Form <b>99</b>

### EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

mem	al Rev	enue Service Go to www.iis.gowPormaao for instructions and i			Inspection		
AF	or th	e 2022 calendar year, or tax year beginning and	ending				
B c a	heck if	le: C Name of organization		D Employer identification	ation number		
	Addr chan	REINSTITUTE INC.					
	Nam chan		56-2609577				
	Initia retur		Room/suite				
	Final Final	SIX LANDMARK SQUARE	400	(203) 329	-5800		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,898,922.		
	Ame retur	STAMFORD, CI 00901		H(a) Is this a group ret			
	Appl tion	Finame and address of principal officer. DEAM WITTIEM		for subordinates?	Yes X No		
	pend	SAME AS C ABOVE		H(b) Are all subordinates inc	Iuded? Yes No		
		xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a li	st. See instructions		
	Vebs			H(c) Group exemption			
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2006 M	State of legal domicile: CT		
Pa	rt I	Summary					
é	1	Briefly describe the organization's mission or most significant activities: WE We	ORK AR	OUND THE WOR	LD TO		
Activities & Governance	•	CREATE EQUAL, JUST & SAFE COMMUNITIES.					
ern	2	Check this box if the organization discontinued its operations or dispose			ets. 7		
20	3				6		
8	4 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····  +	12		
ties	6	Total number of volunteers (estimate if necessary)		7			
tivi					0.		
Ac		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)		430,861.	118,672.		
nue	9	Program service revenue (Part VIII, line 2g)		1,736,567.	1,780,250.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,167,428.	1,898,922.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,399,206.	1,401,858.		
Expenses	<b>1</b> 6a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.		
xpe		Total fundraising expenses (Part IX, column (D), line 25) 88,39					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		930,427.	1,020,937.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,329,633.	2,422,795.		
	19	Revenue less expenses. Subtract line 18 from line 12		-162,205.	<u>-523,873.</u>		
ts or				ginning of Current Year 790,697.	End of Year		
Sset Bala	20	Total assets (Part X, line 16)		157,004.	<u>406,634.</u> 296,814.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		633,693.	109,820.		
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		055,0250	109,020.		
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents and to the hest of my	knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			and and bollon, it is		

Sign 🧪	Signature of officer	Date
Here	SEAN WHITTEN, CEO	
	Type or print name and title	7
	Print/Type preparer's name	Date Check PTIN
Paid	MIKE SCHALL	11/02/23 self-employed P02024184
Preparer	Firm's name SAX LLP	Firm's EIN 81-2950760
Use Only	Firm's address 1040 AVENUE OF THE AMERICAS-16TH FL	
	NEW YORK, NY 10018	Phone no. 212-661-8640
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2022)
	Public Disclosure	Сору

Form	990 (2022) REINSTITUTE INC.	56-2609577 <sub>Page</sub> 2
Par	rt III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O	<u>A</u>
2	Did the organization undertake any significant program services during the year which were not listed on t 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 serv If "Yes," describe these changes on Schedule O.	vices? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, and
4a	(Code:) (Expenses \$1,903,440. including grants of \$) IMPACT	
	THE 100-DAY CHALLENGE METHODOLOGY IS AT THE HEART OF IMPACT. CHALLENGES DRIVE SYSTEMS CHANGE ON THE FRONTL	
	POWER OF PEOPLE. EACH YEAR, OUR ORGANIZATION STRIVES	
	TO 100-DAY CHALLENGES DOMESTICALLY AND GLOBALLY. CURR	
	FOCUSES ON SYSTEMS INVOLVING HOUSING AND HOMELESSNESS	· · · · · · · · · · · · · · · · · · ·
	AND JUSTICE. RE!NSTITUTE ALSO PURSUES AND CARRIES OUT	
	PROJECTS ACROSS THE GLOBE, LIKE THE TRAINING OF CONGO THE DEMOCRATIC REPUBLIC OF CONGO IN 2023.	DLESE COACHES IN
	(CONTINUE ON SCHEDULE O)	
4b	(Code:) (Expenses \$ including grants of \$ )	(Revenue \$ )
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$ )
4d	Other program services (Describe on Schedule O.)	١
4e	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses     1,903,440.	)
232002	SEE SCHEDULE O FOR CONTINUATION	. ,
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Form	990	(2022)
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REINSTITUTE INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b></b>		<u> </u>
U	Schedule D, Part III	8		x
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>•</b>		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	х	
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
13 14a	Did the survey institute restricts and office survey is a survey of the little distance of the survey of the surve	14a	Х	<u> </u>
14a b				
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		116	х	
1E	or more? If "Yes," complete Schedule F, Parts I and IV	14b	27	<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	_r	v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

Form	990	(2022)
FOIIII	990	(2022)

 Form 990 (2022)
 REINSTITUTE INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		
	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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV 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 line 28a or 28b? If	200		
U	"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	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		- 23
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34		x
<b>25 a</b>	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		- 23
b		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a reasonable or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V		<b>X</b>	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		

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

232004 12-13-22

Х Form 990 (2022)

1c

Form	990 (2022) REINSTITUTE INC. 56-2609	577	P	<sub>age</sub> 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	]		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Form	990	(2022)

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Form **990** (2022)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		,	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		х
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<b>_</b>		- 23
3				v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a	X	
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150	23	
16-				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	<u>16a</u>		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CT, CA, FL</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LINDA RITACCO - (203)329-5800			
	SIX LANDMARK SQUARE, #400, STAMFORD, CT 06901			
232006	12-13-22	Form	990	(2022)
	Public Disclosure Copy			
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 Form 990 (2022)
 REINSTITUTE INC.
 56-2609577
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

56-2609577 Page 6

Form 990 (2		56-2609577	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
	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		
	te this table for all persons required to be listed. Report compensation for the calendar year ending with or v Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless	U	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unles		box, unless person is both an officer and a director/trustee)			n an	compensation	compensation	amount of
	week	-					from the	from related organizations	other	
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	Emple	Fori			
(1) ECHO COLLINS-EGAN	40.00							100 500	•	40.000
CHIEF IMPACT OFFICER						X		120,706.	0.	43,382.
(2) SEAN WHITTEN	40.00									
PRESIDENT & CEO		х		X				135,817.	0.	18,576.
(3) GARY KAPLAN	1.00									
CHAIR		х		X				0.	0.	0.
(4) MARY HOUGHTON	1.00									
SECRETARY & TREASURER		х		X				0.	0.	0.
(5) MALCOLM BUTLER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) NADIM MATTA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) AYE AYE THWIN	1.00									
DIRECTOR		х						0.	0.	0.
(8) IRINA VALASSIA	1.00									
DIRECTOR		Х						0.	0.	0.
		•								
		1								
					-					
		-								
										<b>Garm 990</b> (2022)

Form 990 (2022)

. . . . . . . .

	990 (2022) REINSTITU									56-260	9577 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) (B) Name and title Average hours per week			Average Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
		(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	compensation from the organization and related organizations
					0	×	e F	Ľ			
	Subtotal								256,523. 0.		0. 61,958. 0. 0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								256,523.		0. 61,958.
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	2
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si										Yes No 3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> <b>tion B. Independent Contractors</b>										. 5 X
1	Complete this table for your five highest co	npensated ind	eper	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comper	nsation from
	the organization. Report compensation for t	he calendar ye				ith o	or wit	<u>hin</u>	(B)		(C)
	Name and business	address	NC	ONE	2			+	Description of s	ervices	Compensation
2	Total number of independent contractors (ir	ncluding but no	ot lim	nited	l to t	thos	e list	ted	above) who received mo	ore than	
	\$100,000 of compensation from the organiz	0				0	)		-		

Form 990 (2022)

					TTUTE	ΞI	NC.			56-2609	577 Page 9
Pa	rt V	/111	Statement of Re	venu	le						
			Check if Schedule O	contai	ns a respo	onse	or note to any lin	(			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ις N	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
۵ ق			Fundraising events								
ifts ar A			Related organizations								
a, Bilo			Government grants (contr								
ŝ			All other contributions, gifts,								
her			similar amounts not included				118,672.				
Ē		g	Noncash contributions included in								
aŭ		h	Total. Add lines 1a-1f					118,672.			
							Business Code				
Ð	2	а	PROGRAM SERVI	CE	CONTR	А		1,780,250.	1,780,250.		
Program Service Revenue		b									
Sei		с									
eve eve		d									
ßč		е									
Pro		f	All other program service	reven	ue						
			Total. Add lines 2a-2f					1,780,250.			
	3		Investment income (includ								
			other similar amounts)	-							
	4		Income from investment c								
	5		Royalties	. <u></u>							
					(i) Rea	I	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b				1			
		с	Rental income or (loss)	6c				1			
		d	Net rental income or (loss)	)							
	7	а	Gross amount from sales of		(i) Securit	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
			Net gain or (loss)			<u>.</u>					
Other R	8	а	Gross income from fundraisin	ng eve	nts (not						
₿			including \$		of						
			contributions reported on	line 1	c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses								
		с	Net income or (loss) from	fundra	aising ever	nts					
	9	а	Gross income from gamin	ig acti	vities. See						
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory, I	ess re	eturns						
			and allowances								
		b	Less: cost of goods sold								
		с	Net income or (loss) from	sales	of invento	ry					
ú							Business Code				
inoi	11	а									
ane		b									
Miscellaneous Revenue		С									
Nis(			All other revenue								
		е	Total. Add lines 11a-11d							-	
	12		Total revenue. See instruction	ons .				ц,898,922.	1,780,250.	0.	0.

232009 12-13-22

Form **990** (2022)

REINSTITUTE INC.

Check if Schedule O contains a respons			(C)	 (D)
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	158,575.	137,215.	19,124.	2,236
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	918,832.	673,619.	190,849.	54,364
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	30,337.	22,128.	6,376.	1,83
Other employee benefits	211,813.	157,500.	6,376. 42,536.	<u> </u>
Payroll taxes	82,301.	61,775.	16,147.	4,37
Fees for services (nonemployees):	·		· · ·	•
a Management	1,750.		1,750.	
<b>b</b> Legal	6,653.		6,653.	
c Accounting	60,384.		60,384.	
d Lobbying			,	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	664,047.	638,694.	20,353.	5,000
Advertising and promotion				.,
Office expenses	1,431.	1,343.	83.	[
Information technology	81,017.	60,811.	15,895.	4,31
Royalties	01/01/0			-,
	2,786.	2,091.	547.	148
	83,867.	68,073.	11,451.	4,34
Travel Payments of travel or entertainment expenses	05,007.			
Payments of travel or entertainment expenses for any federal, state, or local public officials				
, , , , , F				
Conferences, conventions, and meetings	5,989.		5,989.	
Interest	5,909.		5,303.	
Payments to affiliates				
Depreciation, depletion, and amortization	14,007.	9,306.	4,701.	
Insurance Other expenses, Itemize expenses not covered	14,007.	9,300.	±,/UL•	
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.)	70,575.	70,575.		
	15,803.	310.	15,493.	
	12,628.	510.	12,628.	
	14,040.		14,040.	
d				
e All other expenses		1 002 440		00 204
Total functional expenses. Add lines 1 through 24e	2,422,795.	1,903,440.	430,959.	88,390
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

232010 12-13-22

Form 990 (2022)

Net Assets or Fund

29

30

31

32

33

### **Public Disclosure Copy**

	• • •					
		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		460,825.	1	97,229.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		23,900.	3	29,000.
	4	Accounts receivable, net		292,937.	4	267,441.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9			13,035.	9	12,964.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		790,697.	16	406,634.
	17	Accounts payable and accrued expenses		133,998.	17	125,297.
	18	Grants payable			18	
	19	Deferred revenue		23,006.	19	41,517.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to any current or form	, ,			
Liabilities		trustee, key employee, creator or founder, subst	,			
iab.		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, page				
		parties, and other liabilities not included on lines	0		120.000	
		of Schedule D		0.	25	130,000.
	26	Total liabilities. Add lines 17 through 25		157,004.	26	296,814.
s		Organizations that follow FASB ASC 958, che	ck here X			
JCe	-	and complete lines 27, 28, 32, and 33.		102 224		00 000
Balances	27	Net assets without donor restrictions		483,324.	27	99,820.
ä	28	Net assets with donor restrictions		150,369.	28	10,000.

56-260<u>9577 Page 11</u>

29

30

31

32

33

109,820.

406,634.

Form 990 (2022)

633,693.

790,697.

REINSTITUTE INC.

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Form	1990 (2022) REINSTITUTE INC.	56-	-2609577	Pag	<sub>ge</sub> 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	1,898	3,93	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,422	2,7	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	-523		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	633	3,6	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	109	),8	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	,			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

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

Nar	ne of	the c	organization	~	-					identification number	
D				STITUTE IN						6-2609577	
	art I		Reason for Public C					see instruction	S.		
The 1 2 3 4	orga	Ac As Ah An	on is not a private founda hurch, convention of chu chool described in <b>section</b> ospital or a cooperative h nedical research organiza or, and state:	ırches, or associatio <b>on 170(b)(1)(A)(ii).</b> ( nospital service orga	n of churches described Attach Schedule E (Form anization described in se	in <b>sectio</b> n 990).) <b>ection 170</b>	on 170(b)(1 )(b)(1)(A)(ii	ii).	)(iii). Enter	the hospital's name,	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A fe	ederal, state, or local gov	ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7			organization that normal		ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
			ction 170(b)(1)(A)(vi). (Co								
8			ommunity trust describe			-					
9			agricultural research orga				-		-	-	
			university or a non-land-gi versity:	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
10	X	An act inc	organization that normal ivities related to its exem ome and unrelated busin e <b>section 509(a)(2).</b> (Con	pt functions, subjecters taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fr	om gross investment	
11		An	organization organized a	nd operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).			
12			organization organized a	-	-	-			•		
			re publicly supported org							heck the box on	
			es 12a through 12d that c							nivina	
â			<b>ype I.</b> A supporting organization	-	-	•	-				
			rganization. You must co			majonty o				pporting	
k	<b>,</b>	_	ype II. A supporting orga	-		ion with its	s supporte	ed organizatio	n(s) by hav	ina	
			ontrol or management of	-				-		-	
			rganization(s). You must						5		
c	: [	_	ype III functionally integ	-		in connect	tion with, a	and functional	ly integrate	d with,	
			s supported organization								
c	1 [	Т	ype III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	ation(s)	
		tł	nat is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	reness	
		re	equirement (see instructio	ons). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .			
e	•	c	Check this box if the orga	nization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		fı	unctionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
1	En	ter the	e number of supported of	rganizations							
ç	Pro		the following information	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroz	anization listed	() A maximum as		(vi) Amount of other	
		.,	me of supported organization		(described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	support (see instructions)	
					above (see instructions))	Yes	No				
<b>.</b>	-l										
Tot		Der	mucule Deduction Act N		untione for From 000 -	000 57		I	O-k-		
LHA	A FOR	rape	Prwork Reduction Act No		Disclos					dule A (Form 990) 2022	
									,		

	/ <b>F</b>	000	000
Schedule A	(⊢orm	990	2022

REINSTITUTE INC.

56-2609577 Page 2

001100441071				
Part II	Support Schedule f	or Organizations Described in Sections 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you chee	cked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify und	er Part III. If the organization	on

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(a) 2010	(6) 2013	(0) 2020	(0) 2021	(6) 2022	
8	Gross income from interest,						
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th						
<u> </u>	organization, check this box and stor ction C. Computation of Publi	<u>) here</u>					
			-				
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
	and <b>stop here.</b> The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	;

Schedule A (Form 990) 2022

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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	413,178.	578,439.	691,159.	430,861.	118,672.	2232309.
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	639,847.	1275567.	1734256.	1736567.	1780250.	7166487.
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1053025.	1854006.	2425415.	2167428.	1898922.	9398796.
	Amounts included on lines 1, 2, and	1033023.	1034000.	2125115.	210/120.	1050522.	5556756.
78	3 received from disgualified persons						0.
h	Amounts included on lines 2 and 3 received						0.
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		047 050	1450000	1 5 2 2 1 2 2	1602401	6060250
	amount on line 13 for the year	545,068.	847,859.		1533122.		6068358.
	Add lines 7a and 7b	545,068.	847,859.	1459908.	1533122.	1682401.	6068358.
	Public support. (Subtract line 7c from line 6.)						3330438.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1053025.	1854006.	2425415.	2167428.	1898922.	9398796.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	36.					36.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1053061.	1854006.	2425415.	2167428.	1898922.	9398832.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatic	n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>35.43 %</u>
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	<u>43.92 %</u>
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	.00 %
	<b>33 1/3% support tests - 2022.</b> If the					3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar						X
b	33 1/3% support tests - 2021. If the	-					
-	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			-		-	
	23 12-09-22			.,, oncon th			(Form 990) 2022
		blic E	Disclo	sure	Cop		

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

232024 12-09-22

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	(Form 990) 2022	REINSTITUT
Part IV	Supporting Or	ganizations (continued)

#### EINSTITUTE INC.

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controlle	d the supportir	na organization.
Section C. T	vpe II Sup	porting Org	janizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

Section D.	All Type	<b>III Supporting</b>	Organizations				

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

### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

232025 12-09-22

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Schedule A (Form 990) 2022

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Calas	dule A (Form 990) 2022 REINSTITUTE I	NC		5	6-2609577 Page 7
Pa			nizations (continu		0 2005577 Pager
	ion D - Distributions			ueu)	Current Year
		matauraaaa		1	Gurrent rear
 2	Amounts paid to supported organizations to accomplish exer			-	
2	Amounts paid to perform activity that directly furthers exemp	it purposes of supported		2	
3	organizations, in excess of income from activity	o of our ported or appization	<u> </u>	2	
4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es of supported organizations	5	4	
_ <del>4</del> 5		avida dataila in Port VI)		4 5	
6	Qualified set-aside amounts (prior IRS approval required - pro	<u>ovide details in Part VI)</u>		6	
	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			7	
<u>7</u> 8	<b>Total annual distributions.</b> Add lines 1 through 6. Distributions to attentive supported organizations to which the	o organization in roomonoiva		<b>– /</b>	
o		le organization is responsive		8	
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C. line 6			9	
				9 10	
10	Line 8 amount divided by line 9 amount	(i)	(;;)	10	(;;;)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022
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REINSTITUTE INC.

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
232028 12-09-2	2 Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

2022

Employer identification number

56-2609577

REINSTITUTE INC.	•
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Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### General Rule

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

#### Special Rules

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

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

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

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

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

2		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3452 11-15-22		\$	Person Payroll Occupient Payroll Payroll (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

|--|

REINSTITUTE INC.

Name of organization

Part I

(a)

No.

(a)

No.

1

Employer identification number

(d)

Type of contribution

X

56-2609577

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

75,000.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Schedule B (Form 990) (2022)

14401102 795584 4628 Poblic Dise 20500 REINSTITUTE INC.

### 46280.01

Employer identification number

56-2609577

Schedule B (Form 990) (2022)

REINSTITUTE INC.

Name of organization

223453 11-15-22

	B (Form 990) (2022)		Page <b>4</b>
Name of o	organization		Employer identification number
REINS	TITUTE INC.		56-2609577
Part III	Exclusively religious, charitable, etc., contributi	) through (e) and the following line entry.	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(-) NI -	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.		[	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(	
	Tupo fau ale varia a debi	(e) Transfer of gift	Deletionship of two seferes to two seferes
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022)

14401102 795584 4628 Poblic Disco 20500 REINSTITUTE INC.

SCHEDULE D	

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 4 l **Open to Public** Inspection

Nam	e of the organization REINSTITUTE INC •		En	nployer identification number 56-2609577
Par		d Funds or Other Similar Funds		
1 41	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fi	unds and other accounts
4	Tatel number at and of year		(6)10	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		•	
De	impermissible private benefit?			Yes No
Par			Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	of a historical	ly important land area
	Protection of natural habitat	Preservation of	of a certified h	nistoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	<u>2c</u>	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organizatio	n during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing con	servation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easeme	nts during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement a	Ind
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that dea	scribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	and balance	sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	urtherance o	f public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	balance shee	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	···· · · · · · · · · · · · · · · · · ·			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		0 ,	
а				\$
				\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022
	09-01-22			
		sclosure Co		
			- <b>r</b> J	

Sche		TUTE INC.						56-26			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other S	Simila	r Assets	<b>i</b> (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the t	following that	t make sigr	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how th	ney further th	ne organizatio	on's exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical treas	sures, or othe	er similar as	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		lete if the	e organizatio	on answered '	"Yes" on F	orm 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodia		dian/ for	contribution	s or other as	sote not inc	aludad				
Ia	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII a							∟			
D			nowing t	abie.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			_		
Par											
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are held ar	nd administer	red for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Far	t VI Land, Buildings, and Equipm Complete if the organization answered			/ line 11e C		Dout V lin	a 10				
								.	( )) E		
	Description of property	(a) Cost or basis (invest			t or other (other)		umulate eciation	ed	<b>(d)</b> Boo	k valu	le
	Land		menty	Dasis		ueph	colation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		V and	 	00)						0.
Total	. Aud intes ta tittough te. (Column (a) MUSI ei	<u>qual Forni 990, Pan</u>	, colun	ш (в), IIne I	UC.)		<u></u>	Schedule	D (Form		-
									- (i oi ii		, _~~~~

Part VII	Investmen	s - Other Securities.	
Schedule D	(Form 990) 202	2 <b>REINSTITUTE</b>	INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
I) Financial derivatives			
?) Closely held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
••			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 990 Part V line 15	
-	Description		(b) Book value
	Description		
(1)			
(2)			-
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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 2	5.
			(b) Book value
(a) Description of liability			
(a) Description of liability			(-)
(1) Federal income taxes			
(1) Federal income taxes (2) LINE OF CREDIT PAYABLE			
<ul> <li>(1) Federal income taxes</li> <li>(2) LINE OF CREDIT PAYABLE</li> <li>(3)</li> </ul>			
<ul> <li>(1) Federal income taxes</li> <li>(2) LINE OF CREDIT PAYABLE</li> <li>(3)</li> <li>(4)</li> </ul>			
<ul> <li>(1) Federal income taxes</li> <li>(2) LINE OF CREDIT PAYABLE</li> <li>(3)</li> </ul>			
<ul> <li>(1) Federal income taxes</li> <li>(2) LINE OF CREDIT PAYABLE</li> <li>(3)</li> <li>(4)</li> </ul>			
<ul> <li>(1) Federal income taxes</li> <li>(2) LINE OF CREDIT PAYABLE</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> </ul>			
(1)       Federal income taxes         (2)       LINE       OF       CREDIT       PAYABLE         (3)       (4)       (5)       (6)			130,00
(1)         Federal income taxes           (2)         LINE OF CREDIT PAYABLE           (3)         (4)           (5)         (6)           (7)         (7)			

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 ... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 REINSTITUTE INC.		56-2	2609577 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,898,922.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,898,922.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,898,922.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Returr	).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements		1	2,422,795.
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.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,422,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			2,422,795.
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 X, LINE 2:

RAPID RESULTS INSTITUTE, INC. DOES NOT BELIEVE ITS FINANCIAL STATEMENTS

INCLUDE ANY MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS

ENDING DECEMBER 31, 2019 AND LATER ARE SUBJECT TO EXAMINATION BY

APPLICABLE TAXING AUTHORITIES.

232054 09-01-22

Schedule D (Form 990) 2022

Department of the Treasury Internal Revenue Service	Go to w	www.ire.gov/Eorg	Attach to Form 990. 990 for instructions and the latest i	nformation		Open to Public Inspection
Name of the organization		ww.irs.gov/rom		mormation.	Employer i	dentification number
REINSTITUTE INC			aide the United Otates		56-260	
		ctivities Out	side the United States. Complete	ete if the organ	ization answe	red "Yes" on
Form 990, Part	/	maintain kaaak	de te cubatantista the amount of its are	nto and other		
-	-		ds to substantiate the amount of its gra he selection criteria used to award the			Yes X No
2 For grantmakers. Des	oribo in Dart V the	organization's	procedures for monitoring the use of its	arante and ot	hor assistance	outsido tho
United States.		organization s	biocedures for monitoring the use of its	s grants and ot	ner assistante	
	The following Part	L line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (c	i) (f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		e specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the regio	in the region
MEXICO		8	PROGRAM SERVICES	100-DAY CHA	LLENGE	243,892.
CENTRAL AMERICA AND						
CARIBBEAN (DOMINICAN						
REPUBLIC)		1	PROGRAM SERVICES	100-DAY CHA	LLENGE	112,992.
SOUTH AFRICA	-		PROGRAM SERVICES	100-DAY CHA	LLENGE	151,814.
3 a Subtotal	0	9				508,698.
<b>b</b> Total from continuation	n					
sheets to Part I	0	0				0.
c Totals (add lines 3a						

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

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Schedule F (Form 990) 2022

508,698.

OMB No. 1545-0047

2022

and 3b)

SCHEDULE F (Form 990)

REINSTITUTE INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEXICO	IMPROVE CRIMINAL JUSTICE	202,375.	WIRE	0.		
		MEXICO	IMPROVE CRIMINAL JUSTICE	6,164.	WIRE	0.		
				0,104.				
		MEXICO	IMPROVE CRIMINAL JUSTICE	30,795.	WIDE	0.		
					WIRE			
		DOMINICAN	TRAINING FOR 100 DAY CHALLENGE					
		REPUBLIC	IMPLEMENTATION	112,992.	WIRE	0.		
		SOUTH AFRICA	STOP GENER BASED VIOLENCE	148,897.	NTDE			
		SOUTH AFRICA	VIOLENCE	140,097.	WIRE	0.		
			l recognized as charities by the f			<u> </u>		1
			or counsel has provided a sect			<ul> <li></li> <li></li> </ul>		5

Schedule F (Form 990) 2022

### REINSTITUTE INC. 56-2609577 Schedule F (Form 990) 2022 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 REINSTITUTE IN	NC.
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#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.


SC	HEDULE J	Compen	sation Information		OMB No. 1	545-004	.7
(Form 990)			tors, Trustees, Key Employees, and Highest		20	<b>?</b> ?	)
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.	_			•
	rtment of the Treasury	A	ttach to Form 990.		Open to Inspe		c
	al Revenue Service ne of the organization		0 for instructions and the latest information.	Employer iden	-		nhor
Indii	le of the organization	REINSTITUTE INC.		56-260			nbei
Pa	rt I Question	s Regarding Compensation		50-200	1951	/	
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990.		105	
		line 1a. Complete Part III to provide any re	5				
	First-class or c		Housing allowance or residence for perso	nal use			
	Travel for com		Payments for business use of personal re				
		ation and gross-up payments	Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization	n follow a written policy regarding payment or				
	•	·	bove? If "No," complete Part III to explain		1b		
2			g or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, re	egarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to	o establish the compensation of the organization's	6			
	CEO/Executive Dire	ctor. Check all that apply. Do not check ar	ny boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but ex	plain in Part III.				
	X Compensation	committee	Written employment contract				
	Independent of	ompensation consultant	Compensation survey or study				
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year, dic	any person listed on Form 990, Part VII, S	ection A, line 1a, with respect to the filing				
	organization or a re	ated organization:					
а	Receive a severance	e payment or change-of-control payment?			4a		X
b	Participate in or rec	eive payment from a supplemental nonqua	alified retirement plan?		4b		Х
с	Participate in or rec	eive payment from an equity-based compe	ensation arrangement?		4c		<u>X</u>
	If "Yes" to any of lir	es 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any compensation	on			
	contingent on the r	evenues of:					
а	The organization?				5a		X
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any compensatic	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
b	Any related organiz	ation?			6b		X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, di	d the organization provide any nonfixed payments	;			
					7		X
8			crued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.	4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttab	le presumption procedure described in				
	Regulations section	53.4958-6(c)?			9		
	Regulations section			Schedule		n 99	<del>)</del>

#### 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.

56-2609577

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>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ECHO COLLINS-EGAN	(i)	120,706.	0.	0.	4,828.	38,554.	164,088.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SEAN WHITTEN	(i)	135,817.	0.	0.	5,600.	12,976.	154,393.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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) 2022

SCHEDULE O (Form 990)

Name of the organization

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

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

Employer identification number

Schedule O (Form 990) 2022

56-2609577

OMB No. 1545-0047

REINSTITUTE INC.

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

WE WORK WITH PEOPLE, PARTNERS AND SYSTEMS AROUND THE WORLD TO CREATE

EQUAL, JUST & SAFE COMMUNITIES THROUGH FOSTERING COLLABORATION,

INNOVATION, EXECUTION.

WE CATALYZE INNOVATION FOR TANGIBLE RESULTS AND LEARNING WITHIN COMPLEX

SOCIAL SYSTEMS.

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

IN 2022, 53 RE!NSTITUTE 100-DAY CHALLENGES TOOK PLACE WITHIN THE UNITED STATES, MEXICO, DOMINICAN REPUBLIC AND SOUTH AFRICA WITH A TOTAL OF 780 FRONTLINE PARTICIPANTS. THERE WERE ALSO 221 NEW INNOVATIONS, BY WHICH WE MEAN STRUCTURES, PROCESSES, TOOLS AND WAYS OF WORKING PRODUCED BY THESE CHALLENGE TEAMS, WHICH HELPED THEM TO ACHIEVE THEIR AMBITIOUS GOALS AND TRANSFORM THEIR SYSTEMS FOR THE LONG-TERM.

CHALLENGE HIGHLIGHT

OUR 2022 WORK IN LATIN AMERICA, SAW US WORK WITH SIXTEEN COMMUNITIES

ACROSS MEXICO AND THE DOMINICAN REPUBLIC TO TRANSFORM JUSTICE,

GOVERNANCE, AND GENDER SYSTEMS. THE 100-DAY CHALLENGE ALLOWED

PARTICIPANTS TO RE-SHAPE THESE SYSTEMS LEADING TO INNOVATIONS THAT

SUPPORTED THE RESOLUTION OF A HIGHER NUMBER OF CRIMINAL CASES, IMPROVED

SUPPORT AND PROTECTION SERVICES FOR VICTIMS, AND REDUCED TIMES TO

COMPLETE PROCESSES.

IN THE U.S., WE HELPED FOURTEEN COMMUNITIES ACROSS CALIFORNIA,

PHILADELPHIA, PENNSYLVANIA, AND PALM BEACH, FLORIDA, BRING TOGETHER

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

TEAMS WORKING ACROSS HOUSING AND HOMELESSNESS AND HEALTH SYSTEMS TO

INNOVATE AND TRANSFORM HOW THESE SYSTEMS CAN COLLABORATE TO HOUSE MORE

ADULTS AND YOUTH EXPERIENCING HOMELESSNESS.

IN SOUTH AFRICA, THROUGH OUR PARTNER IRESULTS, 100-DAY CHALLENGES WERE DEPLOYED ACROSS SEVEN DISTRICTS TO IMPROVE SYSTEM RESPONSES, VICTIM SUPPORT AND TRAUMA SERVICE, AND EDUCATION RELATED TO GENDER-BASED VIOLENCE AND FEMICIDE.

2022 100-DAY CHALLENGE ACHIEVEMENTS

1) THROUGH OUR 100-DAY CHALLENGES, 311 PEOPLE EXPERIENCING HOMELESSNESS

WERE HOUSED WITHIN 100 DAYS, WITH AN ADDITIONAL 385 PEOPLE HOUSED IN

THE "SUSTAINING PHASE" - THE THREE MONTHS FOLLOWING THE 100-DAYS.

2) LAKE COUNTY IN CALIFORNIA SAW A 300% INCREASE IN THE NUMBER OF

PEOPLE HOUSED IN100-DAYS.

3) 4849 CRIMINAL JUSTICE CASES SOLVED ACROSS 8 STATES IN MEXICO WITH

THIS REPRESENTING A 241% INCREASE AGAINST BASELINE IN ONE CASE.

4) IN PACHUCA, MEXICO THE TEAM ACHIEVED A 4,425% INCREASE IN THE NUMBER

OF CHARGES PRESSED FOR SEX CRIMES CASES.

FORM 990, PART VI, SECTION A, LINE 8B:

NO INDIVIDUAL COMMITTEES CURRENTLY.

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

MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE

COMMITTEE AND PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS PROCESS WAS

PERFORMED, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO

BEING FILED WITH THE IRS.

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization

REINSTITUTE INC.

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

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH

BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO

CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

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

PART OF THE COMPENSATION FRAMEWORK - DURING ACCOUNTABILITY CONVERSATIONS

THE GIVEN BAND AND STEP ARE DISCUSSED AND DECIDED WITH ACCOUNTABILIY

PARTNER AND EMPLOYEE AND THEN CONVEYED TO FINANCE MANAGER TO MAKE ANY

NEEDED ADJUSTMENTS TO SALARY

ALSO WE NOW HAVE A SIGNED AGREEMENT WITH EACH EMPLOYEE AGREEING ON TITLE AND SALARY - 2022

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

CONTRACTED PERSONAL MEXICO:

PROGRAM SERVICE EXPENSES	393,028.
MANAGEMENT AND GENERAL EXPENSES	1,639.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	394,667.

CONTRACTED PERSONEL OTHER:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

232212 10-28-22

Schedule O (Form 990) 2022

245,666.

0.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization           REINSTITUTE         INC •	Employer identification number 56-2609577
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	245,666.
CONTRACTED PERSONEL (PROGRAM SUPPORT):	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	18,020.
FUNDRAISING EXPENSES	5,000.
TOTAL EXPENSES	23,020.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	694.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	694.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	664,047.
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.Taxpayer identification number							
print	REINSTITUTE INC.         56-2609577							
File by the due date for filing your	STX LANDMARK SOUARE 400	see instruct	ions.					
Bit In Ger Instructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAMFORD, CT 06901       0 1         Enter the Return Code for the return that this application is for (file a separate application for each return)       0 1         Application       Return       Application       Return         Is For       Code       Is For       Code         Form 990 or Form 990-EZ       01       Form 1041-A       08         Form 4720 (individual)       03       Form 4720 (other than individual)       09         Form 990-T (sec. 401(a) or 408(a) trust)       05       Form 6069       11         Form 990-T (trust other than above)       06       Form 8870       12								
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)					
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	00 or Form 990-EZ	01	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	00-PF	04	Form 5227			10		
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	City, town or post office, state, and ZIP code. For a <b>STAMFORD</b> , <b>CT</b> 06901 er the Return Code for the return that this application is for <b>Dilication</b> or m 990 or Form 990-EZ m 4720 (individual) m 990-PF m 990-T (sec. 401(a) or 408(a) trust) m 990-T (trust other than above) m 990-T (corporation) LINDA RITACCO The books are in the care of <b>SIX LANDMARK</b> Telephone No. (203) 329 – 5800 f the organization does not have an office or place of busine f this is for a Group Return, enter the organization's four dig <b>)</b> I request an automatic 6-month extension of time until the organization named above. The extension is for the or <b>X</b> calendar year 2022 or		Form 8870			12		
LINDA RITACCO								
	s is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I ch a list with the names and TINs of	f this is fo all memb	r the whole g ers the exter	group, check this nsion is for.		
th ►	e organization named above. The extension is for the org $\overline{X}$ calendar year $2022$ or	ganization's	d ending	the exem	·	ion return for		
3a If	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter the	tentative tax, less					
ar	any nonrefundable credits. See instructions.				\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and					
es	stimated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.		
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by					
us	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.		
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	l (direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)