,515,873.	1,088,232.	162,341.	265,300.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24,368.	17,493. 107,449.	2,610.	4,265. 26,195. 25,385.
9	Other employee benefits	149,673.	107,449.	16,029.	26,195.
10	Payroll taxes	145,045.	104,126.	15,534.	25,385.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	15,645.	4,535.	5,142.	5,968.
с	Accounting	40,869.		40,869.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	35,711.	35,711. 691,429.		
12	Advertising and promotion	35,711. 691,429.	691,429.		
13	Office expenses	91,926.	59,938.	14,860.	17,128.
14	Information technology				
15	Royalties				
16	Occupancy	126,625.	101,300.	12,662.	12,663. 2,995.
17	Travel	22,590.	19,595.		2,995.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,987.	10,041.	1,498.	2,448.
23	Insurance	16,341.	5,447.	5,447.	5,447.
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	Printing and postage	185,544.	79,597.	1,123.	104,824.
b	Miscellaneous	74,163.	22,820.	27,648.	23,695.
c	Project Expenses	18,126.	18,126.	,	
d	Room rental and food	17,448.	17,448.	0.	0.
e	All other expenses	·			
25	Total functional expenses. Add lines 1 through 24e	3,624,998.	2,705,949.	350,169.	568,880.
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 Figure if following SOP 98-2 (ASC 958-720)				
					000

Washington Policy Center

91-1752769 Page 11

I u		Check if Schedule O contains a response or r	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			517,128.	1	1,001,897.
	2	Savings and temporary cash investments		F	291,716.	2	128,196.
	3	Pledges and grants receivable, net			1,840,399.	3	1,617,338.
	4	Accounts receivable, net			1,750.	4	12,781.
	5	Loans and other receivables from any current			•	_	
		trustee, key employee, creator or founder, sul		· · · ·			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqu	-	· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons describ				6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			13,782.	8	13,782.
As	9	D			106,921.	9	64,865.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		166,894.			
	Ь	Less: accumulated depreciation	10b	<u>166,894.</u> 136,979.	30,029.	10c	29,915.
	11	Investments - publicly traded securities	[]		1,718,818.	11	29,915. 1,980,742.
	12	Investments - other securities. See Part IV, lin			, , , , , , , , , , , , , , , , , , , ,	12	, ,
	13			13			
	14		Investments - program-related. See Part IV, line 11				
	15	Other assets. See Part IV, line 11			14 15		
	16	Total assets. Add lines 1 through 15 (must e			4,520,543.	16	4,849,516.
	17	Accounts payable and accrued expenses		1	139,583.	17	105,862.
	18	Grants payable			•	18	
	19	Deferred revenue			3,200.	19	15,500.
	20	-			•	20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
iliq		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr		F		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D	,			25	
	26				142,783.	26	121,362.
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.		,			
anc	27				2,472,350.	27	3,027,005.
Bala	28	Net assets without donor restrictions			1,905,410.	28	1,701,149.
Гр			anizations that do not follow FASB ASC 958, check here				
Ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
let ,	32	Total net assets or fund balances			4,377,760.	32	4,728,154.
2	33	Total liabilities and net assets/fund balances			4,520,543.	33	4,849,516.
					=,==•,•=•		_,,

Form **990** (2020)

Part X | Balance Sheet

-	~~~	
Form	990	(2020

Form	990 (2020) Washington Policy Center	91-1'	752769	Pad	_{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	3,792					
2	2 Total expenses (must equal Part IX, column (A), line 25) 2 3							
3	Revenue less expenses. Subtract line 2 from line 1	3			14.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,377	7,7	60.			
5	Net unrealized gains (losses) on investments	5	182	2,4	80.			
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								
	column (B))							
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	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 in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

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
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	Name of the organization Employer identification numbers of the organization								
									1-1752769
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
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 co	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 co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om 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	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions	b). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instructi	,	•	-				
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			[
		er the number of supported o	•						
g		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(1) 211	(described on lines 1-10	in your governi	l ,	support (see ir	3	support (see instructions)
		5		above (see instructions))	Yes	No		,	, , ,
Tota	al								

Schedule A (Form 990 or 990 EZ) 2020 Washington Policy Center Part II

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2684154.	3124409.	3475944.	4005121.	3980663.	17270291.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2684154.	3124409.	3475944.	4005121.	3980663.	17270291.			
	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)						546,043.			
	Public support. Subtract line 5 from line 4.						16724248.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	2684154.	3124409.	3475944.	4005121.	3980663.	17270291.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	39,717.	45,490.	52,483.	62,229.	15,930.	215,849.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10			-			17486140.			
	Gross receipts from related activities,	etc. (see instructio	ins)			12	630,013.			
	First 5 years. If the Form 990 is for th	,	,							
	organization, check this box and stor	•								
Sec	ction C. Computation of Publi									
	Public support percentage for 2020 (I			column (f))		14	95.64 %			
	Public support percentage from 2019					15	94.40 %			
	33 1/3% support test - 2020. If the c									
100	stop here. The organization qualifies						► V			
h	33 1/3% support test - 2019. If the c	. ,	•		lino 15 is 22 1/304					
U										
47-	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the fact				•	vi now the organiz				
	meets the facts-and-circumstances te	-		• • • •	-					
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets th						. —			
	organization meets the facts-and-circu		•				▶∟_			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∟			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Washington Policy Center Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
	Amounts from line 6	(,			(-,		(7)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	0					·
_	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (li	ne 8, column (f), c	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	1 5					18	%
19 a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						►
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
-							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Washington Policy Center

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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.)

Schedule A (Form 990 or 990-EZ) 2020 Washington Policy Center

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisf	y the Integral Part Test during the y	ear (see instructions).
---	---------------------------------------	-------------------------

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 Pa	art VI how	you supported a d	povernmental entity	(see instructions	;).
---	--	------------------------------	----------------------	----------------	------------	-------------------	---------------------	-------------------	-----

- 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 in 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

Yes No

032026 01-25-21

1

Schedule A (Form 990 or 990-EZ) 2020 Washington Policy Center Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Washington Policy Center

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations _{(contini}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	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	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	· · · · · · · · · · · · · · · · · · ·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 Washington Policy Center	91-1752769 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o 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; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

SCHEDULE C	Political Campaign and Lobbying Activities									
(Form 990 or 990-EZ)		2020								
	For Org	LULU Open to Public								
Department of the Treasury Internal Revenue Service										
If the organization answ	f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then									
 Section 501(c)(3) org 	anizations: Cor	plete Parts I-A and B. Do not com	olete Part I-C.							
.,	 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 									
 Section 527 organiza 	•	,								
-		Form 990, Part IV, line 4, or For								
		have filed Form 5768 (election und		•	•					
		have NOT filed Form 5768 (election								
If the organization answ Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	, 990-ЕZ,	Part V, line 35c (Proxy				
		ions: Complete Part III.								
Name of organization	, or (o) organizat	ions. complete l'art in.			Employe	er identification number				
Hame of organization	Washing	ton Policy Center				91-1752769				
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 52						
- all i a										
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV						
2 Political campaign					₽ \$					
3 Volunteer hours for										
	political campai									
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3)							
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		▶\$					
		incurred by organization managers								
		n 4955 tax, did it file Form 4720 fo				Yes No				
4a Was a correction m		·				Yes No				
b If "Yes," describe ir	n Part IV.									
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 5	501(c)(3)).				
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt functio	n activities	▶\$					
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527						
exempt function ac	tivities				▶\$					
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,							
line 17b					▶\$					
4 Did the filing organi	zation file Form	1120-POL for this year?				Yes No				
		nployer identification number (EIN)								
		tion listed, enter the amount paid f								
		omptly and directly delivered to a s		,	parate se	egregated fund or a				
political action com	mittee (PAC). If	additional space is needed, provid	e information in Part IV	I						
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political				
				filing organization funds. If none, ent		promptly and directly				
					0.0.	delivered to a separate				
						political organization.				
						If none, enter -0				
					—					
			1	1						

Schedule C (Form 990 or 990-EZ) 2020 T Part II-A Complete if the orga	Washir	ngton i	Policy Cente	er 501(a)(2) and file	91-1	752769 Page 2		
Part II-A Complete if the orga section 501(h)).	anizatio	n is exeri	npt under section	1 50 1 (C)(3) and file	a Form 5768 (eie	ction under		
	tion belong	is to an affil	iated group (and list in	Part IV each affiliated	aroup member's name	address FIN		
expenses, and share	•		• • •		group member o name	, addrood, Eini,		
		, 0	, ,	visions apply.				
B Check ► if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) A								
1a Total lobbying expenditures to influ	ence publi	c opinion (c	arassroots lobbying)		0.			
b Total lobbying expenditures to influ					81,333.			
c Total lobbying expenditures (add lir					81,333.			
d Other exempt purpose expenditure					2,705,949.			
e Total exempt purpose expenditures					2,787,282.			
f_Lobbying nontaxable amount. Ente					289,364.			
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable amo	ount is:				
Not over \$500,000		20% of t	he amount on line 1e.					
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.				
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.				
Over \$17,000,000		\$1,000,0	000.					
g Grassroots nontaxable amount (ent	ter 25% of	line 1f)			72,341.			
h Subtract line 1g from line 1a. If zero	o or less, ei	nter -0			0.			
i Subtract line 1f from line 1c. If zero	or less, en	nter -0			0.			
j If there is an amount other than zer reporting section 4911 tax for this y			<i>,</i> 6	ation file Form 4720		Yes No		
(Some organizations th	at made a	section 50	eraging Period Under D1(h) election do not l ate instructions for lin	nave to complete all o	of the five columns be	low.		
	Lobb	ying Exper	nditures During 4-Yea	r Averaging Period		-		
Calendar year (or fiscal year beginning in)	(a) 2	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	281	.,435.	304,011.	317,791.	289,364.	1,192,601.		
b Lobbying ceiling amount (150% of line 2a, column(e))						1,788,902.		
<u>c</u> Total lobbying expenditures	107	,905.	129,856.	122,851.	81,333.	441,945.		
	70),359.	76,003.	79,448.	72,341.	298,151.		
d Grassroots nontaxable amount	70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70,003.	13,440.	14,541.	<u>230,131.</u>		
e Grassroots ceiling amount (150% of line 2d, column (e))						447,227.		
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2020

91-1752769 Page 3

Schedule C (Form 990 or 990-EZ) 2020 Washington Policy Center 91-17527 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

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

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



Name	of the organization	Contor	Employer identification number 91-1752769
Par	Washington Policy		
Fai			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
			(b) I dilds and other accounts
-	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		l four de
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		, – –
Par	Impermissible private benefit? Conservation Easements. Complete if the or	reprint an analysis of the second sec	
1	Purpose(s) of conservation easements held by the organizati		biotoxically important land area
	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat Preservation of open space		certified historic structure
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation ecoment on the last
2	day of the tax year.		Held at the End of the Tax Year
~			
	Total number of conservation easements Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str	ructure included in (a)	
	Number of conservation easements included in (c) acquired		
u	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, re		
•	year		
4	Number of states where property subject to conservation ea	sement is located	
	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
		, <u> </u>	5,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	on easements during the year
	►\$		······································
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense sl	atement and
	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.	-	
Par	III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		

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

\$

\$ ►

	Schedule D (Form 990) 2020 Washington Policy Center 91-1752769 Page 2								
Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or Ot	her Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e significant i	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	b Scholarly research e Other								
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt purpo	se in Part :	XIII.		
5	During the year, did the organization solicit or	-	•	-					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arrang). Part IV. I			
	reported an amount on Form 990, Par		ie in the englin-and			,, · u . · · · , ·			
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets i	not included				
iu	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a					∟			110
b			July table.				Amount		
~	Pagipping balance				10		Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
1	Ending balance				1f		Vee		N
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	······ L	Yes		No
Par	t V Endowment Funds. Complete in					<u></u>			
T ai	Lindowinent Funds. Complete						() [
		(a) Current year	(b) Prior year	(c) Two years bac			(e) Four		
1a	Beginning of year balance	1,782,377.	804,216.	924,21		38,216.		926,3	
b	Contributions	3,800.	781,659.			41,000.		100,1	00.
с	Net investment earnings, gains, and losses	198,410.	295,987.						
d	Grants or scholarships					5,000.		5,0	00.
е	Other expenditures for facilities								
	and programs	3,845.	99,485.	120,00	0.	50,000.		183,2	52.
f	Administrative expenses								
g	End of year balance	1,980,742.	1,782,377.	804,21	6. 9	24,216.		838,2	16.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	95.7700	_%						
b	Permanent endowment ► _ 4.2300	%							
с	Term endowment ► .0000 g	%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	d administered fo	or the organiza	ation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Par	t X, line 10.				
	Description of property	(a) Cost or ot			c) Accumulate	ed	(d) Book	value	
		basis (investme	• • •	(other)	depreciation		(,	, ruidio	
1a	Land	`			•				
	Buildings								
	Leasehold improvements								
			16	6,894.	136,9	79.	20	9,91	5.
	Equipment		10	<u>,,,,,</u>	±30,9	• • •	2.2	.,	<u>.</u>
	Other						20	9,91	5
iota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part X</u>	<u>, column (B), line 1</u>	<u>JC.)</u>				-	
						Schedule	רע (Form	990) 2	.020

Schedule [) (Form 990) 2020	Washing	ton	Policy	Center

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

Sche	dule D (Form 990) 2020 Washington Policy Center		91-1752769 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
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		
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	<u>)</u>	
Pa	t XIII Supplemental Information.		

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

Part V, line 4:

Board designated funds are intended to be used for program enhancement.

Permanent endowment funds are intended to be maintained to provide a

permanent source of income.

Term endowment funds are intended to be used for the development and

enhancement of various research centers.

Part X, Line 2:

The Internal Revenue Service has determined that the Center is exempt from

federal income taxes under Internal Revenue Code Section 501(c)(3). As

such, it is subject to income taxes only on unrelated business income.

During the years ended December 31, 2020 and 2019, the Center had no

unrelated business income and, accordingly, no provision for federal

income taxes has been reported in the financial statements.

SCHEDULE G	Suppleme	ntal Information Regardin	g Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answered "Yes" o organization entered more than \$				or 19, d	or if the	2020		
Department of the Treasury Internal Revenue Service		Attach to Form 9						Open to Public Inspection		
Name of the organization		to www.irs.gov/Form990 for ins	struction	s and	the latest informati			ntification number		
name er me organization		ton Policy Center					91-1752			
Part I Fundrais		Complete if the organization ans		'es" or	n Form 990. Part IV. I					
	complete this part									
1 Indicate whether the	e organization rais	ed funds through any of the follow	ving activ	vities. (Check all that apply.					
a 🦲 Mail solicitat				•	overnment grants					
c Phone solicit d In-person sol		g [] Spec	iai tundra	aising	events					
•		r oral agreement with any individu	ial (includ	lina of	ficers. directors. trus	tees.	or			
•		art VII) or entity in connection with	•	•		,	Yes	No		
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pur	suant to	agreei	ments under which th	he fun	draiser is to be	e		
compensated at lea	ast \$5,000 by the	organization.								
			(iii)	Did			Amount paid	(vi) Amount paid		
(i) Name and address or entity (fund		(ii) Activity	have c	raiser ustody ntrol of	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)		
or onary (land			contrib	utions?			ed in col. (i)	organization		
			Yes	No						
			•	-						
Total										
	ch the organizatio	n is registered or licensed to solic	it contrib	utions	or has been notified	it is e	xempt from re	gistration		
or licensing.										

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990 EZ) 2020 Washington Policy Center

91-1752769 Page 2

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

			(a) Event #1 Annual	(b) Event #2	(c) Other events None	(d) Total events
			Dinner			(add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	COI. (C))
00000	1	Gross receipts	1,241,794.			1,241,794
	2	Less: Contributions	1,241,794.			1,241,794
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	47,945.			47,945
	7	Food and beverages	10,459.			10,459
	8	Entertainment	107,456.			107,456
	9	Other direct expenses				107,456 107,551
L	10	Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·	•	273,411
L		Net income summary. Subtract line 10 from I				-273,411
	τI					1 1
_	-	\$15,000 on Form 990-EZ, line 6a.		, , , ,		
Т				(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	-		(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2 3	Gross revenue Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	2 3 4	Gross revenue	%	bingo/progressive bingo	Yes %	col. (a) through col. (a)
	2 3 4 5	Gross revenue	Yes%	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5	Gross revenue	Yes%	bingo/progressive bingo	% Yes% No	col. (a) through col. (
	2 3 4 5	Gross revenue		bingo/progressive bingo	Yes% No	col. (a) through col. (a)
	2 3 4 5 7 8	Gross revenue	Yes% No from line 1, column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 7 8 Ent	Gross revenue	Yes% No Yfrom line 1, column (d) Yes% Ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (a)
	2 3 4 5 6 7 8 Ent	Gross revenue	Yes% Yes% No 'from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ent	Gross revenue	Yes% Yes% No 'from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ent	Gross revenue	Yes% Yes% No 'from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ent	Gross revenue	Yes% No	bingo/progressive bingo	Yes% No	col. (a) through col. (

Sch	edule G (Form 990 or 990-EZ) 2020 Washington Policy Center 91-	1752	769	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 		Yes	🗌 No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lin	es 9, 9	9b, 10b,

· · ·	

SCHEDULE I (Form 990)		Go	arants and Oth vernments, ar	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0	
		Comple	ete if the organizatio			rt IV, line 21 or 22.			-
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 for		nation		Open to Pul Inspectio	
Name of the organization	washingto	n Policy (Employer identification n 91-1752	
Part I General In	formation on Grants a							91 1/52	
criteria used to av	ation maintain records t ward the grants or assis	stance?							No
2 Describe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
	d Other Assistance to	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and ad	at received more than s dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	t
2 Enter total number	er of section 501(c)(3) a	nd government orc	anizations listed in th	e line 1 table					
	er of other organizations			······				······	
LHA For Paperwork	<u>u</u>							Schedule I (Form 990) 2020

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

Schedule I (Form 990) 2020

Washington Policy Center

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					Scholarships for students
cholarships	5	20,000.	0.		enrolled in higher education.
		5 000			Awards to winners of video
ideo Contest Awards	4	5,000.	0.		contest.
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
art I, Line 2:					
		c !		1	
the amount of the scholarship(s) of	jiven is i	<u>n our tina</u>	incial reco	ras. We	
equire candidates to submit their	r transcri	pts which	shows they	are	
nrolled in an institution of hig	or educat	ion i c		or	
morred in an institution of high	ier educat	.1011, 1.e.,	a correge	UL	
niversity. The selection criteria	a is to aw	vard a reci	pient or r	ecipients	

who embody the ideals of Jennifer Dunn Thomson. Scholarship funds are sent

directly to the grantees' education institution to ensure funds are used

for educational purposes. For the contest, participants were asked to

create videos that exemplifies how the free-market has helped their life.

SCI	HEDULE J	Compensa	ation Information	1	OMB No. 1	545-004	47	
(Fo	rm 990)		, Trustees, Key Employees, and Highest		20	20		
		Competent of the organization and	nsated Employees swered "Yes" on Form 990, Part IV, line 23.		20	ZU	J	
Depar	tment of the Treasury		ch to Form 990.		Open to Public			
Interna	al Revenue Service		for instructions and the latest information.		Inspe			
Nam	e of the organizatior			Employer i			mber	
Pa		Washington Policy C Regarding Compensation	enter	91-1	75276	9		
Fa		Regarding Compensation						
4	Chaoli the energy	to hav(aa) if the exception eventiand any of	the following to as fer a narrow listed on Form	000		Yes	No	
a		ine 1a. Complete Part III to provide any of	the following to or for a person listed on Form	990,				
	First-class or c	· · · · ·	Housing allowance or residence for person	معادية				
	Travel for com	- r	Payments for business use of personal res					
	Tax indemnification and gross-up payments							
		pending account	Personal services (such as maid, chauffeu					
				.,,				
b	If any of the boxes	on line 1a are checked, did the organization fo	llow a written policy regarding payment or					
	-	rovision of all of the expenses described abov			1b			
2	•	require substantiation prior to reimbursing or						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			2	Х			
3	Indicate which, if an	y, of the following the organization used to es	tablish the compensation of the organization's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any b	oxes for methods used by a related organization	on to				
	establish compensa	tion of the CEO/Executive Director, but explai	in in Part III.					
	Compensation		Written employment contract					
	Independent c	_	X Compensation survey or study					
	Form 990 of of	her organizations	X Approval by the board or compensation c	ommittee				
4		any person listed on Form 990, Part VII, Section	ion A, line 1a, with respect to the filing					
-	organization or a re	-			10		x	
		e payment or change-of-control payment?	nd ratiromant plan?				X	
		eive payment from a supplemental honqualitie					X	
C		es 4a-c, list the persons and provide the appli			+0			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations (must complete lines 5-9.					
5			le organization pay or accrue any compensatio	n				
	contingent on the re							
а	The organization?						X	
							X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did th	e organization pay or accrue any compensatio	n				
	contingent on the n	et earnings of:						
а	The organization?				6a		X	
							X	
		r 6b, describe in Part III.						
7			e organization provide any nonfixed payments					
					7		X	
8	•	-	d pursuant to a contract that was subject to th	е			77	
		otion described in Regulations section 53.495			8		X	
9		d the organization also follow the rebuttable p						
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for	r Form 990.	Sched	lule J (Forn	n 990)	2020	

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

91-1752769

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Daniel Mead Smith	(i)	226,105.	0.	0.	6,900.	19,362.		0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Paul Guppy	(i)	140,095.	0.	0.	3,100.	19,073.		0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE L		Tra	insactior	ns V	Vith	Interested	Persons			O	/IB No. ⁻	545-004	47
(Form 990 or 990-EZ)	Complete i	f the o	28b, or 28c, o	or For	m 990-	" on Form 990, Par EZ, Part V, line 38a	or 40b.	, 26, 27,	28a,		20	02	0
Department of the Treasury Internal Revenue Service		Go to v				990 or Form 990-E2 Istructions and the		n.			pen To spect		lic
Name of the organizatio									ployer			on nu	mber
Dent I. Frances			n Policy						-17		69		
						on 501(c)(4), and sec							
1		1	Relationship bet			rt IV, line 25a or 25b ified				0.	(d)	Corre	cted?
(a) Name of disqual	lified person		person and o		•	(0	c) Description of t	transaction			Yes		No
											_	\rightarrow	
											+	-	
2 Enter the amount of	of tax incurred by	(the e	rappization man	ogoro	or diag		ing the year unde						
	-		0	Ũ			0		▶ \$				
3 Enter the amount of									► \$ ► \$				
Part II Loans to	o and/or Fro	m Int	aracted Dor	one									
						Part V, line 38a or F	Form 990 Part IV	line 26:	or if th	e oraa	nizatic	'n	
•	n amount on For						onn 550, 1 art 10,	mic 20, 1	51 11 11	c orga	inzatic		
(a) Name of	(b) Relationship with organization		(c) Purpose		oan to or m the	(e) Original	(f) Balance due		,	(h) Approved by board or committee? (i) Written agreement?			
interested person	with organ	lization	of loan	organi	ization?	principal amount			ault?	cómm		-	
				To	From			Yes	No	Yes	No	Yes	No
													<u> </u>
													<u> </u>
													<u> </u>
Total						▶ \$	I		<u> </u>				<u> </u>
	or Assistance	e Ben	efiting Inter	este	d Per								
	f the organizatio				,								
(a) Name of intere	ested person		(b) Relationship interested pers the organiza	son an		(c) Amount of assistance	(d) Ty assis) Purp assista		f
		_											

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

Schedule L (Form 990 or 990-EZ) 2020

	(Form 990 or 990-EZ) 2020			
Part IV	Business Transaction	ons Involving Inte	erested Per	sons.

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

	Complete il the organization answered	Tes UITFUIT	11 990, Fart IV, III e 20a, 20	00, 01 200.			
	(a) Name of interested person		ship between interested and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
						Yes	No
Gull	Industries, LLC	Entity	partially ow	116,028.	Rental of o		X

Part V Supplemental Information.

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Gull Industries, LLC

(b) Relationship Between Interested Person and Organization:

Entity partially owned by Janet True

(d) Description of Transaction: Rental of office space at FMV

SCHEDULE O

(Form 990 or 990-EZ)

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

Washington Policy Center

Inspection Employer identification number 91-1752769

OMB No. 1545-0047

J2N

Open to Public

Form 990, Part VI, Section A, line 2:

John and Kathy Connors are a married couple and are both members of the

board of directors of the Washington Policy Center (see Form 990, Part

VII). Neither of these individuals received any compensation or other

benefits from the organization during the year ended December 31, 2020.

Form 990, Part VI, Section B, line 11b:

The 990 return will be emailed to the organization's Executive Committee

for review and each member will email a response back indicating they have

reviewed and believe the return is accurate.

Form 990, Part VI, Section B, Line 12c:

The organization requires Board members to annually fill out a form

disclosing any possible conflicts of interest. The forms are reviewed, and

possible conflicts of interest are followed up in accordance with the

organization's conflict of interest policy.

Form 990, Part VI, Section B, Line 15:

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

The Board's Executive Committee determines the compensation for the

organization's President at an annual review held in December.

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

The Board's Executive Committee confirms the compensation for all employees

after the president meets individually with each employee for an extensive

Schedule O (Form 990 or 990-EZ) 2020	Page 2					
Name of the organization Washington Policy Center	Employer identification number 91-1752769					
experience to help determine compensation. In addition, th	ey are given a					
salary history for each employee. State Policy Network, a	think tank trade					
association in which WPC is a member, releases the results	of a salary					
survey so that organizations can know what other organizations their size						
pay for particular positions. The committee uses this survey to determine						
compensation. The committee may alter the compensation for	any employee.					
Form 990, Part VI, Section C, Line 19:						
The organization makes its governing documents, conflict o	f interest					
policy, and financial statements available to the public b	y request if					
required by law.						

Form 990-T Exempt Organization Business		Exempt Organization Business Income Tax Return	n ∣	OMB No. 1545-0047	
	(and proxy tax under section 6033(e))			0000	
	For calendar year 2020 or other tax year beginning, and ending			·	2020
	tment of the Treasury al Revenue Service		▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		oyer identification number
B Exempt under sectio X 501(c)(3) 408(e) 2200		Print	Washington Policy Center	9	1-1752769
		or Type	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 3643		o exemption number nstructions)
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code Seattle, WA 98124	F	Check box if
	C Book value of all assets at end of year • 4,849,516.				
G	Check organization t	type 🕨	• X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplica	ble reinsurance entity
H (Check if filing only to	o 🕨	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> (</u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		
			, S I I S I S I S I S		Yes 🚺 No
-			d identifying number of the parent corporation.		
			Daniel Mead Smith Telephone number > 2 d Business Taxable Income	206-	937-9691
				1	
1			ss taxable income computed from all unrelated trades or businesses (see	1	0.
2	D a s a s a s			2	
3	Add lines 1 and 2			3	
4			see instructions for limitation rules)	4	0.
5		•	taxable income before net operating losses. Subtract line 4 from line 3	5	
6			ng loss. See instructions	6	
7		•	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro		·	7	
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	
10	Total deductions.	. Add lii		10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Pa	rt II Tax Com	putati	on		
1	Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio	ns ►	3	
4	Other tax amounts	s. See ii	nstructions	4	
5	Alternative minimu	um tax (trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reducti	ion Act Notice, see instructions.		Form 990-T (2020)

Form 990-T (2020) Page ;						
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)					
b	Other credits (see instructions) 1b					
с	General business credit. Attach Form 3800 (see instructions)					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 1a through 1d	1e				
2	Subtract line 1e from Part II, line 7	2			0.	
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866					
	Other (attach statement)	3				
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	4			0.	
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.	
6a	Payments: A 2019 overpayment credited to 2020 6a					
b	2020 estimated tax payments. Check if section 643(g) election applies					
с	Tax deposited with Form 8868 6c					
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d					
е	Backup withholding (see instructions) 6e					
f	Credit for small employer health insurance premiums (attach Form 8941) 6f					
g	Other credits, adjustments, and payments: Form 2439					
	□ Form 4136 □ Other Total ▶ 6g					
7	Total payments. Add lines 6a through 6g	7				
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8				
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9				
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10				
	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11				
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)					
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Y	es	No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here				<u>X</u>	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a					
	foreign trust?					
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
4a	Did the organization change its method of accounting? (see instructions)					
b	b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"					
explain in Part V						
Part	V Supplemental Information					

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
Here	Signature of officer	Date Inte	terim President		May the IRS discuss this return with the preparer shown below (see instructions)? X Yes N			
I	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN		
Paid				self- employe	ed			
Preparer	. Matt S. Smith	Matt S. Smith	10/27/21			P01920313		
Use Only		Firm's EIN		91-0873571				
	4241 21st							
	Firm's address Seattle ,	Phone no.	(2	06) 782-1767				
						Form 990-T (2020)		