efile Public Visual Render

ObjectId: 202443199349304834 - Submission: 2024-11-14

TIN: 56-2609577

Form 990

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023 C Name of organization D Employer identification number **B** Check if applicable: REINSTITUTE INC O Address change 56-2609577 O Name change Doing business as O Initial return O Final return/terminate E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite SIX LANDMARK SQUARE 400 O Application pending (203) 329-5800 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 2,652,566 Name and address of principal officer: **H(a)** Is this a group return for SEAN WHITTEN ☐Yes ✓ No subordinates? SIX LANDMARK SOUARE 400 **H(b)** Are all subordinates STAMFORD, CT 06901 ☐ Yes ☐No included? Tax-exempt status: ✓ 501(c)(3) 4947(a)(1) or 527 501(c) () (insert no.) If "No," attach a list. See instructions. **H(c)** Group exemption number WWW.RE-INSTITUTE.ORG Website: L Year of formation: 2006 M State of legal domicile: CT K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other Summary 1 Briefly describe the organization's mission or most significant activities: WE WORK AROUND THE WORLD TO CREATE EQUAL, JUST & SAFE COMMUNITIES. Activities & Governance Check this box Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 11 Total number of volunteers (estimate if necessary) 6 6 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 118,672 702,254 Revenue **9** Program service revenue (Part VIII, line 2g) 1,780,250 1,950,312 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,898,922 2,652,566 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 13 0 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,401,858 1,078,550 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 72,058 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,020,937 1,559,598 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,422,795 2,638,148 -523,873 14,418 **Beginning of Current Year** End of Year 623,987 **20** Total assets (Part X, line 16) 406,634 21 Total liabilities (Part X, line 26) 296,814 499,749 22 Net assets or fund balances. Subtract line 21 from line 20 . 109,820 124,238

Part II Signature Block

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

Sign	Signat	ture of officer			2024-11-14 Date	
lere	SEAN	WHITTEN CEO		'	Jacc	
aid	Type o	or print name and title Print/Type preparer's name	Preparer's signature	Date 2024-11-13	Check if	PTIN P02024184
repare		Firm's name SAX LLP	•	•	Firm's EIN 81	-2950760
se On	ly	Firm's address 1040 AVENUE OF THE	AMERICAS-16TH FL		Phone no. (212	2) 268-2804
		NEW YORK, NY 1001	8			
•		ss this return with the preparer s				. 🗸 Yes 🗌 No
r Paper	work R	Reduction Act Notice, see the	separate instructions. Page 2 —	Cat. I	No. 11282Y	Form 990 (20
m 990 (Pag
Part III		tement of Program Service	•			
Brief		ck if Schedule O contains a resportibe the organization's mission:	nse or note to any line in this Pa	art III		
		PEOPLE, PARTNERS AND SYSTEMS INNOVATION, EXECUTION. WE (
Did t	the orga	anization undertake any significa	nt program services during the y	vear which were not lis	sted on	
		rm 990 or 990-EZ?				🗌 Yes 🔽 No
	•	scribe these new services on Sch		conducts any progra	m	
	_	anization cease conducting, or m		. conducts, any progra		. ☐ Yes ✓ No
		scribe these changes on Schedule				. 0163 0110
Desc Secti	ribe the	e organization's program service (c)(3) and 501(c)(4) organizatio e, if any, for each program servic	accomplishments for each of its ns are required to report the am			
THRC CURR CARR UNIT WHIC AMBI CHAL TRAN PLYM COUN THIS CHAL IN TH WOR CENT THAN EXPE CASE PLAC RATE DAY ALTEI NAYA THE I	CTTHE 1 DUGH TH RENTLY, (R RENTLY, (R RED KING CH WE M R R R R R R R R R R R R R R R R R R R) (Expenses \$ 00-DAY CHALLENGE METHODOLOGY I IE POWER OF PEOPLE. EACH YEAR, OU OUR WORKFOCUSES ON SYSTEMS INV. I INDEPENDENT PROJECTS ACROSS TI BOOM, DOMINICAN REPUBLIC AND SO EAN STRUCTURES, PROCESSES, TOOL GOALS AND TRANSFORM THEIR SYSTE IN THE UK IN PARTNERSHIP WITH TH NG THE HEALTHCARE SECTOR. THE PI COUTHWEST ENGLAND, WHERE THE DI STITUTE WORKED WITH TEAMS IN MI PROGRAMS GREATLY EMPHASIZED TR IN QUINTANA ROO TO IMPROVE CASE STITUTE WORKED WITH COMMUNITIES TH FOUR COMMUNITIES IN RURAL ILLL COC, AND SOUTH-CENTRAL COC. THES INTIES.2023 ACHIEVEMENTS1) IN GEI D CIVIL SOCIETY ORGANIZATIONS IN GING THE WHOLE SYSTEM TOGETHER TIM NEEDS AT THE CENTER OF THE PI M, ULTIMATELY CONNECTING 95 PEOF M EDISPUTE RESOLUTION PROCESSES T M RECOVER MXN 27 MILLION (\$1.5 M. SOCIAL CARE, AND VOLUNTARY SECT DUTSIDE OF EMERGENCY DEPARTMENT N THE COMMUNITY ONCE THEY HAD F	R ORGANIZATION STRIVES TO EXPANOLIVING HOUSING AND HOMELESSNE HE GLOBE.IN 2023, 102 REINSTITUTE UTH AFRICA WITH A TOTAL OF 1,547. S AND WAYS OF WORKING PRODUCE MS FOR THE LONG-TERM.CHALLENGE IN ATTIONAL HEALTH SERVICE (NHS) ROGRAM FOCUSED ON ACCESS TO UF EVON INTEGRATED CARE BOARD IS TEXICO ON TRANSFORMING JUSTICE DA AINING INDIVIDUALS IN THE 100-DA ARESOLUTION RATES IN TWO DIFFERS TO TRANSFORM THE HOUSING AND NOIS TO PREVENT AND END HOMELE COMMUNITIES FOCUSED ON GEOCOMENTAGE OF HIDALGO, MEXICO, LE TO PROPOSE, MODIFY, IMPLEMENT, OR COCESS.2) IN HOUSING AND HOMELE BLE LIVING WITH HIV OR AIDS TO SALFOUR STATES TO TRANSFORM HOW TO BE SOUND THE STATE OF HIDALGO, MEXICO, LE ULTUNG WITH HIV OR AIDS TO SALFOUR STATES TO TRANSFORM HOW TO BE SUPPORTING EMERGENCY CARES WHEN MOST SUITABLE. THIS PROSTS	MPACT. CHALLENGES DRIND ACCESS TO 100-DAY (ESS, GENDER, HEALTH, A E 100-DAY CHALLENGES T FRONTLINE PARTICIPANT ED BY THESE CHALLENGE E HIGHLIGHTSIN 2023, RE AND THE DEVON INTEGE RGENT AND EMERGENCY (THE NHS BODY RESPONSI SYSTEMS AND THOSE THA BY CHALLENGE METHODO ENT CRIMES: DOMESTIC (DIE HOMELESSNESS SYSTEM SEAPHIC AREAS OF VARY OUNDTABLES BETWEEN P ED TO A 620% INCREASE OR PRESERVE GOOD PRA- ESSNESS, THE AIDS FOUN FE AND STABLE HOUSING THEIR JUSTICE SYSTEMS SOLVE THE CONFLICT OR ICTIMES IN 100 DAYS. A) IT IS IN PLYMOUTH, UK, SAW JECT RESULTED IN A 25%	CHALLENGES DO ND JUSTICE. REI OOK PLACE WIT 'S. THERE WERE TEAMS, WHICH EINSTITUTE KICK ACTED CARE BOA CARE AROUND C BLE FOR INTEGR IT SUPPORT GEN JOLENCE AND I M. IN THE STATE TY, WILL COUNT ING SIZE, FROM ROSECUTORS, I IN CHARGES PR CTICES LED TO I NDATION CHICAG G AND ROBUST V DEALT WITH NO CRIMINAL ISSUE HE WORK OF TH THE SYSTEM TR I INCREASE IN T	MESTICALLY AND GLOBALLY. INSTITUTE ALSO PURSUES AND HIN THE UNITED STATES, MEXIC ALSO 422 NEW INNOVATIONS, HELPED THEM TO ACHIEVE THE KED OFF A SERIES OF 100-DAY IND TO WORK TOWARDS INE HEALTH SYSTEM IN MATED CARE DELIVERY IN THE IDER-BASED VIOLENCE VICTIMS JUST ONE COUNTY TO MORE NUESTIGATIVE POLICE, FORENS ESSED FOR DOMESTIC VIOLENCE MORE SIGNIFICANT IMPACT BY GO INCREASED THEIR HOUSING E, THIS PROGRAM HELPED THE IREE CROSS-SYSTEM TERMS FRO
b (Code	e:) (Expenses \$	including grants o	f\$) (Revenue \$)

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 2,227,898	F	orm QQ	0 (2023
		'	01111 99	0 (2023
	Page 3			
Form	990 (2023)			Page 3
Pai	Checklist of Required Schedules		34	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No
	Schedule A [®]	1		
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. Local Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Yes	No
•	for public office? If "Yes," complete Schedule C, Part I	3		140
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	

b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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		No
		F	orm 99	0 (2023)
	Page 4 ———————————————————————————————————			
Form	990 (2023)			Page 4

	1 V Checklist of Required Schedules (continued)			Page 4
			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		No
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? <i>If "Yes," complete Schedule J </i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
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		No
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		No
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,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
_	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete	28b		No
·	Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
24	Was the executation related to any tay exempt or toyoble entity? If "Vec " complete Cabedyle D. Bod II. III. or TV, and			

3 4	was the organization related to any tax-exempt of taxable entity: $II = Ies$, complete schedule R , $Falt II$, III , or IV , and $Part V$, line I	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12		165	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	2 (2222)
		F	orm 99	0 (2023)
	Page 5 —			
orm	990 (2023)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	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)? 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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b				No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<u> </u>
	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		No
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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			

а	Initiation rees and capital contributions included on Part VIII, line 12 [10a]			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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? If "Yes." complete Form 6069.	17		
		F	orm 99	0 (2023)
	Page 6 —			
	990 (2023)			Page 6
Form				i age u
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		No
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		No
Se 1a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4		No No
Se 1a b 2 3 4 5	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4 5		No No No No
Se 1a b 2 3 4 5 6	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4		No No No
Se 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	2 3 4 5		No No No No
Se 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4 5 6		No No No No No
Se 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	2 3 4 5 6 7a		No No No No No
Se 1a b 2 3 4 5 6 7a b 8	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	2 3 4 5 6 7a		No No No No No
Se 1a b 2 3 4 5 6 7a b 8 a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body?	2 3 4 5 6 7a 7b	Yes	No No No No No
Se 1a b 2 3 4 5 6 7a b 8 a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	2 3 4 5 6 7a 7b	Yes	No No No No No No
See 1a b 2 3 4 5 6 7a b 8 a b 9	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes	No
See 1a b 2 3 4 5 6 7a b 8 a b 9 See See	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors or trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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,"	2 3 4 5 6 7a 7b	Yes	No
See 1a b 2 3 4 5 6 7a b 8 a b 9 See 10a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Parl VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Parl VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide	2 3 4 5 6 7a 7b	Yes	No
See 1a b 2 3 4 5 6 7a b 8 a b 9 See 10a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be r	2 3 4 5 6 7a 7b	Yes	No
See 1a b 2 3 4 5 6 7a b 8 a b 9 See 10a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	2 3 4 5 6 7a 7b 8a 8b 9	Yes	No

D	Describe on Schedule O the process, if an	ıy, usea by trie	organı	zation to revie	w this	s ru	ארווו אי	JU.		· L			<u> </u>
12a	Did the organization have a written confli	ct of interest po	licy? I	If "No," go to li	ne 13	<i>3</i> .					12a	Yes	
b	Were officers, directors, or trustees, and conflicts?										12b	Yes	
С	Schedule O how this was done												
13	Did the organization have a written whistleblower policy?											Yes	
14													
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	a The organization's CEO, Executive Director, or top management official												
b	b Other officers or key employees of the organization											Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												No
b	If "Yes," did the organization follow a writ in joint venture arrangements under appl status with respect to such arrangements	icable federal ta	x law,	, and take step	s to s	safe	eguard			xempt	16b		
Se	ction C. Disclosure												
17	List the states with which a copy of this F	orm 990 is requ	ired t	o be filed	CT,	CA	, FI						
18	Section 6104 requires an organization to	make its Form	1023 (1024 or 1024-			•	e), 9	990, and 990-T (s	ection			
	501(c)(3)s only) available for public inspe	ection. Indicate	how y	ou made these	avai	ilabl	le. Ch	eck	all that apply.				
	Own website Another's website							-					
19	Describe in Schedule O whether (and if so policy, and financial statements available				vern	ing	docur	nen	ts, conflict of inte	rest			
20	State the name, address, and telephone	•	_	•	s the	org	janiza	tion	's books and reco	rds:			
	SEAN WHITTEN SIX LANDMARK SQUARE	400 STAMFO	ORD, C	T 06901 (203)	329-	-580	00						0 (2023)
				Page 7 —									
	000 (2022)												_
Par	990 (2023) Compensation of Officers, and Independent Contractor Check if Schedule O contains a res	ors sponse or note t	o any	line in this Par	t VII				· · · · ·		_		Page 7
Par Se	Compensation of Officers, and Independent Contractor Check if Schedule O contains a restriction A. Officers, Directors, Trust	ors sponse or note t ees, Key Em	o any	line in this Par	t VII hest	t C	omp	ens	ated Employe	es	<u></u>		
Par Se	Compensation of Officers, and Independent Contractor	ors sponse or note t ees, Key Em	o any	line in this Par	t VII hest	t C	omp	ens	ated Employe	es	<u></u>		
Se 1a Co year.	Check if Schedule O contains a resortion A. Officers, Directors, Trustomplete this table for all persons required List all of the organization's current office	ors sponse or note t ees, Key Emp to be listed. Rep rs, directors, tru	o any ploye oort co	line in this Parees, and Higompensation fo	t VII hest r the	t Co	ompo	ens yea	ated Employer ending with or	ees within the	orga		
Se 1a Co year. of cor	Check if Schedule O contains a rescription A. Officers, Directors, Trustomplete this table for all persons required sits all of the organization's current officen pensation. Enter -0- in columns (D), (E),	sponse or note to the sponse or note to the sponse or note to the sponse of the sponse	ploye port coustees ompen	line in this Par ees, and Hig empensation fo (whether individual)	t VII hest r the ridual	t Co	ompo endar r orga	ens yea	ated Employer ending with or ations), regardles	ees within the	orga		
Se 1a Coyear. of cor	Check if Schedule O contains a resortion A. Officers, Directors, Trustomplete this table for all persons required List all of the organization's current office	sponse or note to ees, Key Emp to be listed. Rep rs, directors, tru and (F) if no co apployees, if any	ploye ploye port coustees ompen . See t	line in this Parees, and Higompensation for (whether individual sation was paid the instructions	t VII hest r the ridual d. s for 6	t Co	ompo endar r orga	ens yea niza	ated Employer ending with or ations), regardles	ees within the	orga		
See 1a Co year. of cor L who r the or	Compensation of Officers, and Independent Contractors and Independent Contractors (Check if Schedule O contains a resection A. Officers, Directors, Trustors amplete this table for all persons required such a sist all of the organization's current office in pensation. Enter -0- in columns (D), (E), ist all of the organization's current key entit the organization's five current highest eceived reportable compensation (box 5 organization and any related organizations.	sponse or note to the to be listed. Reports, directors, true and (F) if no comployees, if any compensated ef Form W-2, box	ploye port coustees ompen . See to mploye & 6 of	line in this Parees, and Higompensation for (whether individual instructions the instructions tees (other than Form 1099-MIS	t VII hest r the ridual d. s for an	t Co	endar r orga inition cer, di or box	ens yea of ' rect	ated Employer ending with or ations), regardles key employee." or, trustee or key of Form 1099-NEG	ees within the s of amou employee c) of more	orga nt e)	nization	's tax
Se 1a Co year. of cor L who r the on	Compensation of Officers, and Independent Contractors Check if Schedule O contains a resoction A. Officers, Directors, Trustors Complete this table for all persons required of the organization's current officen pensation. Enter -0- in columns (D), (E), ist all of the organization's current key enter the organization's five current highest eceived reportable compensation (box 5 organization (box 5 organization).	sponse or note to the sponse of th	ployer port coustees ompen . See to mployer 6 of s, or h	line in this Parees, and Higompensation for (whether individual interesting the instructions rees (other than Form 1099-MIS)	t VII hest r the ridual d. s for an	t Co	endar r orga inition cer, di or box	ens yea of ' rect	ated Employer ending with or ations), regardles key employee." or, trustee or key of Form 1099-NEG	ees within the s of amou employee c) of more	orga nt e)	nization	's tax
See 1a Coyear. of correct Laboration Laborat	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustomplete this table for all persons required in the organization's current office in the organization's current key entitle the organization's current key entitle the organization's five current highest eceived reportable compensation (box 5 organization and any related organizations is tall of the organization's former officers ortable compensation from the organization is tall of the organization's former directors and of the organization's former directors and of the organization's former directors and of the organization's former directors.	sponse or note to the sponse or trustees or truste	ployed port coustees ompen . See to mployed 6 of s, or head organications	line in this Pares, and Higompensation for (whether individual sation was paid the instructions rees (other than Form 1099-MIS anighest compensations.	t VII hest r the ridual d. s for one SC, a	t College called a coll	endar r orga inition cer, di or box mploy	ens yea of ' rect x 1 (ated Employer ending with or ations), regardles "key employee." or, trustee or key of Form 1099-NEO who received momer director or tr	ees within the s of amou employee c) of more	orga nt e) thar	nization	's tax
See 1a Co year. of cor L who r the or of rep	Check if Schedule O contains a rescription A. Officers, Directors, Trustomplete this table for all persons required in the organization's current officen pensation. Enter -0- in columns (D), (E), ist all of the organization's current key enter the organization's five current highest eceived reportable compensation (box 5 organization and any related organizations. ist all of the organization's former officers ortable compensation from the organization ist all of the organization's former director is all of the organization is al	sponse or note to the to be listed. Reports, directors, true and (F) if no comployees, if any compensated ef Form W-2, box is, key employees on and any relations or trustees compensation for	ployed port constant of the co	line in this Pares, and Higompensation for (whether individual sation was paid the instructions rees (other than Form 1099-MIS anighest compensations.	t VII hest r the ridual d. s for one SC, a	t College called a coll	endar r orga inition cer, di or box mploy	ens yea of ' rect x 1 (ated Employer ending with or ations), regardles "key employee." or, trustee or key of Form 1099-NEO who received momer director or tr	ees within the s of amou employee c) of more	orga nt e) thar	nization	's tax
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or the sponse or the sponse or trustees to the persons all the persons all the sponse or trustees to the sponse or trustees to the sponse or trustees to the sponse or trustees or trustees the sponse or trustees or trust	ploye port coustees ompen . See the mploye & 6 of s, or he ced org that	line in this Parees, and Higompensation for (whether individual instructions the instructions tees (other than 1099-MIS) anighest compenganizations.	t VII hest r the r	t Columbia	endar r orga inition cer, di or box mploy	ens yea of ' rect x 1 c ees ees of for	ated Employer ending with or ations), regardles expenses from 1099-NEG who received momer director or trganizations.	ees within the s of amou employee C) of more re than \$:	orga nt e) thar	nization	's tax
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor of the organization's current officer of the organization's current officer of the organization's current key end is the organization's five current highest exceived reportable compensation (box 5 organization and any related organizations is tall of the organization's former officers ortable compensation from the organization is tall of the organization from the organization is tall of the organization from the organization is tall of the organization from the organization in the organization, more than \$10,000 of reportable one instructions for the order in which to list theck this box if neither the organization in	sponse or note to sponse or note to sponse or note to sponse. Key Empto be listed. Repars, directors, true and (F) if no comployees, if any compensated ef Form W-2, box is, key employees on and any related compensation from the persons also or any related compensation or any relate	ploye port coustees ompen . See the mploye & 6 of s, or he ced org that	line in this Parees, and Higompensation for (whether individual interest of the instructions rees (other than 1099-MIS) and the instructions received, in the eorganization compensation compensation compensation compensation compensation received.	t VII hest r the ridual d. s for one soc, a ssate e cap and s sated	t Columbia	endar r orga inition cer, di or box mploy	ens yea of ' rect x 1 c ees ees of for	ated Employer rending with or ations), regardles. "key employee." or, trustee or key of Form 1099-NEO who received momer director or trganizations.	ees within the s of amou employee C) of more re than \$: rustee of t	orga nt e) thar	nization n \$100,0	's tax
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or th	ployer ployer port coustees proper See 1 proper set or the proper	line in this Parees, and Higompensation for (whether individual instructions the instructions tees (other than 1099-MIS) anighest compenganizations.	hest r the riduald. s for con an esc, a ssated	t College calls of defined end end end end end end end end end	omponendar r organinition cer, di for bos relation y curr	ens yea of ' rect x 1 c ees a for	ated Employer ending with or ations), regardles be seen at the see	employees or trustee. (E) Reporta compensations relations relatio	orga nt e than 100,0 the	nization n \$100,0	o's tax or's tax or's tax
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or th	ployer ployer port coustees ampen. See the control of the control	line in this Parees, and Higompensation for (whether individual in the instructions rees (other than 1099-MIS) and the instructions received, in the eorganization compensation (Column (do not chibox, unless perficer and a direction (do not a direction (do not chibox, unless perficer and a direction (do not a direction (do not a direction (do not a direction and a direction (do not a direction (do not a direction and a direction and a direction (do not a direction and a dire	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	rending with or ations), regardles rending with or ations), regardles received more than the compensation from the organization rendered recompensation from the organization rendered rendered received more receiv	employees or trustee. (E) Reporta compensa from rela organizat	orga nt e than 100,0 the ble attion sted cions	nization n \$100,0 00 Esti	o's tax 000 from (F) mated ount of ther ensation
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the to be listed. Reports of the to be listed. Reports, directors, true and (F) if no complete, if any compensated efform W-2, box of the persons also or any related or any related or any related or any related or any hours per week (list any hours for related organizations	ployer ployer port coustees impending a few field or constants from the cove. Possible one of the constants one of the constants or co	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The instructions of the instructions of the instructions of the instructions of the instruction (and instructions) of the instruction (do not chapter) of the instr	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ending with ending with ending with ending end	employees or trustee. (E) Reporta compensation relation relation (W-2/10 MISC/10	orga nt et har	nization n \$100,0 00 Esti amo ol compo froi organ	(F) mated unt of ther ensation m the nization
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or the sponse or the sponse or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees the persons all or any related or any related or any hours per week (list any hours for related organizations below dotted	ployer ployer port coustees impending a few field or constants from the cove. Possible one of the constants one of the constants or co	line in this Parees, and Higompensation for (whether individual in	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	ens yea of ' rect x 1 c ees a for	ated Employer ending with or ending with or entions), regardles exercise they employee." or, trustee or key of Form 1099-NEO exercise they employee. who received momer director or tragnizations. officer, director, of the compensation from the organization (W-2/1099-	employees or trustee. (E) Reporta compensa forganizat (W-2/10	orga nt et har	s \$100,000	(F) mated ount of ther ensation men the hization related
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the to be listed. Reports of the to be listed. Reports, directors, true and (F) if no complete, if any compensated efform W-2, box of the persons also or any related or any related or any related or any related or any hours per week (list any hours for related organizations	ploye port coustees sompen See 1 mploye 6 of s, or hed organiz that oove. Pos one of Or directo	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The instructions of the instructions of the instructions of the instructions of the instruction (and instructions) of the instruction (do not chapter) of the instr	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ending with ending with ending with ending end	employees or trustee. (E) Reporta compensation relation relation (W-2/10 MISC/10	orga nt et har	s \$100,000	(F) mated unt of ther ensation m the nization
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or the sponse or the sponse or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees the persons all or any related or any related or any hours per week (list any hours for related organizations below dotted	ploye port coustees sompen See 1 mploye 6 of s, or hed organiz that oove. Pos one of Or directo	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The instructions of the instructions of the instructions of the instructions of the instruction (and instructions) of the instruction (do not chapter) of the instr	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ending with ending with ending with ending end	employees or trustee. (E) Reporta compensation relation relation (W-2/10 MISC/10	orga nt et har	s \$100,000	(F) mated ount of ther ensation men the hization related
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or the sponse or the sponse or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees the persons all or any related or any related or any hours per week (list any hours for related organizations below dotted	ployer ployer port coustees impending a few field or constants from the cove. Possible one of the constants one of the constants or co	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The instructions of the instructions of the instructions of the instructions of the instruction (and instructions) of the instruction (do not chapter) of the instr	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ending with ending with ending with ending end	employees or trustee. (E) Reporta compensation relation relation (W-2/10 MISC/10	orga nt et har	s \$100,000	(F) mated ount of ther ensation men the hization related
See 1a Coyear. of cor L who r the or C rep C See ti	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or the sponse or the sponse or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees to the persons all or any related or the persons all or any related or the sponse or trustees the persons all or any related or any related or any hours per week (list any hours for related organizations below dotted	ploye port coustees sompen See 1 mploye 6 of s, or hed organiz that oove. proganiz or directo	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The end of the end	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ending with ending with ending with ending end	employees or trustee. (E) Reporta compensa from rela organization (W-2/10 MISC/10	orga nt et har	s \$100,000	(F) mated ount of ther ensation men the hization related
See to Se	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustor Independent Contractor Independent	sponse or note to the sponse or the spon	ploye port coustees sompen See 1 mploye 6 of s, or hed organiz that oove. proganiz or directo	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The end of the end	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ending with ending with ending with ending end	employees or trustee. (E) Reporta compensa from rela organization (W-2/10 MISC/10	orga nt et har	s \$100,000	(F) mated ount of ther ensation men the hization related
See 1a Coyear. of correct L who r the or Corgan See th (1) GA	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustomplete this table for all persons required in the organization's current office in the organization's current key entited the organization's current key entited the organization's five current highest eceived reportable compensation (box 5 organization and any related organizations is all of the organization's former officers ortable compensation from the organization is the organization from the organization, more than \$10,000 of reportable one instructions for the order in which to list theck this box if neither the organization in (A) Name and title	sponse or note to the sponse or th	ploye port coustees sompen See 1 mploye 6 of s, or hed organiz that oove. proganiz or directo	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The end of the end	hest r the ridual d. s for of a nan of SC, a ssated e cap and a neck erson	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ending with ending with ending with ending end	employees or trustee. (E) Reporta compensa from rela organization (W-2/10 MISC/10	orga nt et har	nization n \$100,0 00 Esti amc of compe froi organ and organ	(F) mated ount of ther ensation men the hization related
See to CHAIR	Compensation of Officers, and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trustomplete this table for all persons required in the organization's current office in the organization's current key entited the organization's current key entited the organization's five current highest eceived reportable compensation (box 5 organization and any related organizations is all of the organization's former officers ortable compensation from the organization is the organization from the organization, more than \$10,000 of reportable one instructions for the order in which to list theck this box if neither the organization in (A) Name and title	sponse or note to the sponse or the spon	ploye port coustees mpen See if mploye c 6 of s, or heed organiz proper of or director or director	line in this Pares, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers, and Highers (whether individual instructions tees (other than 1099-MIS and the instructions. The end of the end	t VII hess r the vidual d. s for on an assated neck erson ector,	t Collection of the collection	omponendar r organinition cer, di lor box mploy as a relative y curr re tha both a stee)	yea yea of ' rect x 1 (ees ees ent	ated Employer ending with or ations), regardles be they employee." or, trustee or key of Form 1099-NEG who received more director or tragnizations. officer, director, or the compensation from the organization (W-2/1099-MISC/1099-NEC)	employees or trustee. (E) Reporta compensa from rela organization (W-2/10 MISC/10	orga nt e) e thar 100,0 the	nization n \$100,0 00 Esti amc of compe froi organ and organ	(F) mated unt of ther ensation m the hization related izations

SECRETARY & TREASURER							
(3) NADIM MATTA DIRECTOR	1.00	х			0	0	0
(4) AYE AYE THWIN DIRECTOR	1.00	Х			0	0	0
(5) IRINA VALASSIA DIRECTOR	1.00	х			0	0	0
(6) SEAN WHITTEN	40.00	Х	х		136,900	0	19,499
PRESIDENT & CEO (7) NAN ROMAN	1.00	Х			0	0	0
DIRECTOR (8) ECHO COLLINS-EGAN	40.00			Х	119,789	0	7,555
CHIEF IMPACT OFFICER							
							nm 000 (2022)

Form **990** (2023)

——— Page 8 —

Form 990 (2023)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) on (do not chec unless person i and a director Institutional Trustee;	ck m s bo r/tru	th a istee	n offic	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		160 160 160 160 160 160 160 160 160 160				ensated			

		I										
S	Sub-Total											
	Total from continuation shee	ets to Part VII,	Section	Α								
d T	Total (add lines 1b and 1c)				l:-kdl		:	256,689	0.000	0		27,054
	Total number of individuals (in of reportable compensation from			to those I	listed abo	ve) who re	ceived m	ore than \$10	0,000			
											Yes	No
	Did the organization list any f line 1a? <i>If "Yes," complete So</i>					oloyee, or h	ighest co	mpensated e	employee on	3		No
	For any individual listed on lir organization and related orga								the	4	Yes	
	Did any person listed on line services rendered to the orga			•		,	_			5	ies	No
Se	ection B. Independent Co	ntractors										
	Complete this table for your f	ive highest con								mpens	ation	
	from the organization. Report	compensation (A		alendar ye	ear ending	g with or w	itnin the	Ī	(B)		(0	;)
		Name and busi	ness addre	SS				Descr	iption of services		Compe	nsation
								+		_		
	Total number of independent co	ntractors (inclu	uding but	not limite	ed to thos	e listed abo	ove) who	received mo	re than \$100,00	00 of		
	compensation from the organiza											
	compensation from the organiza									•	Form 99	0 (2023)
	compensation from the organiza									•	Form 99	0 (2023
	compensation from the organiza				- Page 9						Form 99	0 (2023
C	compensation from the organization from the				- Page 9						Form 99	
m	· •	ation 0			- Page 9						Form 99	
m	990 (2023)	venue	oonse or r	note to an	ny line in t	this Part VII	1					Page S
rm	990 (2023) Int VIII Statement of Re	venue	oonse or r	note to an	ny line in t		Rela	(B) ated or	(C) Unrelated		 (D Rever	Page S
m	990 (2023) Int VIII Statement of Re	venue	oonse or r	note to an	ny line in t	this Part VII	Rela ex	(B)	(C)		 (D	Page \$
rm Pai	990 (2023) rt VIII Statement of Re Check if Schedule O	venue contains a resp	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt	(C) Unrelated business		(D Rever	Page S
rm Par	990 (2023) Statement of Re Check if Schedule O	venue	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
em Par	990 (2023) Int VIII Statement of Re Check if Schedule O Federated campaigns ributions,	venue contains a resp	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
Fantrets, Fantrets	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns	venue contains a resp	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
Far Par	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns	venue contains a resp	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
rm Par fts, d her mili	990 (2023) Int VIII Statement of Re Check if Schedule O Federated campaigns . ributions, Grants Membership dues	venue contains a resp	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
rm Pai	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns	venue contains a resp 1a 1b 1c	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
Fair Pair File Control of the Pair File Contro	990 (2023) Int VIII Statement of Re Check if Schedule O Federated campaigns Intibutions, Grants Membership dues Interpolations Related organizations	venue contains a resp 1a 1b 1c 1d	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
Fintrits Name of the Control of the	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns . ributions, Grants Membership dues . rAmt ar Emperations Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 702,254 Noncash contributions included in	venue contains a resp 1a 1b 1c 1d 1e	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
Far Par Fish Far P	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns . It is a contributions, Grants Membership dues . It is a contributions Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 702,254	venue contains a resp 1a 1b 1c 1d	oonse or r	note to an	ny line in t	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
mm Palarites	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns . ributions, Grants Membership dues . rAmt ar Emperations Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 702,254 Noncash contributions included in	venue contains a resp 1a 1b 1c 1d 1e	oonse or r	note to an	Total	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
Frantra Pari	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns	venue contains a resp 1a 1b 1c 1d 1e	•		Total	this Part VII	Rela ex fur	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S
Paul Paul Paul Paul Paul Paul Paul Paul	990 (2023) It VIII Statement of Re Check if Schedule O Federated campaigns It is a contributions, Grants Membership dues Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 702,254 Noncash contributions included in lines 1a - 1f:\$ Fotal. Add lines 1a-1f 2a PROGRAM SERVICE CONTRA	venue contains a resp 1a 1b 1c 1d 1e	•	702,254	Total	this Part VII	Rela ex fur rev	(B) ated or empt action	(C) Unrelated business		(D Rever excluded ex under	Page S

N O	5 7							
9	<u> </u>							
-								
ď	ž <u>1</u>							
Drogram Corving Day								
Š	<u> </u>							
Ĭ	f All other program	service revenu	e.					
	9 Total. Add lines 2	2a-2f 		1,950,312	2			
	3 Investment income	(including divi	dends, i	nterest, and other				
	similar amounts) . 4 Income from invest			and proceeds				
	= p h:		-					
		(i) R		(ii) Personal				
	6a Gross rents	6a		. ,				
	b Less: rental	6b						
	expenses c Rental income or							
	(loss)							
	d Net rental income			ī				
	7a Gross amount	(i) Sec	urities	(ii) Other				
	from sales of	'						
	assets other than inventory							
9	b Less: cost or	7b						
Revenue	other basis and sales expenses							
		7c						
Other	d Net gain or (loss)							
õ	3 Gross income from fu							
	(not including \$ contributions reported							
	See Part IV, line 18		8a]			
	b Less: direct expen		8b]			
	c Net income or (los	s) from fundra	ising eve	ents	-			
	9a Gross income from	gaming activities	s.					
	See Part IV, line 19		9a					
	b Less: direct expen		9b] [
	c Net income or (los	s) from gaming	activiti	es				
	10a Gross sales of inve	entory, less						
	returns and allowa	inces	10a					
	b Less: cost of good	s sold	10b] [
	c Net income or (los	s) from sales o	f invent					
	11a		Ī	Business Code	_	l		
	IIa							
	b							
Oth	er f evenueMiscAmt							
	d All other revenue							
	e Total. Add lines 1							
	12 Total revenue. S	ee instructions			2,652,566	1,950,312	0	0
		_						

Form **990** (2023)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to an	y line in this Part IX	<u></u>	<u> </u>	🗸
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	156,412	128,811	25,744	1,857
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	697,189	574,163	114,750	8,276
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,347	20,874	4,172	301
9	Other employee benefits	117,301	96,602	19,307	1,392
10	Payroll taxes	82,301	67,778	13,546	977
11	Fees for services (non-employees):				
	Management	2,620	2,157	431	32
	Legal	4,698		4,698	
	Accounting	64,330		64,330	
	Lobbying			·	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees			-	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,129,546	1,099,165	30,381	
12	Advertising and promotion				
13	Office expenses	972	486	486	_
14	Information technology	60,031	49,438	9,881	712
15	Royalties				
16	Occupancy	2,689	2,214	443	32
17	Travel	143,940	75,513	9,948	58,479
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings				
20	Interest	14,670		14,670	_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	14,099	11,750	2,349	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PROJECT RELATED EXPENSE	97,543	97,543		
	b OTHER EXPENSES	24,460	1,404	23,056	
	c d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,638,148	2,227,898	338,192	72,058
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, = , , = ,	,	,,230
	— II Tollowing 30r 30-2 (A3C 330-720).				

Form 990 (2023) Page **11**

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part IX			\square
		·	,	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		97,229	1	118,028
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net		29,000	3	
	4	Accounts receivable, net		267,441	4	491,659
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s			6	
60	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges	-	12,964	9	12,021
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line		12		
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	<u> </u>	0	15	2,279
	16	Total assets. Add lines 1 through 15 (must eq		406,634	16	623,987
	17	Accounts payable and accrued expenses		125,297	17	113,035
	18	Grants payable	· · · ·	-, -	18	
	19	Deferred revenue	41,517	19	96,714	
	20	Tax-exempt bond liabilities	· · ·	,	20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
es		, .	-		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, or 35% controlled entity		22	
ï	23	Secured mortgages and notes payable to unrela	ated third parties		23	_
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,	130,000	25	290,000
	26	Total liabilities. Add lines 17 through 25 .		296,814	26	499,749
ances	27	Organizations that follow FASB ASC 958, cl lines 27, 28, 32, and 33.	heck here 🗹 and complete	99,820	27	72,138
Sali	27	Net assets without donor restrictions		·		
d E	28	Net assets with donor restrictions		10,000	28	52,100
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	·		29	
\$	30	Paid-in or capital surplus, or land, building or ed	quipment fund		30	
SSe	31	Retained earnings, endowment, accumulated in	· ·		31	
A	32	Total net assets or fund balances		109,820	32	124,238
Net	33	Total liabilities and net assets/fund balances .	 	406,634	33	623,987
_		in the second se		,		,

Form **990** (2023)

less expenses. Its or fund balant alized gains (loss expenses and use expenses and use expenses and adjustments anges in net assets or fund balant anges in fund balant anges in met assets or fund balant anges in met assets or fund balant anges in net assets or fund balant ange in a constant and a constan	sets or fund balances (exposets or fund balances (exposes at end of year. Combinatements and Reportion e O contains a response of the prepare the Form 990: ged its method of accountion financial statements comp	must equinust equinus	ual Part X, line 3	ist equal Part X	(, line 32, colur	. , ,	· ·		,652,5 ,638,1 14,4 109,8
less expenses. Its or fund balant alized gains (losservices and usent expenses iod adjustments anges in net assets or fund balant Financial State Check if Scheduling method used ganization changes of the control of	Subtract line 2 from line 1 ces at beginning of year (reses) on investments . e of facilities	must equ definition of the lines 3 mg r note to	ual Part X, line 3	i2, column (A))	(, line 32, colur	. 3 4 5 6 7 . 8 9			14,4
ts or fund balan alized gains (los services and us ent expenses iod adjustments anges in net assets or fund balan Financial Statheck if Schedung method used ganization change of the control of the cont	ces at beginning of year (reses) on investments . e of facilities sets or fund balances (express at end of year. Combinatements and Reportion to Contains a response of the prepare the Form 990: ged its method of accounting financial statements comp	must equ	ual Part X, line 3 chedule O) . 3 through 9 (mu) any line in this	sst equal Part X	(, line 32, colur	4 5 6 7 . 8 9 nnn (B)) 10	· ·	Yes	124,2
alized gains (los services and usent expenses iod adjustments anges in net assets or fund balants. The check if Schedum gmethod used ganization changes of the control of t	sees) on investments e of facilities	lain in Scone lines 3 ng r note to	chedule O) . 3 through 9 (mu) any line in this	sst equal Part X	(, line 32, colur	5 6 7 8 9 nnn (B)) 10	· ·	 Yes	124,2
services and usent expenses in adjustments anges in net assets or fund balants. The check if Scheduring method used ganization change O. e organization's check a box belocent expenses of the check and use of the check a	e of facilities	ne lines 3 ng r note to	any line in this	Part XII	ther	6 7 . 8 9 nn (B)) 10		 Yes	
ent expenses iod adjustments anges in net assets or fund balan Financial Sta Check if Schedung method used ganization change O. e organization's check a box belocements in the companization of the c	sets or fund balances (expices at end of year. Combin tements and Reportice O contains a response of the prepare the Form 990: ged its method of accountifinancial statements comp	ne lines 3 ng r note to	any line in this	Part XII	ther	7 8 9 nn (B)) 10	· ·	Yes	
iod adjustments anges in net assets or fund balan Financial Sta Check if Schedurg method used ganization change O. a organization's check a box beloce anges of the state of t	sets or fund balances (exposets or fund balances (exposes at end of year. Combinatements and Reportion e O contains a response of the prepare the Form 990: ged its method of accountion financial statements comp	ne lines 3 ng r note to	any line in this	Part XII	ther	. 8 9 nn (B)) 10	· ·	Yes	
anges in net assets or fund balan Financial Sta Check if Schedu Ing method used ganization change O. Is organization's check a box belock	sets or fund balances (expices at end of year. Combin tements and Reportion to Contains a response of the prepare the Form 990: ged its method of accounting financial statements comp	ne lines 3 ng r note to	any line in this	Part XII	ther	9 nn (B)) 10		 Yes	
ts or fund balan Financial Sta Check if Schedu Ing method used ganization chang e O. organization's check a box belo	ces at end of year. Combin tements and Reportine O contains a response of the prepare the Form 990: ged its method of accounting financial statements comp	ne lines 3 ng r note to	any line in this	Part XII	ther	nn (B)) 10	<u> </u>	 Yes	
Financial Sta Check if Schedu ng method used ganization change to O. corganization's check a box beloce	tements and Reporti e O contains a response of to prepare the Form 990: ged its method of accounti	r note to	any line in this	Part XII	ther	. , ,	· ·	 Yes	
ng method used ganization change O. e organization's check a box belo	to prepare the Form 990: ged its method of accounti	r note to	Cash 🗸 A	Accrual 🗆 C	Other		<u></u>	 Yes	No
ng method used ganization chang e O. e organization's check a box beld	to prepare the Form 990: ged its method of accounti financial statements comp	(ng from a	Cash 🗸 A	Accrual 🗆 C	Other		<u></u>	 Yes	No
ganization change O. e organization's theck a box below	ged its method of accounti	ng from a						Yes	No
ganization change O. e organization's theck a box below	ged its method of accounti	ng from a							
heck a box belo	·	iled or re			r," explain on]
			eviewed by an in	ndependent acc	countant?		2a		No
	ated basis, or both:	financial	statements for	the year were	compiled or re	viewed on a			
parate basis	☐ Consolidated basis	5	☐ Both consoli	idated and sep	arate basis				
organization's	financial statements audite	ed by an	independent ac	countant?			2b	Yes	
		financial	statements for	the year were	audited on a s	eparate basis,			
parate basis	Consolidated basis	s (☐ Both consoli	idated and sep	arate basis				
							2c	Yes	
ganization chan	ged either its oversight pro	cess or s	selection proces	s during the ta	ıx year, explain	in Schedule ().		
ult of a federal a e, 2 C.F.R. Part 1	ward, was the organization 200, Subpart F?	n require	ed to undergo ar	n audit or audi	ts as set forth i	n the Uniform	3a		No
did the organiza audits, explain v	ation undergo the required why in Schedule O and des	audit or scribe any	audits? If the oy steps taken to	organization did o undergo such	d not undergo t audits.	the required	3b		
							F	orm 99	0 (20
ar tuce	ted basis, or bo parate basis to line 2a or 2b, dit, review, or c anization chang It of a federal a , 2 C.F.R. Part 2 did the organiza	ted basis, or both: parate basis	ted basis, or both: corate basis	ted basis, or both: parate basis	ted basis, or both: Darate basis	ted basis, or both: parate basis	parate basis Consolidated basis Both consolidated and separate basis to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight dit, review, or compilation of its financial statements and selection of an independent accountant? anization changed either its oversight process or selection process during the tax year, explain in Schedule Colt of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform, 2 C.F.R. Part 200, Subpart F?	ted basis, or both: parate basis	ted basis, or both: parate basis

ObjectId: 202443199349304834 - Submission: 2024-11-14

TIN: 56-2609577

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2023

ion. Open to Public Inspection

	TITUTE	INC					Employer identific	ation number
Do	rt I	Reason for Public	Charity Stat	ue (All organization	c must comple	to this part \	56-2609577	
		ation is not a private four					see mstructions.	
1		A church, convention of		•	•	•	(A)(i).	
2		A school described in se	,				()()	
3		A hospital or a cooperat			-		::::	
4		A medical research orga	•	-			•	ator the beenitalle
•		name, city, and state:	inization operat	ea in conjunction with	a nospital descri	ibed iii section	170(b)(1)(A)(III). L	iter the hospitars
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government o	r governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	l)(v).	
7		An organization that no section 170(b)(1)(A)			s support from a	governmental ι	init or from the genera	al public described in
8		A community trust desc	ribed in sectio i	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college of						ege or university or a
10	✓	An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busir	nctions—subject to cert ness taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the orgintegrated, or Type III r	ganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally
f		the number of supported	-				· · · · · · · · <u> </u>	
g		de the following informat					() A	(-1) A
	(1) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
T = 4 - 1								
Tota For P		work Reduction Act No	tice, see the T	nstructions for	Cat. No. 11285	<u> </u> 5F	Schedule	A (Form 990) 2023
		or 990-EZ.			040 1101 11200			(. c 220) = -
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2023						Page 2
Pa	rt II	Support Schedule	e for Organia	zations Described	in Sections 1	.70(b)(1)(A)	(iv) and 170(b)(1	L)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

	nengar year r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grant.")							
2	Tax revenues levied for the							
	organization'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 5	Total. Add lines 1 through 3 The portion of total contributions by							
5	each person (other than a							
	governmental unit or publicly supported organization) included on							
	line 1 that exceeds 2% of the amount							
6	shown on line 11, column (f) Public support. Subtract line 5 from							
_	line 4.							
	Section B. Total Support		(1) 2000	L	(N 0000		(n = l	
	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10								
	loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through							
12	10 Gross receipts from related activities,	etc (see instruction	ins)			12		
12	•	•	•				ization check	
	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
_	Section C. Computation of Public	Support Perc	entage					
_	Public support percentage for 2023 (lir			column (f))		14		
15	15 Public support percentage for 2022 Schedule A, Part II, line 14							
16	16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	: —2023. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,	
	meets the "facts-and-circumstances" t							
ı	nore, and if the organization meets t	he "facts-and-circı	ımstances" test, c	heck this box and	stop here. Expla	in in Part VI how t	the organization	
18	meets the "facts-and-circumstances" Private foundation. If the organization	test. The organiza on did not check a	tion qualifies as a box on line 13, 10	publicly supported Sa. 16b. 17a. or 1	a organization . . 7b, check this box	and see	🕶 🗆	
10	instructions						▶□	
_							orm 990) 2023	
_			Page 3					
Sch	edule A (Form 990) 2023						Page 3	
	Part III Support Schedule for							
	(Complete only if you						er Part II. If	
_	the organization fails Section A. Public Support	to quality under	the tests listed	below, please C	ompiete Part II.)		
Ca	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
(o 1	r fiscal year beginning in) F Gifts, grants, contributions, and	(4) 2013	(5) 2020	(6) 2021	(4) 2022	(6) 2023	(1) Total	
	membership fees received. (Do not	578,439	691,159	430,861	118,672	702,254	2,521,385	
2	include any "unusual grants.") . Gross receipts from admissions,							
2	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the	1,275,567	1,734,256	1,736,567	1,780,250	1,950,312	8,476,952	
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							

	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	1,854,006	2,425,415	2,167,428	1,898,922	2,652,	666	10,9	98,337
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								0
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of	847,859	1,459,908	1,533,122	1,626,390	1,630,	.27	7,0	97,406
	\$5,000 or 1% of the amount on line	•	, ,		, ,			,	•
	13 for the year. Add lines 7a and 7b	847,859	1,459,908	1,533,122	1,626,390	1,630,	27	7.0	97,406
8	Public support. (Subtract line 7c	017,033	1,133,300	1,333,122	1,020,330	1,030,			900,931
	from line 6.)							3,3	000,931
	ection B. Total Support		1		1				
(or	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f	Total	
9	Amounts from line 6	1,854,006	2,425,415	2,167,428	1,898,922	2,652,	666	10,9	98,337
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
b	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.						+		
11	Net income from unrelated business								,
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,854,006	2,425,415	2,167,428	1,898,922	2,652,	666	10,9	998,337
14	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) c	rganiz	ation, ch	neck
	this box and stop here							1	ightharpoons
Se	ction C. Computation of Public								
15	Public support percentage for 2023 (li		•			15		35.	470 %
16	Public support percentage from 2022 Schedule A, Part III, line 15								
	Ection D. Computation of Investment Income Percentage Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))								
	Investment income percentage for 20	100 col		line 12 column (£))				
17		•	ımn (f) divided by	,	• • •	17			0 %
18	Investment income percentage from 2	2022 Schedule A,	ımn (f) divided by Part III, line 17 .			18	line 1	is not	0 %
18	Investment income percentage from 2 33 1/3% support tests-2023. If the	2022 Schedule A, organization did	ımn (f) divided by Part III, line 17 . not check the box	on line 14, and li	 ne 15 is more thar	18 n 33 1/3%, and			
18 19a	Investment income percentage from 2	2022 Schedule A, organization did d stop here. The	imn (f) divided by Part III, line 17 . not check the box organization qual	on line 14, and li	ne 15 is more than supported organiz	18 n 33 1/3%, and ation		~	0 %
18 19a	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and	2022 Schedule A, organization did d stop here. The e organization did	imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box	on line 14, and li ifies as a publicly on line 14 or line	ne 15 is more than supported organiz 19a, and line 16 is	18 n 33 1/3%, and ation	 1/3% a	▶ <	0 %
18 19a	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	2022 Schedule A, organization did d stop here. The e organization dic x and stop here.	Imn (f) divided by Part III, line 17. not check the box organization qual l not check a box the organization of the organizati	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 133 1/3%, and ation more than 33 anization	 1/3% &	ind line	0 %
18 19a b	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the	2022 Schedule A, organization did d stop here. The e organization dic x and stop here.	Imn (f) divided by Part III, line 17. not check the box organization qual l not check a box the organization of the organizati	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 133 1/3%, and ation more than 33 anization	 1/3% a	ind line	0 % 18 is
18 19a b	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	2022 Schedule A, organization did d stop here. The e organization dic x and stop here.	Imn (f) divided by Part III, line 17. not check the box organization qual l not check a box the organization of the organizati	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 ation	 1/3% a	ind line	0 % 18 is
18 19a b	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	2022 Schedule A, organization did d stop here. The e organization dic x and stop here.	Imn (f) divided by Part III, line 17. not check the box organization qual l not check a box the organization of the organizati	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 ation	 1/3% a	ind line	0 % 18 is
18 19a b	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	2022 Schedule A, organization did d stop here. The e organization dic x and stop here.	Imn (f) divided by Part III, line 17. not check the box organization qual not check a box. The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 ation	 1/3% a	ind line	0 % 18 is
18 19a b	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	2022 Schedule A, organization did d stop here. The e organization dic x and stop here.	Imn (f) divided by Part III, line 17. not check the box organization qual not check a box. The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 ation	 1/3% a	ind line ind li	0 % 18 is 2023
18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023	2022 Schedule A, organization did d stop here. The e organization did and stop here. ion did not check	Imn (f) divided by Part III, line 17. not check the box organization qual not check a box. The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 ation	 1/3% a	ind line ind li	0 % 18 is
18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023 TV Supporting Organization (Complete only if you checked)	2022 Schedule A, organization did d stop here. The e organization did x and stop here. ion did not check	Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 n 33 1/3%, and ation		m 990)	0 % 18 is 2023
18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023 TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete So	2022 Schedule A, organization did d stop here. The e organization dic x and stop here. ion did not check a box on line 12 dections A and C. I	Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you chef you checked box	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 n 33 1/3%, and ation		m 990)	0 % 18 is 2023
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023 TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 2d, of Part I, complete Section 2d	2022 Schedule A, organization did d stop here. The e organization dic x and stop here. ion did not check on did not check a box on line 12 dections A and C. I and A and D, and C.	Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you chef you checked box	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 n 33 1/3%, and ation		m 990)	0 % 18 is 2023
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023 TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete So	2022 Schedule A, organization did d stop here. The e organization dic x and stop here. ion did not check on did not check a box on line 12 dections A and C. I and A and D, and C.	Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you chef you checked box	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 n 33 1/3%, and ation		m 990)	0 % 18 is 2023
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023 **TV** Supporting Organization** (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization** (contact of the complete Section A. All Supporting Organization**)	2022 Schedule A, organization did d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 cections A and C. I ons A and D, and cozations	Imn (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box complete Part V.)	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publi19a, or 19b, chected box 12a, of 12c, of Part I, co	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 133 1/3%, and ation		nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Section A. All Supporting Organization of the	organization did d stop here. The e organization did x and stop here. ion did not check a box on line 12 dections A and C. I ans A and D, and contains d organizations list supported organizations	rmn (f) divided by Part III, line 17 . not check the box organization qual I not check a box. The organization a box on line 14, Page 4 Of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designal.	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, checked box 12a, of 12c, of Part I, co	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 n 33 1/3%, and ation		nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizate dule A (Form 990) 2023 TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported.	organization did d stop here. The e organization did x and stop here. ion did not check a box on line 12 dections A and C. I ans A and D, and contains d organizations list supported organizations	rmn (f) divided by Part III, line 17 . not check the box organization qual I not check a box. The organization a box on line 14, Page 4 Of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designal.	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, checked box 12a, of 12c, of Part I, co	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 n 33 1/3%, and ation		nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (If "No," describe in Part VI how the section the designation. If historic and Did the organization have any supported the designation have any supported the d	organization did d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 dections A and C. I dections A and C. I dections d organizations list supported organization d continuing rela ted organization t	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box organization a box on line 14, Page 4 Page 4 of Part I. If you che you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publi19a, or 19b, checi ecked box 12a, or 12c, of Part I, co e organization's geted. If designated an IRS determine	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete smplete Sections A overning document by class or purposetion of status under the section of section	18 133 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Section A. All Supporting Organization (In the organization of the organization. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in the section of the organization have any support 509(a)(1) or (2)? If "Yes," explain in the section of the organization have any support 509(a)(1) or (2)? If "Yes," explain in the section of the organization have any support 509(a)(1) or (2)? If "Yes," explain in the section of the organization have any support 509(a)(1) or (2)? If "Yes," explain in the organization have any support of the organization have of the organization have of the organization have of the organ	organization did d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 dections A and C. I dections A and C. I dections d organizations list supported organization d continuing rela ted organization t	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box organization a box on line 14, Page 4 Page 4 of Part I. If you che you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publi19a, or 19b, checi ecked box 12a, or 12c, of Part I, co e organization's geted. If designated an IRS determine	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete smplete Sections A overning document by class or purposetion of status under the section of section	18 133 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee Par	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Scaled, of Part II, complete Sc	organization did d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 dections A and C. I ans A and D, and continuing related organization to part VI how the continuing related to the	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box organization a box on line 14, Page 4 Page 4 of Part I. If you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have organization determine the proganization determined to the complete Part V.)	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publicly 19a, or 19b, check ecked box 12a, or 12c, of Part I, co e organization's geted. If designated an IRS determination and that the summed that	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete simplete Sections A overning document by class or purposition of status undeported organization	Table 133 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Scaled, of Part II, complete Sc	organization did d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 dections A and C. I ans A and D, and continuing related organization to part VI how the continuing related to the	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box organization a box on line 14, Page 4 Page 4 of Part I. If you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have organization determine the proganization determined to the complete Part V.)	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publicly 19a, or 19b, check ecked box 12a, or 12c, of Part I, co e organization's geted. If designated an IRS determination and that the summed that	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete simplete Sections A overning document by class or purposition of status undeported organization	Table 133 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee Par 1 2	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Are all of the organization's supported in "No," describe in Part VI how the section that describe the designation. If historic and Did the organization have any support described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	organization did d stop here. The e organization did x and stop here. ion did not check ion did not check a box on line 12 dections A and C. I has A and D, and continuing related organization to part VI how the continuing decomposition of the continuing decomposition of the continuing related organization to the continuing related organization designs and continuing relat	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box. The organization a box on line 14, Page 4 Page 4 of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have organization determined to the complete in section 5.	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publi19a, or 19b, check of the checked box 12a, of 12c, of Part I, core organization's greated. If designated an IRS determinamined that the sufficient of the checked box 12a, of 12c, of Part I, core organization's greated. If designated an IRS determinamined that the sufficient of the checked box 12a, of 12c, of Part I, core organization's greated. If designated an IRS determinamined that the sufficient of the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked box 12a, of 12c, of Part I, core organization's greated by the checked by the c	ne 15 is more than supported organiz 19a, and line 16 is licly supported organized this box and see this box and see for Part I, complete sections A poverning document by class or purposetion of status under proceeding the process of the process	18 133 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee Par	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2023 TV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section A. All Supporting Organization from the describe the designation. If historic and Did the organization have any support described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each of the organization confirm that each organization confirm th	a box on line 12 dections A and D, and continuing related organization to do organization to the dorganization to the dorganization to dorganization design of the dorgani	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box. The organization a box on line 14, Page 4 Page 4 Of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have organization determination qualified unitation qualified unitations are designationship.	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publi19a, or 19b, check of 19a, or 19b, check of 19a, or 19b, check of 12c, of Part I, contact of 12c, of Part	ne 15 is more than supported organiz 19a, and line 16 is licly supported organiz k this box and see this box and see f Part I, complete smplete Sections A poverning document by class or purposetion of status und proported organization (6)? If "Yes," answers."	Table 18 1 33 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee Par 1 2	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Are all of the organization's supported in "No," describe in Part VI how the section that describe the designation. If historic and Did the organization have any support described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	a box on line 12 dections A and D, and continuing related organization to do organization to the dorganization to the dorganization to dorganization design of the dorgani	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box. The organization a box on line 14, Page 4 Page 4 Of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have organization determination qualified unitation qualified unitations are designationship.	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publi19a, or 19b, check of 19a, or 19b, check of 19a, or 19b, check of 12c, of Part I, contact of 12c, of Part	ne 15 is more than supported organiz 19a, and line 16 is licly supported organiz k this box and see this box and see f Part I, complete smplete Sections A poverning document by class or purposetion of status und proported organization (6)? If "Yes," answers."	Table 18 1 33 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x
18 19a b 20 Schee Par 1 2	Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an: 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (A. All Supporting Organization (Section A. All Supporting Organization (Part VI) how the section the describe the designation. If historic and Did the organization have any support of the organization have any support of the organization have a supported as the organization have a supported as the public support tests under section that each the public support tests under section section.	a box on line 12 dections A and D, and continuing related organization to do organization to the dorganization to the dorganization to dorganization design of the dorgani	remn (f) divided by Part III, line 17. not check the box organization qual I not check a box. The organization a box on line 14, Page 4 Page 4 Of Part I. If you che f you checked box complete Part V.) ted by name in the ations are designationship, explain. hat does not have organization determination qualified unitation qualified unitations are designationship.	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publi19a, or 19b, check of 19a, or 19b, check of 19a, or 19b, check of 12c, of Part I, contact of 12c, of Part	ne 15 is more than supported organiz 19a, and line 16 is licly supported organiz k this box and see this box and see f Part I, complete smplete Sections A poverning document by class or purposetion of status und proported organization (6)? If "Yes," answers."	Table 18 1 33 1/3%, and ation	B. If you che	nd line n 990) P ou checcked bo	0 % 18 is 2023 age 4 ked x

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	3с				
4a	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a				
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.	4b				
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					
5a	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c				
	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).	5a				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the					
c	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c				
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 .	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7				
8	B 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,"	8				
	provide detail in Part VI.	9a				
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 .	9b				
С	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	9c				
100	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If</i> "Yes," answer line 10b below.	10a				
b	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).					
	Schedule A	10b (Form	990)	2023		
	Page F					
	Page 5 ———————————————————————————————————					
Sche	dule A (Form 990) 2023		F	age 5		
Par	Supporting Organizations (continued)					
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No		
11 a	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 11a above?	11b				
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c				
_Se	ection B. Type I Supporting Organizations		Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly					
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
_		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit					
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2				
Se	ection C. Type II Supporting Organizations					
			Yes	No		

1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how	v contr	ol or management of the			
	supporting organization was vested in the same persons that controlled or managed to	he sup	pported organization(s).	1		
Se	ection D. All Type III Supporting Organizations				T	T
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the		Yes	No
	documents in effect on the date of notification, to the extent not previously provided?		gamzation's governing	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "	'No," e	xplain in Part VI how the			
	organization maintained a close and continuous working relationship with the support	ed org	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's support of the organization of the organization's support of the organization of the organiza					
	during the tax year? If "Yes," describe in Part VI the role the organization's supported			3		
	ction E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
a						
b						
C	The organization supported a governmental entity. Describe in Part VI how yo	ou sup	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the		103	110
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th	oses,	how the organization was			
	substantially all of its activities.			2a		
b	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the					
organization's involvement.						
3						
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .						
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.						
			Schedule A	3b (Forn	n 990)	2023
				(,	
	Page 6					
	dule A (Form 990) 2023				F	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea	ar
1	Net short-term capital gain	1		(Opti	- Indi	
	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				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	ar
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d	1			

				=.		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
	Subtract line 2 from line 1d	- 433613	3			
4	Cash deemed held for exempt use. Enter 0.015 of line	3 (for greater amount, see				
•	instructions).	5 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om 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			
	Section C - Distributable Amount		•			Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 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, u temporary reduction (see instructions)	6				
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	ntegrat	ed Type III sup	porting	organization (see
					Sc	chedule A (Form 990) 2023
		Page 7				
Sched	lule A (Form 990) 2023					Page 7
Par	t V Type III Non-Functionally Integrated	509(a)(3)	Organi	zations (cor	ntinued	1)
Sec	tion D - Distributions			ı		Current Year
1 /	1 Amounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					2	
Administrative expenses paid to accomplish exempt purposes of supported organizations					3	
4 Amounts paid to acquire exempt-use assets					4	
5 (Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6 (Other distributions (describe in Part VI). See instructio	ns			6	
	otal annual distributions. Add lines 1 through 6.				7	
8 [Distributions to attentive supported organizations to what the supported organizations to what the supported organizations to what the support of the suppor	ich the organization is respons	sive (<i>pro</i>	ovide	8	
	Distributable amount for 2023 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations	(i)		(ii)		(iii)
	(see instructions)	Excess Distributions	Und	derdistribution Pre-2023	าร	Distributable Amount for 2023
1 D	istributable amount for 2023 from Section C, line 6					7
	<u> </u>					
(r	nderdistributions, if any, for years prior to 2023 reasonable cause required explain in Part VI). ee instructions.					
3 E:	xcess distributions carryover, if any, to 2023:					
	From 2018					
	From 2019					
	From 2020					
	From 2022					
	otal of lines 3a through e					
g	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see nstructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2023 from Section D, line 7:					
	Applied to underdistributions of prior years					

 Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4 Remaining underdistributions for years 2023, if any. Subtract lines 3g and If the amount is greater than zero. See instructions. 	b from line 4.				
5 Remaining underdistributions for ye 2023, if any. Subtract lines 3g and If the amount is greater than zero					
2023, if any. Subtract lines 3g and If the amount is greater than zero					
	4a from line 2.				
6 Remaining underdistributions for 20 lines 3h and 4b from line 1. If the than zero, <i>explain in Part VI</i> . See	amount is greater				
7 Excess distributions carryover t 3j and 4c.	2024. Add lines				
8 Breakdown of line 7:					
a Excess from 2019					
b Excess from 2020					
c Excess from 2021					
d Excess from 2022					
e Excess from 2023					
	3c, 4b, 4c, 5a, 6, 9a, 9 and 3; Part IV, Sectior	b, 9c, 11a, 11b, an n E, lines 1c, 2a, 2b	d 11c; Part IV, Section , 3a and 3b; Part V, lin	B, lines 1 and 2 ie 1; Part V, Sect	Page 8 "b; Part III, line 12; Part IV, 2; Part IV, Section C, line 1; tion B, line 1e; Part V onal information. (See
instructions).	· ·	. , ,	· · ·	<u>, </u>	
	Fac	cts And Circumsta	nces Test		
	1				
Return Reference			Explanation		
PART III, COLUMN (D), LINE 7B	IN PRIOR YEAR IT INC AND EXCLUDED SUCH		BUTION WHICH WAS F	ROM LINE 1. WE	MADE THE ADJUSTMENT
				S	chedule A (Form 990) 2023

Additional Data Return to Form

Schedule B (Form 990) Department of the Treasury	Schedule of Contributors	OMB No. 1545-0047
` '		
Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.	2023
Name of the organization REINSTITUTE INC		Employer identification number 56-2609577
Organization type (check or	ne):	122
Filers of:	Section:	
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	☐ 527 political organization	
Form 990-PF	☐ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion
	☐ 501(c)(3) taxable private foundation	
For an organization money or other proportions.	filing Form 990, 990-EZ, or 990-PF that received, during the year, contriperty) from any one contributor. Complete Parts I and II. See instructions	ibutions totaling \$5,000 or more (in for determining a contributor's total
contributions.		Ç
Special Rules		
under sections 509(a received from any on	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ (1)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ that met the 32½ (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ that met the 32½ (1) and 170(b)(1)(1) and 170(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)), Part II, line 13, 16a, or 16b, and that
during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that contributions of more than \$1,000 exclusively for religious, charitable, so prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, contr If this box is checked purpose. Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such , enter here the total contributions that were received during the year for lete any of the parts unless the General Rule applies to this organization etc., contributions totaling \$5,000 or more during the year	contributions totaled more than \$1,000 an exclusively religious, charitable, et because it received nonexclusively
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line 2, to certify that it doesn't meet the filing requirements of Schedule E	ine H of its Form 990-EZ

Page 2

Schedule B (Form 990) (2023)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			☐ Person☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	☐ Payroll ☐ Nanagab
			Noncash (Complete Part II for noncash
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-	-		Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
			Noncash (Complete Part II for noncash
(a)	(b)	(c)	contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash
	I		contributions.) Schedule B (Form 990) (2023)
	Page 3 ———		
Schedule B	(Form 990) (2023)		Page 3
Name of org		Employer identification	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	56-2609577	
(a)	(b)	(C)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncast	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncast	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
	B (Form 990) (2023)	Page 4		Schedule B (Form 990) (2023) Page 4
Name of o REINSTITU	organization JTE INC		Employer ide 56-2609577	entification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See in Use duplicate copies of Part III if additional sections.)	ntributor. Complete columns (a) the total of exclusively religious, chestructions.) \(\bar{\rightarrow} \)	rough (e) and the followi	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
•	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor	to transferee
(0)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor	to transferee
(a)	/h\ Durnoss of sift	(a) Hap of gift	(d) Decer	intion of how aift is hold

Part I	(n) Fulpose of glit	(c) use or grit	(u) Description of now grit is nero
· =	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relat	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relat	tionship of transferor to transferee
			Schedule B (Form 990) (2023)

Software ID: Software Version:

Return to Form

Additional Data

efile Public Visual Render

ObjectId: 202443199349304834 - Submission: 2024-11-14

TIN: 56-2609577

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	ne of the organization			Employer identification number
KEII	STITUTE INC			56-2609577
Pa	rt I Organizations Maintaining Donor Adv			or Accounts.
	Complete if the organization answered "Ye	es" on Form 990, Par (a) Donor ad	· ·	(b) Funds and other accounts
1	Total number at end of year	(a) Dollor au	viseu iulius	(b) Fullus and other accounts
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 advisor	ore in writing that the ac	scots hold in donor ad	lyicad funds are the
3	organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or fo	r any other purpose of	
Pa	t II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	inization (check all that	apply).	
	Preservation of land for public use (e.g., recreatio	n or education) \Box	Preservation of an	historically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	contribution in the for	
а	Total number of conservation easements			Held at the End of the Year
a b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified histor			2c
d	Number of conservation easements included in (c) acqu		` *	2d
u	historic structure listed in the National Register	ca arter 3ary 23, 2000	, and not on a	24
3	Number of conservation easements modified, transferred tax year	ed, released, extinguish	ed, or terminated by	the organization during the
4	Number of states where property subject to conservation	on easement is located l	<u> </u>	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold			of violations,
6	Staff and volunteer hours devoted to monitoring, inspe $lacksquare$	cting, handling of violat	ions, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,	, handling of violations,	and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	servation easements in	its revenue and expe	
Davi	the organization's accounting for conservation easemer	nts.		
Par	Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 8.	
1a	If the organization elected, as permitted under FASB As historical treasures, or other similar assets held for put Part XIII, the text of the footnote to its financial statem	olic exhibition, education	n, or research in furth	
b	If the organization elected, as permitted under FASB Ashistorical treasures, or other similar assets held for put following amounts relating to these items:			
() Revenue included on Form 990, Part VIII, line $1 \ldots $			> \$
(i) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, histor following amounts required to be reported under FASB	ical treasures, or other	similar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1	-		▶\$
b	Assets included in Form 990, Part X			> \$

Schedule D (Form 990) 2022 Page **2**

Par	t III Organizations Maintaining Col	lections of Art, I	Histori	cal Tr	easures, o	r Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession items (check all that apply):	, and other records	, check a	any of t	he following	that are a	significant use of i	ts collection
а	Public exhibition		d		Loan or exch	ange prog	rams	
b	☐ Scholarly research		е		Other			
С	Preservation for future generations							
4	Provide a description of the organization's coll Part XIII.	ections and explain	how the	y furth	er the organi	zation's ex	empt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of be maintained as p	of art, his art of th	storical e orgai	treasures or nization's coll	other simection?		es No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ line 21.	ments. vered "Yes" on For	m 990,	, Part :	IV, line 9, o	r reporte	d an amount on	Form 990, Part X,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							es 🗆 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table:			Amoun	<u> </u>
c	Beginning balance	•				1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					account lia	bility2	res No
za b	If "Yes," explain the arrangement in Part XIII.						_	es U No
	irt V Endowment Funds.	Check here if the e	хріапаці	UII IIas	been provide	u III Pait A		
Fa	Complete if the organization answ	ered "Yes" on For	m 990,	, Part :	IV, line 10.			
	,	(a) Current year		rior year		years back	(d) Three years 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 curre	nt year end balance	(line 1g	g, colun	nn (a)) held a	as:		
а	Board designated or quasi-endowment							
b	Permanent endowment							
С	Term endowment 🕨							
	The percentages on lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the posses organization by:	J	tion that	are he	eld and admir	nistered for		Yes No
	(i) Unrelated organizations			•			<u> </u>	Ba(i)
b	(ii) Related organizations						<u> -</u>	3b
4	Describe in Part XIII the intended uses of the	·						30
	rt VI Land, Buildings, and Equipmer		William	unus.				
rai	Complete if the organization answ		m 990.	. Part :	[V. line 11a.	See Fori	m 990. Part X. li	ne 10.
	Description of property (a) Cost or oth (investme	er basis (b) Cost	or other			cumulated d		(d) Book value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	al. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colu	mn (B)	, line 10(c).)		>	0

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part IV	line 11h See For	m 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation: or end-of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV	line 11c See For	rm 990 Part V line 13
(a) Description of investment	ure IV,	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Cost of end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV. I	ine 11d. See For	m 990. Part X. line 15.
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11e or 11f.Se	
1. (a) Description of liability			(b) Book value

	euerai incume taxes				1	
NE (OF CREDIT PAYABLE					290,000
					1	
						_
al.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)					290,000
	bility for uncertain tax positions. In Part XIII, provide the text of the foot	tnote to the	organization's	financial state	ments tha	
	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Che		_			
						D (Form 990) 2022
						_ (,
	Page 4	١				
	ule D (Form 990) 2022			_		Page 4
ar	t XI Reconciliation of Revenue per Audited Financial St Complete if the organization answered 'Yes' on Form 99			nue per Re	turn.	
	Total revenue, gains, and other support per audited financial statements				1	2,652,566
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			·	_	2,032,300
	Net unrealized gains (losses) on investments	2a	1			
	Donated services and use of facilities	2b				
	Recoveries of prior year grants	. 20				
	Other (Describe in Part XIII.)	. 2d				
	,	20			20	0
	Add lines 2a through 2d			· · ·	2e 3	2.652.566
	Subtract line 2e from line 1				3	2,652,566
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	۱	1			
	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
	Other (Describe in Part XIII.)	4b			4 -	0
	Add lines 4a and 4b			-	4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li				5	2,652,566
ırı	Reconciliation of Expenses per Audited Financial S Complete if the organization answered 'Yes' on Form 99			nses per k	eturn.	
	Total expenses and losses per audited financial statements				1	2,638,148
	Amounts included on line 1 but not on Form 990, Part IX, line 25:					<u> </u>
	Donated services and use of facilities	2a				
	Prior year adjustments	2b				
	Other losses	. 20				
	Other (Describe in Part XIII.)	2d				
	Add lines 2a through 2d			_	2e	0
	Subtract line 2e from line 1				3	2,638,148
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					,,,,,,
	, , ,	. 42		ı	1	
	Investment expenses not included on Form 990, Part VIII, line 7b .					
	Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII.)	. 4a			40	0
1	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b			4c	2 638 148
ı •	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b			4c 5	0 2,638,148
	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	4b			5	2,638,148
ar	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b line 18.)	art IV, lines 1b a	and 2b; Part \	5	2,638,148
ar	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	4b line 18.)	art IV, lines 1b a	and 2b; Part \ulletion.	5	2,638,148
ovo	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b line 18.) . 1a and 4; P vide any ad	art IV, lines 1b a	and 2b; Part Vation.	5 /, line 4; Pa	2,638,148

Additional Data Return to Form

efile Public Visual Render ObjectId: 202443199349304834 - Submission: 2024-11-14

TIN: 56-2609577 OMB No. 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization
REINSTITUTE INC Inspection

Employer identification number

56-2609577

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. Part I

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and				
	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used				
	to award the grants or assistance?		Yes	\checkmark	No
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and otl	ner assi	stance		

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MEXICO			PROGRAM SERVICES	100-DAY CHALLENGE	223,458
CENTRAL AMERICA AND CARIBBEAN (DOMINICAN REPUBLIC)			PROGRAM SERVICES	100-DAY CHALLENGE	53,919
SOUTH AFRICA			PROGRAM SERVICES	100-DAY CHALLENGE	597,207
CANADA			PROGRAM SERVICES	100-DAY CHALLENGE	1,138
UNITED KINGDOM			PROGRAM SERVICES	100-DAY CHALLENGE	66,466
3a Sub-total b Total from continuation sheets to Part I	(,			942,188
c Totals (add lines 3a and 3b)					942,188

— Page 2 —

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

Cat. No. 50082W

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

Page 2 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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MEXICO	IMPROVE CRIMINAL JUSTICE	128,729	WIRE	0		
			MEXICO	IMPROVE CRIMINAL JUSTICE	18,285	WIRE	0		
			MEXICO	IMPROVE CRIMINAL JUSTICE	64,457	WIRE	0		
			MEXICO	IMPROVE CRIMINAL JUSTICE	11,987	WIRE	0		
				TRAINING FOR 100 DAY CHALLENGE IMPLEMENTATION	53,919		0		
			SOUTH AFRICA	STOP GENER BASED VIOLENCE	597,207		0		
			UK	UK HEALTH	62,051	WIRE	0		

Enter total number of other			·				Sched	ule F (Form 990) 2
				— Page 3 ————				
nedule F (Form 990) 2023								Pag
Part III Grants and Oth				ed States. Complete if	the organiza	tion answ	ered "Yes" on Form 99	90, Part IV, line 16
) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount noncash assistanc		(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
								appraisal, other
							Cabad	ule F (Form 990) 20
							Sched	ale i (10illi 330) 20
				— Page 4 ————				
edule F (Form 990) 2023 art IV Foreign Forms						Page 4		
Was the organization a U.S. organization may be require Instructions for Form 926)	d to file Form 926,	Return by a U.S. Tr	ansferor of Property to	o a Foreign Corporation (see	☐ Yes	✓ No		
2 Did the organization have ar to separately file Form 3520- Gifts, and/or Form 3520-A, A	, Annual Return to	Report Transactions	with Foreign Trusts a	nd Receipt of Certain Foreigi	d n			
3520 and 3520-A; don't file	with Form 990) .				☐ Yes	✓ No		
B Did the organization have ar may be required to file Form (see Instructions for Form 5	5471, Information	n Return of U.S. Pers	ons with Respect to C		_	✓ No		
4 Was the organization a direction fund during the tax year? If Shareholder of a Passive Formatten for the shareholder of th	"Yes," the organiza	ation may be require	d to file Form 8621, I	nformation Return by a	□ Yes	✓ No		
Did the organization have ar may be required to file Form Instructions for Form 8865)	8865, Return of U	I.S. Persons with Re	spect to Certain Foreig	n Partnerships (see	_	✓ No		
Did the organization have ar organization may be require 5713; don't file with Form 9	d to separately file	Form 5713, Interna	tional Boycott Report	(see Instructions for Form	☐ Yes	✓ No		
				Schedu	ıle F (Form 99	0) 2023	_	
				— Page 5 ————				
nedule F (Form 990) 2023				- 3		Page 5		
Part V Supplemental In Provide the inform amounts of investr	ation required by ments vs. expend	ditures per region); Part II, line 1 (ac	Part I, line 3, column (f)	II (accounting	method;		
			or recipients), as	applicable. Also complete	e uns part to p	novide		
any additional info		ti detions.						

	<u> </u>
·	
·	
_	
<u> </u>	Schedule F (Form 990) 2023

Additional Data

efile Public Visual Render ObjectId: 202443199349304834 - Submission: 2024-11-14

TIN: 56-2609577 OMB No. 1545-0047

Schedule J

(Form 990)

Compensation Information

Open to Public Inspection

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Internal Revenue Service

	Name of the organization REINSTITUTE INC						nployer identification number				
KEI	NSIIIU	IE INC			56-2609577						
Pa	rt I	Questions Regarding Compensation									
							Yes	No			
1a		k the appropiate box(es) if the organization provided Part VII, Section A, line 1a. Complete Part III to prov									
		First-class or charter travel		Housing allowance or residence for	personal use						
		Travel for companions		Payments for business use of person	nal residence						
		Tax idemnification and gross-up payments		Health or social club dues or initiation	on fees						
		Discretionary spending account		Personal services (e.g., maid, chauf	feur, chef)						
b		y of the boxes on Line 1a are checked, did the organi bursement or provision of all of the expenses describ				1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				2		-				
	direc	tors, trustees, officers, including the CEO/Executive I	Directo	or, regarding the items checked on Lin	e 1a?						
3	orgai	ate which, if any, of the following the filing organizat nization's CEO/Executive Director. Check all that appl by a related organization to establish compensation	y. Do r	not check any boxes for methods							
	~	Compensation committee		Written employment contract							
		Independent compensation consultant		Compensation survey or study							
		Form 990 of other organizations	~	Approval by the board or compensa	tion committee						
4		ng the year, did any person listed on Form 990, Part \end{array}	/II, Se	ction A, line 1a, with respect to the fil	ling organization or a						
а	Rece	ive a severance payment or change-of-control payme	ent? .			4a		No			
b	Parti	cipate in, or receive payment from, a supplemental n	onqua	lified retirement plan?		4b		No			
c	Parti	cipate in, or receive payment from, an equity-based of	compe	nsation arrangement?		4c		No			
	If "Ye	es" to any of lines 4a-c, list the persons and provide t	he ap	plicable amounts for each item in Part	III.						
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations	must complete lines 5-9.							
5		persons listed on Form 990, Part VII, Section A, line 1 pensation contingent on the revenues of:	a, did	the organization pay or accrue any							
а	The o	organization?				5a		No			
b		related organization?				5b		No			
	If "Ye	es," on line 5a or 5b, describe in Part III.									
6		persons listed on Form 990, Part VII, Section A, line 1 pensation contingent on the net earnings of:	a, did	the organization pay or accrue any							
а	The o	organization?				6a		No			
b	Any i	related organization?				6b		No			
	If "Ye	es," on line 6a or 6b, describe in Part III.									
7	For p	ersons listed on Form 990, Part VII, Section A, line 1 nents not described in lines 5 and 6? If "Yes," describ	a, did e in Pa	the organization provide any nonfixed art III .	i 	7		No			
8	subje	any amounts reported on Form 990, Part VII, paid of ect to the initial contract exception described in Regul rt III			escribe 	8		No			
9		es" on line 8, did the organization also follow the rebu			Regulations section	9		110			
		work Reduction Act Notice, see the Instructions		orm 990 Cat No. 5	0053T Schedule 1		990)	2022			

— Page 2 —

Schedule J (Form 990) 2023 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Section A line 1a, applicable column (0) and (F) amounts for the compensation of the column (1) and (1) amounts for the column (1) and (2) amounts for the column (2) and (3) and (4) amounts for the column (3) and (4) amounts for the column (4) and (5) amounts for the column (4) and (5) amounts for the column (5) and (6) amounts for the column (6) and (6) amounts for the column (7) and (7) amounts for the c

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal to	he tot	al amount of Form	990, Part VII, Sec	ction A, line 1a, ap	plicable column (D) and (E) amoun	ts for that indiv	/idual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation			column (B) reported as deferred on prior Form 990
1 SEAN WHITTEN PRESIDENT & CEO	(i)	136,900	0	0	5,476	14,023	156,399	0
	(ii)	0	0	0	0	0	0	0
•	1	İ						

	1	i	İ	i	Ī	Ī	İ	i
						:	Schedule J (F	orm 990) 2023
Page 3								
			age 5					
Schedule J (Form 990) 2023								Page 3
Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lin	es 1a,	1b, 3, 4a, 4b, 4c, !	5a, 5b, 6a, 6b, 7,	and 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Return Reference			E	xplanation				
						\$	Schedule J (F	orm 990) 2023
Additional Data							Ret	urn to Form

efile Public Visual Render

ObjectId: 202443199349304834 - Submission: 2024-11-14

TIN: 56-2609577

OMB No. 1545-0047

2023

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Name of the organization REINSTITUTE INC

Employer identification number

56-2609577

	30-2009377
Return Reference	Explanation
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.
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
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONTRACTED PERSONAL MEXICO: PROGRAM SERVICE EXPENSES 426,585. MANAGEMENT AND GENERAL EXPENSES 381. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 426,966. CONTRACTED PERSONEL OTHER: PROGRAM SERVICE EXPENSES 672,090. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 672,090. CONTRACTED PERSONEL (PROGRAM SUPPORT): PROGRAM SERVICE EXPENSES 490. MANAGEMENT AND GENERAL EXPENSES 30,000. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 30,490.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

Return to Form