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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For the	e 2022 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				= :
	Name chang	Doing business as		51-02351	74
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final	1101 N Highland Street	A 2000 CO	(703) 24	
	termir			G Gross receipts \$	39,333,585.
	Amen			H(a) Is this a group re	
$\vdash$	Application			for subordinates	
	pendi	same as C above		H(b) Are all subordinates in	
_	_		05 50		
_		empt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1)	or 527	The Control of Control	list. See instructions
	Websi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1979	A State of legal domicile: VA
P	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: Educ	ate pe	eople for su	ccessful
Activities & Governance		participation in government, politics and	d medi	la.	
rra	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	ssets.
Ne.	7.7	Number of voting members of the governing body (Part VI, line 1a)			12
ဇ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			11
త					212
ţį		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
≥	6	Total number of volunteers (estimate if necessary)		6	499
Act		Total unrelated business revenue from Part VIII, column (C), line 12			17,445.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		29,817,694.	38,600,695.
2	9	Program service revenue (Part VIII, line 2g)		180,574.	142,145.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		91,776.	96,580.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		458,256.	410,000.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,548,300.	39,249,420.
_				314,205.	967,857.
	0.00000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,673,019.	11,475,546.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 7,426,3	81.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,031,834.	22,032,190.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,019,058.	34,475,593.
	19	Revenue less expenses. Subtract line 18 from line 12		4,529,242.	4,773,827.
70				eginning of Current Year	End of Year
Assets or Ralances	20	Total assets (Part X, line 16)		34,291,273.	38,296,390.
SSI	20	Total liabilities (Part X, line 26)		4,709,307.	5,103,561.
Net/	21	, , , , , , , , , , , , , , , , , , , ,		29,581,966.	33,192,829.
		Net assets or fund balances. Subtract line 21 from line 20		25,501,500.	33,132,023.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	a and atatom	anto and to the heat of m	v knowledge and balish it is
					y kilowieuge allu bellel, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich prepare	r nas any knowledge.	
		D'		Doto	
Sig	ın	Signature of officer	0 6	Date	18,23
He	re	Morton Blackwell, President Marten C. B	well	THE TI	10,23
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	- 1	Date Check	PTIN
Pai	d	Yong Zhang, CPA	rang (	)9/13/23 if self-employs	P01249785
	parer	Firm's name Rogers & Company PLLC		Firm's EIN 5	8-2676261
	Only	Firm's address 8300 Boone Boulevard, Suite 600			
000	. Omy	Vienna, VA 22182		Phone no (7	03) 893-0300
				Tritolie ito. ( 7	
Ma	v the l	RS discuss this return with the preparer shown above? See instructions			X Yes No

ı u	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  Educate people for successful participation in government, politics and media.
	and media.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  X Yes No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 11,137,042. including grants of \$ 1,038.) (Revenue \$
4b	(Code:)(Expenses \$\\$ 11,863,510. including grants of \$\\$ 964,798.) (Revenue \$\\$ 5,203.) Campus Leadership Program: Fostering effective student organization on U.S. college campuses. Conducting leadership schools for members of these groups and other students, and helping students start newspapers on their campuses.
4c	(Code:)(Expenses\$ 1,792,590. including grants of \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 24,793,142.  Form <b>990</b> (2022)

# Form 990 (2022) Leadership Institute Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	,	х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		37	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		1
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		<del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

# Form 990 (2022) Leadership Institute Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEh		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		25
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	25	
34		34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a	<del></del>	
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59			
	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	۰.	Х	
	(gambling) winnings to prize winners?	ı IC	Z\	1

# Form 990 (2022) Leadership Institute Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	21	_	X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	, , , , , , , , , , , , , , , , , , , ,										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other										
_	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	. 4a		X					
b	If "Yes," enter the name of the foreign country		- (EDAD)	-							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			-		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			.   30							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did than y contributions that were not tax deductible as charitable contributions?			6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			·   Oa							
b	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).			.   00							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the payo	r? <b>7a</b>		х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			.							
	to file Form 8282?		•	.   7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	. 7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?		. 7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8	899 as required?	. 7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C	? <b>7h</b>							
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?											
9	Sponsoring organizations maintaining donor advised funds.										
а						X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b		X					
10	Section 501(c)(7) organizations. Enter:	مدا	I								
	Initiation fees and capital contributions included on Part VIII, line 12	10a		_							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_							
11	Gross income from members or shareholders	11a	1								
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114									
~	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a							
		12b	1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1									
	organization is licensed to issue qualified health plans	13b		_							
	Enter the amount of reserves on hand	13c									
					-	X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			. 14b	-						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					_ v					
	excess parachute payment(s) during the year?			. 15		X					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t inc	omo?	46		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	it II IC(	лп <b>е</b> ?	. 16							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitic	9								
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.										
	· .										

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, FL, GA, HI	,IL	,KS	,KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Andrew Bender - (703) 247-2000			
	1101 N Highland Street, Arlington, VA 22201			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	AI 1126	((		прсі	isat	( <b>D</b> )	(E)	(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other
	(list any	ctor		the	organizations	compensation				
	hours for	or director	20			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l truste		ee ee	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee	Institutional trustee	ľ	Key employee	st cor	ər	1099-1120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Forme			
(1) John Davis	40.00									
VP for Growth and Development				Х				396,154.	0.	73,975.
(2) Morton Blackwell	40.00								•	
President	4.0.00	Х		X				330,990.	0.	8,338.
(3) Mark Centofante	40.00							060 250	•	66 000
VP of Technology and Operations	40.00			Х				260,378.	0.	66,803.
(4) Steven Sutton	40.00			77				067 750	0	40 061
Senior Vice President	40 00			Х				267,750.	0.	42,061.
(5) Sean McMahon (ending 11/22)  VP for Finance and CFO	40.00			х				244,324.	0.	64,613.
(6) Bryan Bernys	40.00			Λ				244,324.	0.	04,013.
VP of Campus Leadership Program	40.00			х				226,272.	0.	65,401.
(7) David Fenner	40.00			Λ				220,272•	0.	03,401.
VP of Programs	10.00			Х				226,082.	0.	60,367.
(8) Ronald Nehring	40.00							220,0020		00,00,0
Director of International Training						х		192,500.	0.	37,751.
(9) Courtney Trollinger	40.00							•		
Director of Major Gifts					Х			190,972.	0.	20,425.
(10) Robert Arnakis	40.00									
Sr Director of Domestic and Internat						Х		163,060.	0.	25,422.
(11) Jim Johnston	40.00									
Creative Officer						Х		144,440.	0.	43,227.
(12) Mitchell Nozka	40.00									
Director of International Training						Х		147,730.	0.	37,657.
(13) Alexandra Knowles	40.00								_	
Partnership Advisor						Х		117,320.	0.	5,650.
(14) Andrew Bender (starting 11/22)	40.00									
VP for Finance and CFO				X				34,364.	0.	0.
(15) Denny Daughtery	1.00							_	•	0
First Vice President	1 00	Х		Х				0.	0.	0.
(16) Ken Thornhill	1.00	٦,		37				_	^	•
Second Vice President	1 00	Х		Х				0.	0.	0.
(17) Craig Murphy	1.00	x		х				0.	0.	0.
Treasurer		Λ		Λ				U •	0.	- 000

	iiip iiist.								31-0233	1/4 Page 0
Part VII Section A. Officers, Directors, To		ploy	ees			ghe	st C			(E)
<b>(A)</b> Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	( <b>D</b> )  Reportable  compensation  from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Ed Corrigan	1.00								_	_
Secretary		Х		Х				0.	0.	0.
(19) Patrick Pizzella	1.00	ļ							•	
Director	1 00	Х						0.	0.	0.
(20) Fred Fowler	1.00	۱.,							0	_
Director	1 00	Х						0.	0.	0.
(21) John Maxwell	1.00	ļ ,,							0	_
Director	1.00	Х				_		0.	0.	0.
(22) Ryan Rhodes Director	1.00	X						0.	0.	0.
(23) Star Parker	1.00	^						0.	0.	•
Director	1.00	X						0.	0.	0.
(24) Dario Paya	1.00							0.		
Director		X						0.	0.	0.
(25) Justin Ouimette	1.00							-		
Director		х						0.	0.	0.
1b Subtotal								2,942,336.	0.	551,690.
c Total from continuation sheets to Part	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,942,336.	0.	551,690.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
(A)	(B)	(C)					
Name and business address	Description of services	Compensation					
Morgan, Meredith & Associates							
22780 Indian Creek Dr, Sterling, VA 20166	Mailing	5,781,708.					
Planet Direct							
11050 Challenger Ct, Manassas, VA 20109	printing and mailing	822,266.					
Hacienda Litho	Graphic design and						
700 W Gary Ave, Gilbert, AZ 85299	printing	583,573.					
Conrad Direct Inc., 800 Kinderkamack Rd							
#307N, Oradell, NJ 07649	printing and mailing	391,561.					
E2 Optics LLC, 76 Inverness Dr East, Ste							
A/B, Englewood, CO 80112	General contractor	269,955.					
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than						
\$100,000 of compensation from the organization 14							

17

Leadership Institute 51-0235174 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 38,600,695. 1f 1,692,464. g Noncash contributions included in lines 1a-1f 1g |\$ 38,600,695. h Total. Add lines 1a-1f **Business Code** 611710 Program Service Revenue 2 a Tuition revenue 136,942. 136,942 b Studio income 900099 5,203 5,203 С f All other program service revenue g Total. Add lines 2a-2f. 142,145. Investment income (including dividends, interest, and 98,297 98,297. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 260,958 6 a Gross rents **b** Less: rental expenses ... 6b 260,958. c Rental income or (loss) 260,958, 260,958. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 82,448. 7a **b** Less: cost or other basis Other Revenue and sales expenses 84,165. 7b -1,717. c Gain or (loss) \_\_\_\_\_ 7c -1,717. -1,717. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Other income 900099 149,042 17,445 131,597. b

489,135.

17,445

142,145.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

149,042

39,249,420,

Form 990 (2022) Leadership Institute 51
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).

	Charlet School La Contains a respec				
Do	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	237,811.	237,811.		
•		237,011.	257,011.		
2	Grants and other assistance to domestic	730,046.	730,046.		
_	individuals. See Part IV, line 22	730,040.	730,040.		
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,	1 001 005	1 207 240	245 502	470 163
	trustees, and key employees	1,931,005.	1,207,249.	245,593.	478,163.
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	7,770,677.	4,858,164.	988,304.	1,924,209.
8	Pension plan accruals and contributions (include		<b></b>	4-4	4=4 = 4 = 4
	section 401(k) and 403(b) employer contributions)	589,352.	245,134.	170,632.	173,586.
9	Other employee benefits	522,498.	285,326.	106,311.	130,861.
10	Payroll taxes	662,014.	386,556.	108,446.	167,012.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	112,425.	80,462.	31,938.	25.
С	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,150,536.	1,073,460.	36,223.	40,853. 49.
12	Advertising and promotion	47,855.	47,806.		49.
13	Office expenses	581,549.	442,295.	80,842.	58,412.
14	Information technology	896,245.	612,311.	164,415.	119,519.
15	Royalties				
16	Occupancy	901,791.	606,939.	143,303.	151,549.
17	Travel	3,470,989.	3,292,783.	4,359.	173,847.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,293,510.	1,384,716.	1,378.	-92,584.
20	Interest	4,116.	-	4,116.	<u> </u>
21	Payments to affiliates			•	
22	Depreciation, depletion, and amortization	486,324.	340,428.	48,631.	97,265.
23	Insurance	72,411.	50,688.	7,241.	14,482.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
э	Printing and publicatio	6,466,795.	4,669,664.	1,151.	1,795,980.
h	Postage & Shipping	6,347,741.	4,177,484.	1,324.	2,168,933.
c	Taxes	17,841.	9,762.	8,079.	
d	Dues	12,127.	11,857.	-, -, -, -,	270.
	All other expenses	169,935.	42,201.	103,784.	23,950.
25	Total functional expenses. Add lines 1 through 24e	34,475,593.	24,793,142.	2,256,070.	7,426,381.
26	Joint costs. Complete this line only if the organization	32,213,3334	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,	., _20,001*
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here	10,353,168.	8,686,621.	0.	1 666 547
	11010 [22] II TOIIOWING SUP 98-2 (ASC 958-720)	TO, 333, TOO •	0,000,041.	V • [	1,666,547.

Pa	πχ	Balance Sheet				
		Check if Schedule O contains a response or note to any	/ line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		11,495,142.	1	15,612,841
	2	Savings and temporary cash investments		248,299.	2	2,337,504
	3	Pledges and grants receivable, net		1,184,799.	3	402,883
	4	Accounts receivable, net		5,307.	4	19,789
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial c				
		controlled entity or family member of any of these person			5	
	6	Loans and other receivables from other disqualified per				
		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	_		7	
Assets	8	Inventories for sale or use			8	
Ϋ́	9			2,124,926.	9	4,539,265
	10a	Land, buildings, and equipment: cost or other	Ī			
		basis. Complete Part VI of Schedule D 10a	16,208,822.			
	b	Less: accumulated depreciation 10b	8,240,211.	8,267,787.	10c	7,968,611
	11	Investments - publicly traded securities		7,070,398.	11	6,039,541
	12	Investments - other securities. See Part IV, line 11		50,000.	12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,844,615.	15	1,375,956
	16	Total assets. Add lines 1 through 15 (must equal line 3		34,291,273.	16	38,296,390
	17	Accounts payable and accrued expenses		1,802,368.	17	2,941,341
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
es	22	Loans and other payables to any current or former offic	er, director,			
≝		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these person	ons		22	
_	23	Secured mortgages and notes payable to unrelated thir	d parties	61,366.	23	49,919
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities (including federal income tax, payables t	o related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		2,845,573.		2,112,301
	26	Total liabilities. Add lines 17 through 25		4,709,307.	26	5,103,561
S		Organizations that follow FASB ASC 958, check here	X			
ဥ		and complete lines 27, 28, 32, and 33.		00 500 500		24 002 005
alai	27	Net assets without donor restrictions		27,598,798.	27	31,073,725
Ö B	28	Net assets with donor restrictions	1,983,168.	28	2,119,104	
Š		Organizations that do not follow FASB ASC 958, che	ck here			
ř		and complete lines 29 through 33.				
ts (	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipmen			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or	_	20 501 266	31	22 100 000
ž	32	Total net assets or fund balances		29,581,966.	32	33,192,829
	33	Total liabilities and net assets/fund balances		34,291,273.	33	38,296,390

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities	1 2 3 4 5 6	39,24 34,47 4,77 29,58 -1,58	9,4 5,5 3,8	93. 27. 66.
7 8	Investment expenses Prior period adjustments	7 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	42	5,3	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,19	2,8	29.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

#### **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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

51-0235174

Leadership Institute

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

'nе	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	37	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C	•		J		ŭ	•
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	unction with a land-grant	college
•		or university or a non-land-g				-	-	-
		university:	gram conogo or agmo	altaro (coo monactiono).	Lintor tiro	marrio, on	y, and state of the coneg	0 01
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from	contributio	one membershin fees a	nd aross receipts from
		activities related to its exen						
		income and unrelated busin		•				-
				(less section of reak) if	om busine	sses acqu	illed by the organization	arter June 30, 1973.
11		See section 509(a)(2). (Col		ivaly to toot for public or	ofaty Can	coation El	20(2)(4)	
12		An organization organized	•	•	•			nurnosos of one or
12		An organization organized a more publicly supported or	· ·	•	•		•	
			•					SHECK THE DOX OH
_		lines 12a through 12d that				-	· · · · · ·	, aivina
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	•		
		the supported organization			a majority	or the aire	ctors or trustees of the s	supporting
		organization. You must o						
b		Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·					
С		Type III functionally inte	-				•	ed with,
		its supported organizatio		•				
d		Type III non-functionally					• • • •	* *
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	•	-				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or						
		r the number of supported o						
g		ide the following information			(iv) lo the ergo	nization listed		
	(i) Name of supported (ii) EIN (iii) Type of organization (v) Is the organization listed in your governing document? (vi) Amount of monetary (vi) Amount of other							
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		<u> </u>						
ota	al .							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	14,869,266.	17,036,706.	23,019,099.	29,817,694.	38,600,695.	123,343,460.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	14,869,266.	17,036,706.	23,019,099.	29,817,694.	38,600,695.	123,343,460.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.						123,343,460.	
	• •	(-) 0040	(I-) 0040	(-) 0000	(-I) 0004	/-\ 0000	(A) T-+-1	
	ndar year (or fiscal year beginning in)	(a) 2018 14,869,266.	<b>(b)</b> 2019 17,036,706.	(c) 2020 23,019,099.	(d) 2021 29,817,694.	(e) 2022 38,600,695.	(f) Total 123,343,460.	
	Amounts from line 4	14,009,200.	17,036,706.	23,019,099.	29,017,094.	30,000,095.	123,343,460.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	446 549	437,054.	370 993.	348,673.	359,255.	1,962,524.	
۵	and income from similar sources  Net income from unrelated business	110,515.	437,0340	310,333.	340,073.	333,233.	1,302,324.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	67,770.	39,328.	143,575.	192,790.	131,597.	575,060.	
11	<b>Total support.</b> Add lines 7 through 10	,	, , ,	, , ,	, ,	, , ,	125,881,044.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	958,116.	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5		-	
	organization, check this box and <b>stop here</b>							
Sec	ection C. Computation of Public Support Percentage							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	97.98 %	
	Public support percentage from 2021 Schedule A, Part II, line 14							
16a	a 33 1/3% support test - 2022. 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							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ration	
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization			
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	qualify under the tests listed b	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						<del>                                     </del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						<del>                                     </del>
7 8	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						<del>                                     </del>
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0010	(-) 0000	(4) 0001	(-) 0000	(6) Total
	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						<del>                                     </del>
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						<del>                                     </del>
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	onguired ofter June 20, 1075						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			f		F04(-)(0)ii	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·	, , ,	,	•	( ) ( )	ilon,
<u>S</u>	check this box and stop here ction C. Computation of Publ		rcentage				L
	-			l (f))		15	
	Public support percentage for 2022 (I					<del>                                     </del>	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u>%</u>
	<u> </u>					147	
17						17	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	a 33 1/3% support tests - 2022. If the						TOIT 2I 1 I
	more than 33 1/3%, check this box at						
K	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
<b>U</b>	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4-		
4a		
4b		
40		
4c		
5a		
5b		
5c		
c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
401		
10b		

Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.

51-0235174 Page 6 Leadership Institute Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3

7	Check here if th	e current ye	ar is the organiz	zation's first as	s a non-functionall	y integrat	ted Type III	supporting org	ganization (se	е
	instructions).									

Schedule A (Form 990) 2022

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

4

5

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

## Schedule B

#### Schedule of Contributors

OMB No. 1545-0047

1990)

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

**2022** 

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Leadership Institute 51-0235174 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

## Leadership Institute

51-0235174

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,913,805.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,841,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,053,851.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$ 828,858.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## Leadership Institute

51-0235174

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

Schedule B (Form 990) (2022) Employer identification number Name of organization Leadership Institute 51-0235174 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

## Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Leadership Institute

Employer identification number 51-0235174

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S Of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	650.	
4	Aggregate value at end of year	4,979,746.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
	impermissible private benefit?		X Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.	•	
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its finan-		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		·
-	the following amounts required to be reported under FASB AS		J , F
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990. Part X		\$

		hip Institu							Page 2
Part	t III   Organizations Maintaining C	ollections of Ar	t, Historical Ti	reasures, o	or Othe	r Simil	ar Asse	t <b>s</b> (contin	ued)
3 (	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following tha	nt make si	gnificant	use of its	<b>;</b>	
(	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	on's exer	npt purp	ose in Pai	t XIII.	
5 I	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No_
Part			te if the organization	on answered	"Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
	Is the organization an agent, trustee, custodi						_	_	
	on Form 990, Part X?						L	Yes	└── No
b I	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
								Amount	
c I	Beginning balance					. 1c			
	Additions during the year								
	Distributions during the year					. 1e			
	Ending balance					. 1f		_	
	Did the organization include an amount on Fo					ty?	L	Yes	├─ No
	If "Yes," explain the arrangement in Part XIII.								
Part	t V Endowment Funds. Complete it						بامعا معمار		ana baalı
		(a) Current year	(b) Prior year	(c) Two year					
	Beginning of year balance	1,340,733.	1,241,218		3,321.		55,232.	<del> </del>	044,216.
	Contributions	107,664.	99,515	. 14	7,897.	1	.38,089.		-88,434.
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е (	Other expenditures for facilities								
	and programs								
	Administrative expenses			<b>.</b>					550.
-	End of year balance	1,448,397.	1,340,733	<u> </u>	1,218.	1,0	93,321.		955,232.
	Provide the estimated percentage of the curr	ent year end balanc		(a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 100.0000	%							
		%							
	The percentages on lines 2a, 2b, and 2c sho								
	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administe	erea for th	ie		Г	Yes No
	organization by:								X
	(i) Unrelated organizations							3a(i) 3a(ii)	X
	(ii) Related organizations							3b	
	Describe in Part XIII the intended uses of the			·				.   30	
Part			willett lulius.						
	Complete if the organization answered		Part IV line 11a	See Form 990	) Part X	line 10			
	Description of property	(a) Cost or ot		t or other		cumulate	-d	(d) Book	value
	besomption of property	basis (investm	','	(other)		reciation		(a) Door	value
12	Land	<u> </u>	, I	00,300.	339			600	,300.
	Land Buildings			23,499.	7.3	24,2	55.		7,300.
	Leasehold improvements			,	.,,	,_		. ,	,
	Equipment		5.4	18,889.	4	38,9	88.	109	9,901.
	-quipriloni								,
Α,	Other			36,134.		76,9			7,166.

Schedule D (Form 990) 2022

Part VII	Investments -	Other Securities.

i art vii investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		

(6)	
(9)	
Total (Col. (h) must equal Form 990, Part X, col. (R) line 13.)	

### Part IX Other Assets.

(4) (5) (6) (7)

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

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

#### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Gift annuity liability	2,090,355.
(3) Subtenant deposits	21,946.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,112,301.

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

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ements Wi	th Revenue per R	eturr	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	38,086,456.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	-1,588,344.		
b	Donat	ted services and use of facilities	2b			
С		veries of prior year grants				
d		(Describe in Part XIII.)		425,380.		
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	-1,162,964.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	39,249,420.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	39,249,420.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stat	ements W	ith Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total	expenses and losses per audited financial statements			1	34,475,593.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a			
b	Prior y	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	0.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	34,475,593.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	34,475,593.
Pa	rt XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; $$			1; Part	X, line 2; Part XI,
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inf	ormation.		
D	77	1.1				
Pa	rt v	, line 4:				
ml.			L L16		٠	.£ Lb.
TH	e pu	rpose of this endowment is to suppor	t the g	general miss	ıon	or the
т	- J	ahim Taguituta				
ье	auer	ship Institute.				
D	L 37	Time 1.				
Pa.	rt A	i, Line 2:				
۱ <i>۲</i> ۵.			<del>-</del>	+ i		1
Mai	nage	ment has evaluated the Institute's t	ax posi	tions and c	onc	luded that
<b>∟1</b> ₋.	. T		<b>.</b>		D	b 21
tne	e In	stitute had no significant uncertain	tax po	sitions at	рес	ember 31,
201	<b>.</b> .	1 0001				
20.	∠∠ a	nd 2021.				
D	∽ <b>⊢</b> 37	T line 2d Other Address				
ra:	L L X	I, Line 2d - Other Adjustments:				
<b>ሪ</b> ኬ -	n~-	in gift annuity liability				<b>135 300</b>
cna	ınge	in gift annuity liability				425,380.

Schedule D (Form 990) 2022	Leadership Institute	51-0235174 Page 5
Part XIII Supplemental Inf	Leadership Institute ormation (continued)	-

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

Attach to Form 990.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** Leadership Institute 51-0235174 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Europe (Including Iceland & Greenland) 0 Program Services Educational Seminars 155,304. 0 Educational Seminars North America Program Services 3,232. Central America and the Caribbean 0 Educational Seminars 2,859. Program Services East Asia and the Pacific 0 Educational Seminars Program Services 3,983. Middle East and North Africa 0 Program Services Educational Seminars 4,272. South America 0 Program Services Educational Seminars 2,172. 3 a Subtotal 0 171,822. **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a 171,822. and 3b)

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

Schedule F (Form 990) 2022

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 re	ceived more than \$5	,000. Part II can be dupli	cated if additional space is ne	eded.					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)	

51-0235174

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax		
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ightharpoons	
3	Enter total number of other organizations or entities		

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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

Schedule F (Form 990) 2022

#### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization  Leadershi	p Institu	ıte					Employer identification number $51-0235174$
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Turning Point USA 4940 E Beverly Rd.							
Phoenix, AZ 85044	80-0835023	501c3	67,059.	0.			Program Services
Students for Life of America 1000 Winchester St., Suite 301 Fredericksburg, VA 22401	52-1576352	501c3	11,617.	0.			Program Services
Young Conservatives of Texas Foundation - 8301 Lakeview Pkwy, Suite 111 - Rowlett, TX 75088	02-0729586	501c3	5,754.	0.			Program Services
America's Future Foundation 1633 Connecticut Ave, Suite 300 Washington, DC 20009	52-1928321	501c3	6,000.	0.			Program Support
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							

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Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	150	٠			Fransportation and accommodations to attend LI
Scholarships	179	0.	730,046.	FMV	traing and events
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
Grant funds are made to U.S. Organ	nizations	for use i	n the U.S.	and are	
followed up on through reporting a	and corre	spondence.			

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Leadership Institute

 $Employer\ identification\ number \\ 51-0235174$ 

	Leadership institute	31-0233.		
Pa	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel	al use		
	Travel for companions Payments for business use of personal res	idence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur	r, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1	ь Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2 X	
	tradicios, and officers, including the SES/Excounted Birostor, regularing the fectile officers of this fat.			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3		n to		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization at the CEO/Executive Director, but explain in Boxt III.	) i i i		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation compensati	ommittee		
	Design the constant of the second listed as Form 000 Destable A list 4 with a second to the filter			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?		a X	- V
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		b	X
С	Participate in or receive payment from an equity-based compensation arrangement?		с	<u>^</u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	_		
3		''		
_	contingent on the revenues of:	_		х
	The organization?		a	X
a	Any related organization?	5	b	<b>↑</b> ^
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
	contingent on the net earnings of:			77
а	The organization?		a	X
b	Any related organization?	<u>6</u>	b	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III		7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie 📗		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<u></u> {	3	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?		9	

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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) John Davis	(i)	346,304.	49,850.	0.	45,750.	28,225.	470,129.	0.
VP for Growth and Development	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Morton Blackwell	(i)	330,990.	0.	0.	0.	8,338.	339,328.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Mark Centofante	(i)	228,866.	31,512.	0.	39,057.	27,746.	327,181.	0.
VP of Technology and Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Steven Sutton	(i)	250,000.	17,750.	0.	40,163.	1,898.	309,811.	0.
Senior Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Sean McMahon (ending 11/22)	(i)	182,294.	35,580.	26,450.	36,649.	27,964.	308,937.	0.
VP for Finance and CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Bryan Bernys	(i)	192,072.	34,200.	0.	33,940.	31,461.	291,673.	0.
VP of Campus Leadership Program	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) David Fenner	(i)	192,240.	33,842.	0.	33,912.	26,455.	286,449.	0.
VP of Programs	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Ronald Nehring	(i)	174,762.	17,738.	0.	28,875.	8,876.	230,251.	0.
Director of International Training	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Courtney Trollinger	(i)	145,122.	45,850.	0.	0.	20,425.	211,397.	0.
Director of Major Gifts	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Robert Arnakis	(i)	152,250.	10,810.	0.	24,459.	963.	188,482.	0.
Sr Director of Domestic and Internat	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Jim Johnston	(i)	134,500.	9,940.	0.	21,666.	21,561.	187,667.	0.
Creative Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Mitchell Nozka	(i)	128,333.	19,397.	0.	22,160.	15,497.	185,387.	0.
Director of International Training	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 1a:
At the sole discretion and approval by the institute's president, an
employee may fly first Class for an eligible reason, such as length of
flight. This occurred extremely rarely, and were not treated as taxable
compensation.
Part I, Line 4a:
Sean McMahon received \$26,450 severance payment during 2022, which was
properly reported on his 2022 W2.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization Leadership Institute Employer identification number 51-0235174

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	<b>(d)</b> Method of de noncash contribu		-	<u> </u>
		арріїоцьіо	items contributed	Form 990, Part VIII, line 1g	Tioriodori continod	tion and		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	69	1,692,464.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	33, Part V, [	Donee Acknowledg	ement <b>29</b>		1.	. 1	
						,	es	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		•	•				v
	exempt purposes for the entire holding period?	<b>'</b>				30a		X
	If "Yes," describe the arrangement in Part II.			af and an analysis of a second	diama0	04	v	
31	Does the organization have a gift acceptance p					31	X	
32a	Does the organization hire or use third parties of							Х
	contributions?					32a		Λ
	If "Yes," describe in Part II.	-l (-\ f-			alra d			
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y tor which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M	M (Form 990) 2022 Leadership Institute	51-0235174	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combinist part for any additional information.	and whether the organiza pination of both. Also comp	tion

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Leadership Institute

Employer identification number 51-0235174

Form 990, Part III, Line 2, New Program Services:

Campaign Leadership College, School Board Programs, Christian Leaders

Program, Pro-Life trainings. Launched focused state-based training in

Virginia, Pennsylvania, North Carolina, Florida, California, Texas, and

Hawaii.

Form 990, Part VI, Section A, line 8b:

the organization did not contemporaneously document meetings held and written action taken during the organization's tax year by committees with authority to act on behalf of the governing body.

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

The Form 990 is prepared by an outside accountant, and reviewed by the VP of Finance and President of the Organization. The Board of Directors is presented with the opportunity to review this form prior to filing with the IRS.

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

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

The Leadership Institute recognizes and respects the individual employee's right to engage in activities outside his or her employment. Management, however, reserves the right to determine when an employee's outside activities create a conflict with the institute's interests and to take whatever action it deems necessary to resolve the conflict, up to and including discharge. An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of the

Leadership institute's business dealings. If a conflict arises, the employee must disclose to his or her supervisors or the vice president of finance's as soon as possible. The existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties. Failure to comply could lead to disciplinary action, up to and including possible termination of employment. No "presumption of guilt" is implied, but the situation will then be discussed and handled on a case-by-case basis. Directors and officers annually attest to the absence of any conflict of interest, or disclose anything which may be considered a conflict.

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

The compensation committee, on the Board of Directors, reviewed a report prepared by the CFO on the compensation of CEO's of similar nonprofits. The compensation committee's deliberation was noted in the Board minutes.

However, the CEO has refused any increase in salary in recent years, and as a result the compensation committee has not met in this calendar year.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,MN,MO,MS,NC,ND,NH,NJ,NM,NV,NY,OH

OR,PA,RI,SC,TN,UT,VA,WI,WV

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents, conflict of interest policy, and financial statements are made available to the public upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of charitable gift annuities

425,380.

#### SCHEDULE R (Form 990)

Part I

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

(a)

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

(c)

(d)

(e)

2022 Open to Public Inspection

(f)

OMB No. 1545-0047

Name of the organization

Leadership Institute

Employer identification number
51-0235174

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

()	\ <i>/</i>	\ - <i>\</i>	(/	\-'	' I	1-7	
Name, address, and EIN (if applicable) of disregarded entity			ome End-of-yea		controlling ntity	9	
Campus Action, LLC							
1101 N. Highland St							
Arlington, VA 22204	Education	Virginia		0.	0.Leadership	Institu	te
Part II Identification of Related Tax-Exempt Organizations during the tax year.					İ	_	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Leadership Action, Inc 46-1572552							
1101 N Highland Street		1			Leadership	1 ,,	
Arlington, VA 22201	Social Welfare	Virginia	501(c)(4)		Institute	X	
Campusreform.org - 83-2886095							
1101 N Highland Street					Leadership		
Arlington, VA 22201	Public Charity	Virginia	501(c)(3)	Line 7	Institute	X	

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

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Mad an Fours 000 Doubly line 04 honours it had annous nelated
of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
reated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box	managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
-									
									<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one	e or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		$\frac{x}{x}$		
	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				i		X		
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organization(s				1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
-									
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
	If the answer to any of the above is "Yes," see the instructions for information on who must								
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
22216	22 00 14 00	48		Schedule P	(Forr	n 990)	2022		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related	partners se	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No	p mcome	assets	Yes	No	(F01111 1065)	Yes N	0
										$\vdash$	
										$\sqcup$	
							1				1

50

Form	990-T	E	n	OMB No. 1545-0047					
		For cal	endar year 2022 or other tax year beginning , and ending		2022				
Depart Interna	ment of the Treasury Il Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
Α	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Emplo	oyer identification number				
	tempt under section 501( <b>c</b> )( <b>3</b> )	Print or	Leadership Institute  Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E</b> Group	1-0235174 exemption number				
	408(e) 220(e) 408A 530(a)	Туре	1101 N Highland Street City or town, state or province, country, and ZIP or foreign postal code	(see ir	nstructions)				
	529(a) 529A	0.5	Arlington, VA 22201	F	Check box if				
		•		101-1-	an amended return.				
	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	_ State	college/university				
	Check if filing only to		Claim credit from Form 8941						
			ation filing a consolidated return with a 501(c)(2) titleholding corporation						
			ed Schedules A (Form 990-T)		Yes X No				
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No				
	r "Yes," enter the na The books are in car		d identifying number of the parent corporation.  Andrew Bender Telephone number	(703	) 247-2000				
			d Business Taxable Income	(703	/ 24/ 2000				
1			ss taxable income computed from all unrelated trades or businesses (see						
•			·	1	0.				
2	Reserved			2	<b>J</b> ,				
3	Add lines 1 and 2								
4			(see instructions for limitation rules)	1	0.				
5			see instructions for limitation rules) taxable income before net operating losses. Subtract line 4 from line 3	<u> </u>					
6			ng loss. See instructions	6					
7		•	ss taxable income before specific deduction and section 199A deduction.						
'	Subtract line 6 from		•	7					
8			rally \$1,000, but see instructions for exceptions)	$\vdash$	1,000.				
9			duction. See instructions		,				
10	Total deductions			10	1,000.				
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7,	"	<u> </u>				
•	enter zero		<b></b>	111	0.				
Pai	rt II Tax Com	putat	ion						
1	Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.				
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on						
	Part I, line 11 from	n: 🗆	Tax rate schedule or Schedule D (Form 1041)	2					
3	Proxy tax. See ins	structio		3					
4	Other tax amounts	s. See ii		4					
5	Alternative minimu	ım tax (		5					
6			cility income. See instructions	6					
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.				
LHA			ion Act Notice, see instructions.		Form <b>990-T</b> (2022)				

LHA For Paperwork Reduction Act Notice, see instructions.

	Business	Activity Code	Availabl	le post-2017 NOL carryover	
U.		541800	\$	574,743.	
			\$		
6a	Did the organization change its method of	of accounting? (see instruct	ions)		X
b	If 6a is "Yes," has the organization descr	ibed the change on Form 99	90, 990-EZ, 990-PF, or Form	11128? If "No,"	
	explain in Part V				
Part	V Supplemental Information				
Provide	e the explanation required by Part IV, line 6	6b. Also, provide any other:	additional information. See i	instructions.	
C:	Under penalties of perjury, I declare that I have ex correct, and complete. Declaration of preparer (ot	camined this return, including accompler than taxpayer) is based on all info	panying schedules and statements, a prmation of which preparer has any ki	and to the best of my knowledge and belief, it is tru nowledge.	10,
Sign Here	Morton C. Blackwall	9/18/25	President	May the IRS discuss this re the preparer shown below (	
	Signature of officer	Date	Title	instructions)? X Yes	No No

Preparer's signature

8300 Boone Boulevard, Suite 600

Rogers & Company PLLC

Vienna, VA 22182

foreign trust?

Enter available pre-2018 NOL carryovers here \$ \_\_\_\_\_ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.

Enter the amount of tax-exempt interest received or accrued during the tax year \$

If "Yes," see instructions for other forms the organization may have to file.

223711 01-16-23

Preparer

Use Only

Paid

Print/Type preparer's name

Firm's name

Firm's address

Yong Zhang, CPA

P01249785

Phone no. (703) 893-0300

58-2676261

Check \_\_\_\_\_ if

self- employed

Firm's EIN

09/13/23

X

1019 Zhang

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

^ '	Leadership Institute		51-0235174					
<b>c</b> ι	Unrelated business activity code (see instructions) 54180	D	Sequence	1	L of	1		
<b>E</b> [	Describe the unrelated trade or business Advertising			_				
Pa	t I Unrelated Trade or Business Income		(A) Income	(E	B) Expenses	;	(C)	Net
	Gross receipts or sales							
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	5						
6	statement) Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled	$\vdash$						
Ū	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10	17,445	•	101,4	41.	-8	3,996.
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	17,445	•	101,4	41.	-8	3,996.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come			_	ctions	s must b	e 
1 2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement). See instructions					5		
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562). See instructions		7					
8	Less depreciation claimed in Part III and elsewhere on return					8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13								
14								
15	Total deductions. Add lines 1 through 14					15		0.
16	Unrelated business income before net operating loss deduction. S						_	2 000
	column (C)					16		3,996.
17	Deduction for net operating loss. See instructions					17		0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3				18		3,996.
LHA	For Paperwork Reduction Act Notice, see instructions.				So	hedul	e A (Form	990-T) 2022

Pag	е	2

Part	III Cost of Goods Sold Enter meth	nod of inventory valuat	ion		Fage Z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				V N-
9 Dort	Do the rules of section 263A (with respect to property				YesNo_
Part			_		
1	Description of property (property street address, city, s	state, ZIP Code). Grieci	t ii a dual-use. See irisi	ructions.	
	В				
	c $\square$				
	D				
		Α	В	С	
2	Rent received or accrued				_
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter have	and an Dort Llina C	odumo (A)	0.
3	Deductions directly connected with the income	tillough D. Linter here	and on Fart i, line o, c	Joidinin (A)	
4	in lines 2(a) and 2(b) (attach statement)				
-		l	·	L	_
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I,	line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
	A				
	B				
	D	A	В	С	
2	Gross income from or allocable to debt-financed	A	В	C	<u> </u>
2	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				0.
8	Total gross income (add line 7, columns A through D)	. ∟nter here and on Pa	rt I, line /, column (A)		<u> </u>
9	Allocable deductions. Multiply line 3c by line 6		1	1	
10	Total allocable deductions. Add line 9, columns A thr	ough D. Fnter here and	d on Part I. line 7. colu	L mn (B)	0.
11	Total dividends-received deductions included in line				0.

Part	VI Interest, Annu	uities, R	oyalties, and R	ents fro	m Contro	lled O	rganizatio	<b>1S</b> (see instruc	tions)		
	Exempt Controlled Organizations										
	<ol> <li>Name of controlled organization</li> </ol>		2. Employer			al of specified 5. Part of				eductions directly	
			identification		ne (loss)	payn	nents made	that is included controlling orga		٦	onnected with
			number	(see ins	structions)			tion's gross income		inc	ome in column 5
(1)											
(2)											
(3)											
(4)											
			No	nexempt (	Controlled O	rganizati	ons				
7	. Taxable Income		Net unrelated		otal of specif			of column 9	11.	. Ded	uctions directly
		l	icome (loss)	pa	yments mad	е	l .	luded in the organization's			nected with
		(see	e instructions)					income	in	come	e in column 10
<u>(1)</u>											
(2)											
(3)											
(4)											
								nns 5 and 10.	1		umns 6 and 11.
								and on Part I, column (A)	1		re and on Part I, B, column (B)
								, ,			
Totals	\ /!!						<u> </u>	0.			0.
Part			of a Section 50	)1(c)(7),			1				
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction		-asides	' 「	. Total deductions and set-asides
					li ilicon	ie	(attach state		tateme	(111)	(add cols 3 and 4)
(4)							`	<u> </u>			
(1)										-	
(2)										-	
(3)										-	
(4)					Add amou	ınts in					Add amounts in
					column 2						column 5. Enter
					here and o						nere and on Part I,
Totals					line 9, colu	ımn (A) 0 •					line 9, column (B) 0 •
Part	VIII Fynlaited F	yemnt /	Activity Income	Other	<u>l</u> Than Δdv		a Income	soo instructions	1		<u> </u>
1	Description of exploite				man Auv	CI LISII	ig income	SEE HISHUCHORS	<u>'</u>		
2	Gross unrelated busin	•			er here and o	n Part I	line 10 colum	nn (A)	2		17,445.
3	Expenses directly con										,
3	line 10, column (B)		•					,	3		101,441.
4	Net income (loss) from	unrelated	trade or business	Subtract li	ine 3 from lin	e 2 If a	gain complete	a			
•	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7							4		-83,996.	
5	Gross income from ac	tivity that	is not unrelated bus	iness inco	me				5		0.
6	Expenses attributable								6		0.
7	Excess exempt expen										
-	4. Enter here and on F								7		0.
		,,									

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a	consolidated bas	is.	
	A 🔲				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	•	A	В	С	D
2	Gross advertising income		<del>_</del>		
_	Add columns A through D. Enter here and or			I	0.
а	, tad dolamino / tambagii B. Entoi noro and or	rarti, into tri, colariir (ry			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or				0.
а	Add coldining A through b. Enter here and or	Tarti, line 11, column (b)			
4	Advertising gain (loss). Subtract line 3 from li	20			
7	2. For any column in line 4 showing a gain,	ie –			
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8	I			
E					
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	I			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
_	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·	t-1	!	
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns to	tal or zero nere ar	na on	0.
Part	X Compensation of Officers, Di		ac inctructions)		· · ·
ı art	Compensation of Officers, Di	icotors, and musices (si	ee iristructions)	3. Percentage	4. Compensation
	<b>1.</b> Name	<b>2.</b> Title		of time devoted	attributable to
	i. Name	Z. Title		to business	unrelated business
/ <del>/</del> /				to business %	unrelated business
(1)				% %	
(2)				+	
(3)				%	
(4)				%	
T-4-1	Fatou have and an Doubli line 4				0.
Part	Enter here and on Part II, line 1  XI Supplemental Information (see	- !			
Part	Supplemental information (se	e instructions)			

990-T Sch 2	A Post-201	7 Net Operating	Loss Deduction	Statement 1
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/21 12/31/20 12/31/19 12/31/18	364,283. 174,161. 18,797. 32,445.	0. 0. 0. 14,943.	364,283. 174,161. 18,797. 17,502.	364,283. 174,161. 18,797. 17,502.
NOL Carryo	ver Available This	Year	574,743.	574,743.

Form 990-T (A) Part VIII - Expenses Direction of Unrelated	Statement 2		
Description	Activity Number	Amount	Total
Travel Computer hardware Payments to journalists Salaries/wages - Subtotal -	1	632. 8,052. 41,300. 51,457.	101,441.
Total of Form 990-T, Schedule A, Part VI	II, Column	3	101,441.