Department of the Treasury Internal Revenue Service

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 47-50-42 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Α	For the	e 2023 calendar year, or tax year beginning an	a enaing		
В	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addre	constructive dialogue institute, inc.			
	Name chang	Doing business as	_	83-33885	63
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	244 MADISON AVENUE	1098	888-814-	
	termin ated			G Gross receipts \$	1,333,282.
	Ameno	NEW TORK, NI 10016		H(a) Is this a group re	
	Applic	F Name and address of principal officer: CAROLINE MEAL		for subordinates	? Yes X No
_	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
<u>1</u>	Tax-exe	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1	) or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2019 N	A State of legal domicile; ${f NY}$
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	and of more	than 25% of its not see	ooto
/err	3			_	4
ő	4	Number of independent voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			3
9	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			12
ties	6	Total number of volunteers (estimate if necessary)			20
	72				0.
Å	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_		Not different business taxable moonle from 10111 000 1,1 art 1, line 11		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,665,020.	884,365.
	9	Program service revenue (Part VIII, line 2g)		192,928.	354,929.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,410.	42,198.
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,530.	51,790.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,915,888.	1,333,282.
_		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)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,723,145.	1,917,695.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pe	ь	Total fundraising expenses (Part IX, column (D), line 25) 205, 7	756.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		465,123.	518,904.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,188,268.	2,436,599.
	19	Revenue less expenses. Subtract line 18 from line 12		1,727,620.	-1,103,317.
or	í í			ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		3,772,649.	2,679,188.
Ass	21	Total liabilities (Part X, line 26)		117,118.	126,974.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,655,531.	2,552,214.
	art II	Signature Block			
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	
		0:			
Sig	n	Signature of officer		Date	
He	re	CAROLINE MEHL, EXECUTIVE DIRECTOR			
		Type or print name and title		Doto In	DTIN
	_	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		EVA MRUK EVA MRUK		.1/19/24 self-employ	•
	parer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LL	C	Firm's EIN 8	7-3231666
Use	Only	Firm's address 245 PARK AVENUE, 12TH FLOOR		01	2 206 2622
_		NEW YORK, NY 10167		Phone no. 21	2-286-2600
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CONSTRUCTIVE DIALOGUE INSTITUTE'S MISSION IS TO EQUIP THE NEXT
	GENERATION OF AMERICANS WITH THE MINDSET AND SKILL SET TO ENGAGE IN
	DIALOGUE ACROSS DIFFERENCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,299,616 • including grants of \$ ) (Revenue \$ 253,829 • )
4a	(Code:) (Expenses \$1, 299, 616. including grants of \$) (Revenue \$\$ 253, 829.)  EDUCATIONAL TOOLS: CDI DEVELOPS RESEARCH-BASED EDUCATIONAL TOOLS,
	RESOURCES, AND FRAMEWORKS TO EQUIP SCHOOLS, UNIVERSITIES, AND
	WORKPLACES WITH A SHARED LANGUAGE AND PRACTICAL SET OF SKILLS TO BUILD
	OFFER DIFFERENT VERSIONS OF OUR TOOLS THAT ARE TAILORED TO THE VARIOUS
	AUDIENCES WE SERVE. OUR PRIMARY OFFERING, PERSPECTIVES, IS A BLENDED
	LEARNING PROGRAM THAT DISTILLS RIGOROUS BEHAVIORAL SCIENCE RESEARCH
	INTO PRACTICAL SKILLS THAT HELP IMPROVE LEARNERS' COMMUNICATION, SENSE
	OF BELONGING, AND OPENNESS TO DIVERSE PERSPECTIVES. TO DATE, MORE THAN 100,000 LEARNERS HAVE COMPLETED PERSPECTIVES.
	100,000 LEARNERS HAVE COMPLETED PERSPECTIVES.
4b	(Code:) (Expenses \$
40	RESEARCH AND THOUGHT LEADERSHIP: AS A RESEARCH-FOCUSED ORGANIZATION,
	CDI IS COMMITTED TO CONDUCTING RIGOROUS ACADEMIC RESEARCH ON AN ONGOING
	BASIS TO EVALUATE THE EFFECTIVENESS OF OUR PRODUCTS. IN 2022, CDI
	COMPLETED TWO RANDOMIZED CONTROLLED TRIALS (RCTS) TO MEASURE THE
	EFFICACY OF THE PERSPECTIVES BLENDED LEARNING PROGRAM. BOTH RCTS
	DEMONSTRATED THAT PERSPECTIVES LEADS TO STATISTICALLY SIGNIFICANT
	IMPROVEMENTS IN INTELLECTUAL HUMILITY, AFFECTIVE POLARIZATION, AND
	CONFLICT RESOLUTION SKILLS.
	THE ORGANIZATION ALSO CONDUCTS AND DISSEMINATES ORIGINAL RESEARCH TO
	CONTRIBUTE TO THE FIELD OF BRIDGE-BUILDING AND CONSTRUCTIVE DIALOGUE.
	OUR RESEARCH HAS APPEARED IN 7 PEER-REVIEWED ACADEMIC JOURNAL ARTICLES,
4c	(Code:) (Expenses \$ 306,506 • including grants of \$) (Revenue \$ 96,850 • )
	TRAININGS AND WORKSHOPS: TO COMPLEMENT OUR ONLINE EDUCATIONAL TOOLS, WE
	ALSO OFFER LIVE TRAININGS AND WORKSHOPS TO TEACH THE SKILLS AND
	CONCEPTS OF CONSTRUCTIVE DIALOGUE. WE OFFER VARIOUS TRAININGS GEARED
	TOWARDS DIFFERENT STAKEHOLDERS ON COLLEGE CAMPUSES THAT RANGE IN
	DURATION AND FOCUS. OUR TRAININGS INCLUDE (A) A LEADERSHIP INSTITUTE
	FOR COLLEGE PRESIDENTS AND THEIR KEY STAFF TO LEARN CULTURE CHANGE
	PRACTICES TO IMPROVE PLURALISM AND DIALOGUE ON THEIR CAMPUSES; (B) A
	DAYLONG TRAINING TO PROVIDE HIGHER ED ADMINISTRATORS WITH BEST
	PRACTICES FOR RESPONDING TO LARGE-SCALE CONFLICTS ON CAMPUS AND FOR
	REBUILDING TRUST AND COMMUNITY IN THE AFTERMATH OF A RUPTURE; (C) A
	20-HOUR CERTIFICATION PROGRAM TO EQUIP STUDENT-FACING STAFF WITH THE
	SKILLS TO MEDIATE CONFLICT AND FACILITATE DIFFICULT CONVERSATIONS ABOUT
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,993,309.
	Farma <b>990</b> (2000)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del>  ^``</del>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>.</b>
	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,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form	990 (2023) CONSTRUCTIVE DIALOGUE INSTITUTE, INC. 83-3388	563	Р	age <b>4</b>
Pa	t 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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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 noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		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			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38		20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
. u	Obsert if Osbert the Oscartaines a management of material and the part V			
	Check if Schedule O contains a response or note to any line in this Part v		V	NI-
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	10		

332004 12-21-23

Form **990** (2023)

# O23) CONSTRUCTIVE DIALOGUE INSTITUTE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a 12   12   12   12   12   12   12   12				Yes	No
b If a least one is reported on line 2a, did the organization fall all required federal amployment tax returns?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did If "Yes," has it field a Form 980-1 for this year? "No" to line 3b, provide an explanation on Schedule 0  3 Did If "Yes," a feater than 1 and a feater of the organization have an interest in, or a signiture or other authority over, a feater than 1 and 1	2a				
3a Dit the organization have unrelated business gross income of \$1,000 or more curring the year?  3b If Yes, 'has it filed a Form 9901' for this year? If 'Ne' to fine 3b, provide an explanation on Schedule O  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  5b If 'Yes,' relate the name of the foreign country  5ce instructions for illing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAH).  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If 'Yes,' and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as dentatable contributions?  6c If 'Yes' to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and analysis of a such as a contribution and party for goods and services provided to the payor?  7c If Yes,' indictate the number of Forms 8282 filed during the year  7d If 'Yes', indictate the number of Forms 8282 filed during the year  8d If 'Yes,' indictate the number of Forms 8282 filed during the year  9d If the organization received a contribution or cars, books, any premiums, directly or indirectly, or personal benefit contract?  9d If the organization received a contribution or cars, books, any premiums on a personal benefit contract?  9d If the organization received a contribution or cars, books, any premiums on a personal benefit contract?  9d If the organization received a contribution or cars, books, any premiums on a personal benefit contract?  9d If the organization received and contribution or cars, books, any premium		filed for the calendar year ending with or within the year covered by this return 2a 2			
b If Viscs, 1 filled a Form 990.7 for this year? If Viso 1 for 8.3, provide an explanation on Schedule 0  A all any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  A If Viscs, 1 first the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  See instructions for filling requirements for FiroCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization aparty to a prohibert bat scheller funanciation at any time during the tax year?  So Was the organization aparty to a prohibert bat scheller funanciation of the fire of the first organization and party to a prohibert bat scheller funanciation?  So Dos the reginalization party to a prohibert bat scheller funanciation sclick any contributions that were not tax deductible as charitable contributions?  If Viscs, 1 fill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If Viscs, 1 fill the organization receive a payment in excess of \$35 made party as a contribution and party for goods and services provided to the promise of the organization receive a payment in excess of \$35 made party as a contribution of party for which it was required to the form 8898.7 indicate the number of Forms 8292 filed during the year  If Wiscs, 1 micro filed the organization receive an orthibution of caulified intellectual property, did the organization file a Form 1088-6.7 indicate the number of Forms 8292 filed during the year  If Wiscs, 2 micro filed the organization make any taxable distributions under section 49867  If the organization received a contribution of caulified intellectual property, did the organization file a Form 1088-6.7 in the organization small rating donor advised funds.  If the organization service was contribution of caulified	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if "Yea," enter the name of the foreign country  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to till the organization in the more allegation of the party of a prohibited tax shelter transaction?  5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of charable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of share a contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170c).  8d If the organization receive a general in excess of \$37 made party as a contribution and party for goods and services provided to the payor?  7c If If the organization receive a contribution of the value of the goods or services provided?  7c If If If the organization received a contribution of care, body and the payor and the services provided?  7c If If If the organization received a contribution of care, body and the payor promises and payor promises. If			3a		<u> X</u>
francial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  So Did any taxelibe party notify the organization file Form 8896-7?  So Does the organization solit, any any any any appropriate of the real was or is a party to a prohibited tax shelter transaction?  So Does the organization solit any contributions or gifts are not tax deductible as charitable contributions?  If If Yea, 'did the organization include with were year oblicitation an express statement that such contributions or gifts were not tax deductible?  Organization set in include with were year oblicitation an express statement that such contributions or gifts were not tax deductible?  Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If If Yea,' did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If If If Yea,' did the organization receive any funds, directly or indirectly, to pay premiums on a presonal benefit contract?  If I	b		3b		
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If "Yes," complete Form 6069.	17		17		
			17		
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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	4								
	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	3								
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										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X							
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	X							
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		X						
	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	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
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								
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process 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		X						
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 NY, CA, FL									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	)s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records CAROLINE MEHL - 888-814-0006									
	244 MADISON AVENUE, 1098, NEW YORK, NY 10016									

Form **990** (2023)

# 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)	(B) (C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week				from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		ploye	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CAROLINE MEHL	40.00		=	0	~	Τ ω	ш			
EXECUTIVE DIRECTOR, SECRETARY	1.00	Х		Х				176,223.	0.	24,826.
(2) MICHAEL WASSERMAN	40.00									
VP OF GROWTH AND DEVELOPMENT	0.00				Х			183,046.	0.	9,209.
(3) MYLIEN DUONG, SENIOR	40.00									
DIRECTOR OF RESEARCH AND INNOVATION	0.00				Х			161,940.	0.	16,248.
(4) JACOB FAY	40.00									
DIRECTOR OF EDUCATION	0.00				Х			153,675.	0.	610.
(5) MARY AVILES	40.00									
INSIGHTS AND EXPERIENCE LEAD	0.00					Х		122,171.	0.	7,808.
(6) KEITH WELKER	40.00								_	
SENIOR RESEARCH SCIENTIST	0.00					X		111,198.	0.	16,142.
(7) ZOE DOWNES	40.00									
DIRECTOR OF OPERATIONS	0.00					Х		119,036.	0.	7,802.
(8) ELIZA O'NEIL	40.00					l		105 100		
SENIOR CURRICULUM DEVELOPER	0.00					Х		105,122.	0.	7,723.
(9) NATHAN STELL	40.00							05 250	•	0.450
VP OF PRODUCT AND OPERATIONS	0.00		_	Х				85,359.	0.	9,452.
(10) JONATHAN HAIDT, PHD	1.00	.,		,,					_	0
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(11) JOSHUA KLIVAN	0.50	37		х				0.	0	0
TREASURER (12) TAMAR REMZ	0.50	Х		A				0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
DIRECTOR	0.00	Λ							0.	<u> </u>
		1								
		1								
		1								
										_
									_	
										= 000 (2222)

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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.

(A) Name and business address	(B) Description of services	(C) Compensation
DESIGN BY COSMIC, INC., 343 SOQUEL AVENUE, #143, SANTA CRUZ, CA 95062-2305	DESIGN SOLUTIONS SERVICES	157,608.
THOUGHT INDUSTRIES, INC., 3 POST OFFICE SQUARE, 4TH FLOOR, BOSTON, MA 02109	SOFTWARE SERVICES	117,500.
DAVE GOOD 2631 EDISON STREET, GRATON, CA 95444	INTERIM HEAD OF PRODUCT	101,967.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

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\$100,000 of compensation from the organization

Form 990 (2023) CONSTRU
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Official in Schedule O Contains a response of	i flote to arry iiri	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts st	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues1b					
e, E	c	Fundraising events 1c					
ifts Ir A		Related organizations 1d					
n G≒		Government grants (contributions) 1e					
Sic		All other contributions, gifts, grants, and					
eti je	•		884,365.				
ĕ₽			004,505.				
a d	•	Noncash contributions included in lines 1a-1f		004 265			
O E	r	Total. Add lines 1a-1f		884,365.			
	I		Business Code				
မွ		SERVICES INCOME	900099	206,927.	206,927.		
Σœ	k	LICENSING INCOME	900099	148,002.	148,002.		
Se	c	•					
E S							
Be	6						
Program Service Revenue		All other program service revenue					
		Total. Add lines 2a-2f		354,929.			
	3	Investment income (including dividends, interes		334,323.			
	3			42,198.			12 100
		other similar amounts)		42,190.			42,198.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	( )				
		•					
4	L	Less: cost or other basis					
Revenue		and sales expenses					
š		Gain or (loss)					
æ		Net gain or (loss)					
her	8 8	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 <b>8a</b>					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	•	Part IV, line 19 9a					
	L						
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory					
,			Business Code				
snc	11 a	MISCELLANEOUS REVENUE	900099	41,335.			41,335.
ne Tue		BILLABLE EXPENSE REVEN	900099	9,289.			9,289.
≫ Ver		CASH BACK REWARDS	900099	1,166.			1,166.
Miscellaneous Revenue		I All other revenue					
Ξ				51,790.			
		Total. Add lines 11a-11d			254 020	0	02 000
	12	Total revenue. See instructions		1,333,282.	354,929.	0.	93,988.

# Form 990 (2023) CONSTRUCTIVE Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons	e or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 500	657 057	EQ 100	104 600
_	trustees, and key employees	820,588.	657,857.	58,109.	104,622
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	916,693.	753,831.	92,703.	70,159
7	Other salaries and wages	910,093.	133,031.	34,103.	10,139
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	56,222.	40,131.	15,945.	146
9 10		124,192.	97,253.	12,724.	14,215
10 11	Payroll taxes  Fees for services (nonemployees):	124,172.	51,255.	12,124	14,215
'' a	Management				
b		1,562.		1,562.	
C		39,130.		39,130.	
d		35,233		00,1001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	66,356.	60,453.	4,859.	1,044
12	Advertising and promotion	29,849.	26,728.	3,121.	, -
13	Office expenses	5,206.	4,164.	480.	562.
14	Information technology	246,242.	236,983.	1,961.	7,298
15	Royalties				
16	Occupancy				
17	Travel	46,105.	37,656.	5,026.	3,423.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,217.	51,217.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,881.	6,975.	1,171.	735
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.)				
а	TAKES & SOMETANISE	15,068.	11,140.	729.	3,199
b	REIMBURSABLE EXPENSES	9,288.	8,921.	14.	353
c		•	,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,436,599.	1,993,309.	237,534.	205,756
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Fa	LA	balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	100.
	2	Savings and temporary cash investments	1,087,565.	2	678,999.		
	3	Pledges and grants receivable, net		2,577,543.	3	1,862,654.	
	4	Accounts receivable, net			9,100.	4	18,436.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			98,441.	9	15,499.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,371.	_		
	b	Less: accumulated depreciation		6,371.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	100 -00
	14	Intangible assets		14	103,500.		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	3,772,649.	16	2,679,188.		
	17	Accounts payable and accrued expenses			85,485.	17	31,446.
	18	Grants payable			24 622	18	05 500
	19	Deferred revenue			31,633.	19	95,528.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
ä		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D			117 110	25	126 074
	26	Total liabilities. Add lines 17 through 25			117,118.	26	126,974.
ý		Organizations that follow FASB ASC 958, o	heck her	e X			
ည		and complete lines 27, 28, 32, and 33.			712 200		222 262
<u>a</u>	27	Net assets without donor restrictions			713,290.	27	332,262. 2,219,952.
Ö	28	Net assets with donor restrictions			2,342,241.	28	2,219,932.
Ě		Organizations that do not follow FASB ASC	; 958, cne	eck nere			
P		and complete lines 29 through 33.	.1.			00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
λA	31	Retained earnings, endowment, accumulated			3 655 531	31	2 552 214
ž	32	Total net assets or fund balances			3,655,531. 3,772,649.	32	2,552,214.
	33	Total liabilities and net assets/fund balances			3,114,049.	33	2,679,188.

Form **990** (2023)

Form 990 (2023)

### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public

Inspection

Employer identification number

		CONS	TRUCTIVE D	IALOGUE I	NSTIT	CUTE,	INC.		8	3-3388563				
Pa	rt I	Reason for Public (	Charity Status.	(All organizations	must con	nplete th	is part.) S	ee instructions	S.		_			
The	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)													
1		A church, convention of ch	urches, or associatio	n of churches des	scribed in	sectio	n 170(b)(1	)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule	E (Form 9	90).)								
3		A hospital or a cooperative	hospital service orga	nization describe	d in sect	tion 170	(b)(1)(A)(ii	i).						
4		A medical research organization	ation operated in cor	njunction with a h	ospital de	escribed	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:									_			
5		An organization operated for	or the benefit of a col	lege or university	owned o	r operate	ed by a go	vernmental un	it describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	_	section 170(b)(1)(A)(vi). (Complete Part II.)												
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	<b>1)(A)(vi).</b> (Comple	ete Part II	.)								
9		An agricultural research org	ganization described	in section 170(b	)(1)(A)(ix)	operate	ed in conju	nction with a l	and-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instruc	tions). Er	nter the r	name, city,	, and state of t	he college	or				
		university:									_			
10		An organization that norma												
		activities related to its exem		•						-				
		income and unrelated busin		(less section 511	tax) from	busines	ses acquir	red by the orga	anization a	ifter June 30, 1975.				
		See section 509(a)(2). (Cor	•					201 1141						
11	H	An organization organized a	· ·	•		•								
12		An organization organized a	· ·	-					•					
		more publicly supported org	-							Sheck the box on				
_		lines 12a through 12d that or Type I. A supporting orga	* *			-			-	aivina				
а		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	-		-							
		organization. <b>You must o</b>			elect a III	iajority o	i tile dilec	tors or trustee	s or the st	ipporting				
b		Type II. A supporting org	-		onnection	n with its	supporte	d organization	(s) by hav	rina				
~		control or management o	•					-		•				
		organization(s). You mus												
С		Type III functionally inte	-			connect	ion with, a	nd functionall	y integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must com	plete Pa	rt IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization	on operate	ed in cor	nection w	ith its support	ed organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally m	ust satisf	y a distri	bution req	uirement and	an attentiv	/eness				
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Se	ections A	and D,	and Part	٧.						
е		Check this box if the orga						Type I, Type II	, Type III					
		functionally integrated, or		nally integrated su	upporting	organiza	ation.				_			
f		er the number of supported o	•								_			
g		vide the following information (i) Name of supported	ii) EIN	d organization(s).  (iii) Type of organi	zation (	iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	_			
		organization	(,	(described on lines	s 1-10	your governin	ng document?	support (see ins	•	support (see instructions)	.)			
				above (see instruc	tions))	Yes	No				_			
											_			
											_			
											_			

332021 12-21-23

#### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3004600.	802,210.	875,508.	3665020.	884,365.	9231703.
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	3004600.	802,210.	875,508.	3665020.	884,365.	9231703.
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)						5872540.
	Public support. Subtract line 5 from line 4.						3359163.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3004600.	802,210.	875,508.	3665020.	884,365.	9231703.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2,101.	90.	6,410.	42,198.	50,799.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,602.	1,651.	51,530.	51,790.	106,573.
11	<b>Total support.</b> Add lines 7 through 10						9389075.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	958,640.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					X
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2022. If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t <b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

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

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth tax	vear as a section	-I 501(c)(3) organizatio	n
17	check this box and stop here	ŭ		•	•	. , . ,	· —
Sec	etion C. Computation of Publi					•••••	
	Public support percentage for 2023 (li			column (f))		15	%
						16	%
	Public support percentage from 2022 ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage from 2					18	
ıya	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, check						
20	<b>Private foundation.</b> If the organizatio	n did not check a	box on line 14, 19	<ul> <li>a. or 19b. check th</li> </ul>	ns box and see in	structions	

# 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")? |f "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?
- 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).
- 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		
	0		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	į		
	5a		
	5b		
$\perp$	5с		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	33		
_	10a		
	10b	022.	
ule A	(Forn	n 990)	2023

332024 12-21-23

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the 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.

Schedule A (Form 990) 2023

5

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

3

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

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

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

Par	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

2021 AMOUNT: \$ 1,651.

2,769. 2022 AMOUNT: \$

2023 AMOUNT: \$ 1,166.

REIMBURSEMENTS 1,602. 2020 AMOUNT: \$

PART II, SHORT YEAR EXPLANATION: THE ORGANIZATION FILED A SHORT YEAR INITIAL RETURN FROM 01/31/2019 TO

12/31/2019.

Schedule A (Form 990) 2023 332028 12-21-23

# Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

INC.

CONSTRUCTIVE DIALOGUE INSTITUTE

83-3388563

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

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

# CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

83-3388563

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 303,220.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 174,630. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 100,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$ 70,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 50,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 35,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

83-3388563

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$19,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,131.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

83-3388563

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

Name of organization **Employer identification number** CONSTRUCTIVE DIALOGUE INSTITUTE, 83-3388563 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 (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 (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 (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 (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

## **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 Inspection

Name of the organization

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

**Employer identification number** 83-3388563

Par			s or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) F	unds and other accounts
4	Total number at and of year	(a) Bonor advised funds	(5)1	unds and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	icad funde	
3	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			res No
U	for charitable purposes and not for the benefit of the donor o			
			•	Yes No
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recrea		of a historica	Illy important land area
	Protection of natural habitat	· —		historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conser	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2:	a
				o
С	Number of conservation easements on a certified historic stru		_	
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register		2	d
3	Number of conservation easements modified, transferred, rel			on during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation ea	asements during the year
_	<del></del>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easem	ents during the year
	Does each concentration accomment reported on line 2d above	action the requirements of certion 170	/b\/4\/D\/;\	
8	Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on agraments in its revenue and expens		
9	balance sheet, and include, if applicable, the text of the footr	•		
	organization's accounting for conservation easements.	lote to the organization's infancial state	nents that de	escribes trie
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or 0	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		and balance	sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·		
b	If the organization elected, as permitted under FASB ASC 95			eet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items.	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treation			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

6,371.

6,371.

Schedule D (Form 990) 2023 CONSTRUCTIVE Part VII Investments - Other Securities	E DIALOGUE INS	•	3-3388563 Page 3
Complete if the organization answered "Yes" o	on Form 990, Part IV, line 1	I1b. 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 en	d-of-year market value
(1) Financial derivatives	. , ,		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" o	on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description	114. 000 1 0111 000, 1 at 2, iii 10 10.	(b) Book value
(1)	- Contracti		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			•
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

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

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

Schedule D (Form 990) 2023

(5) (6) (7) (8)

Schedule D (Form 990) 2023

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

 $Employer\ identification\ number \\ 83-3388563$ 

Pa	art I Questions Regarding Compensation				
			Yes	No	
1a	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.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, 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	1b			
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?				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant  X Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation committee				
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:				
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х	
	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				
	contingent on the revenues of:	_		37	
a	The organization?	<u>5a</u>		X	
b	Any related organization?	5b			
_	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				
	contingent on the net earnings of:	0-		v	
	The organization?	6a		X	
b	Any related organization?	6b		$\vdash$	
_	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	_		v	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		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	I	1	

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (C		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAROLINE MEHL	(i)	176,079.	0.	144.	0.	24,826.	201,049.	0.
EXECUTIVE DIRECTOR, SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL WASSERMAN	(i)	182,884.	0.	162.	0.	9,209.	192,255.	0.
VP OF GROWTH AND DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MYLIEN DUONG, SENIOR	(i)	161,760.	0.	180.	0.	16,248.	178,188.	0.
DIRECTOR OF RESEARCH AND INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACOB FAY	(i)	153,495.	0.	180.	0.	610.	154,285.	0.
DIRECTOR OF EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(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 4A:
NATHAN STELL, VP OF PRODUCT AND OPERATIONS RECEIVED A SEVERANCE PAYMENT OF
\$14,699 FROM THE ORGANIZATION.

## 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

Employer identification number 83-3388563

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CONSTRUCTIVE DIALOGUE INSTITUTE'S MISSION IS TO EQUIP THE NEXT GENERATION OF AMERICANS WITH THE MINDSET AND SKILL SET TO ENGAGE IN DIALOGUE ACROSS DIFFERENCES. QUESTION 5, AND PART V, QUESTION 2A: FORM 990, PART I, THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION FOR SERVICES, INCLUDING BUT NOT LIMITED TO, PAYROLL, TIMEKEEPING EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULATORY COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOSES, FORMS W-2AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PEO'S FEDERAL EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT, THE ORGANIZATION IS THE COMMON LAW EMPLOYER AND, ACCORDINGLY, COMPENSATION IS REPORTED ON FORM 990, PART SECTION A AND PART IX, LINES 5-10. PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, AND WE HAVE PUBLISHED 7 WHITE PAPERS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ANY TOPIC, AND (D) A HALF-DAY TRAINING FOR STAFF, FACULTY, AND STUDENT LEADERS TO EQUIP THEM WITH THE SKILLS TO FACILITATE MEANINGFUL CONVERSATIONS ABOUT CONTENTIOUS ISSUES IN CURRICULAR AND CO-CURRICULAR SETTINGS.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

Employer identification number 83-3388563

THE ORGANIZATION MADE THE FOLLOWING AMENDMENTS TO ITS BYLAWS:

1. ARTICLE I. SECTION 2. UPDATE ITS NAME TO CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

2. ARTICLE III. SECTION 3. EACH DIRECTOR ELECTED SHALL SERVE A THRE (3)
YEAR TERM OR UNTIL HIS OR HER SUCCESSOR SHALL HAVE BEEN ELECTED AND
QUALIFIED. NO DIRECTOR SHALL BE ELIGIBLE TO SERVE MORE THAN NINE (9)
CONSECUTIVE YEARS; PROVIDED THAT, AFTER THE LAPSE OF ONE (1) YEAR FROM THE
EXPIRATION OF SUCH MAXIMUM CONSECUTIVE PERIOD, A FORMER DIRECTOR SHALL BE
ELIGIBLE FOR RE-ELECTION; PROVIDED FURTHER THAT, JONATHAN HAIDT AND
CAROLINE MEHL, FOUNDING DIRECTORS OF THE CORPORATION, MAY SERVE AN
UNLIMITED NUMBER OF CONSECUTIVE (3) YEAR TERMS.

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

THE BOARD ACTED AS A WHOLE ON ALL MATTERS AND NO COMMITTEES WERE APPOINTED DURING THE YEAR.

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

THE ORGANZIATION HAS ITS FORM 990 PREPARED BY OUTSIDE ACCOUNTANTS. DRAFTS

OF THE FORM 990 ARE REVIEWED FIRST BY THE DIRECTOR OF OPERATIONS, AND THEN

THE EXECUTIVE DIRECTOR. ONCE THE OPERATIONS TEAM DEEMS A DRAFT ACCEPTABLE,

IT IS PROVIDED TO CDI'S GENERAL COUNSEL (CURRENTLY LAURA SOLOMON &

ASSOCIATES) FOR REVIEW. ONCE CDI'S GENERAL COUNSEL AGREES THAT THE DRAFT IS

READY FOR BOARD REVIEW, IT IS SHARED WITH THE REMAINING MEMBERS OF THE

BOARD. THE BOARD IS ASKED TO INDICATE THEIR APPROVAL OF THE DRAFT BY EMAIL.

ONCE THE BOARD HAS APPROVED THE DRAFT, THE FORM 990 IS DISTRIBUTED BY THE

TAX PREPARER TO TWO AUTHORIZED SIGNATORIES, TYPICALLY THE EXECUTIVE

Schedule O (Form 990) 2023

DIRECTOR AND BOARD TREASURER.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

Employer identification number 83-3388563

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL
DIRECTORS, OFFICERS AND KEY PERSONS OF THE CORPORATION. THE POLICY IS
ADMINISTERED BY THE BOARD OF DIRECTORS. PRIOR TO A PERSON'S INITIAL
ELECTION AND ANNUALLY THEREAFTER, EACH DIRECTOR SHALL SIGN A STATEMENT: (1)
WHEREBY SUCH PERSON IDENTIFIES, TO THE BEST OF SUCH PERSON'S KNOWLEDGE, ANY
ENTITY OF WHICH SUCH PERSON IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER,
OWNER, OR EMPLOYEE AND WITH WHICH THE CORPORATION HAS A RELATIONSHIP, AND
ANY TRANSACTION IN WHICH THE CORPORATION IS A PARTICIPANT AND IN WHICH THE
PERSON MIGHT HAVE A CONFLICTING INTEREST; AND (2) WHICH AFFIRMS SUCH PERSON
HAS RECEIVED A COPY OF THE POLICY AND AGREES TO COMPLY WITH THE POLICY.

IN ADDITION TO THE ANNUAL STATEMENTS, IN CONNECTION WITH ANY ACTUAL OR

POSSIBLE CONFLICT OF INTEREST OR ANY POTENTIAL RELATED PARTY TRANSACTION,

AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST,

OR OTHER PERSONAL INTEREST THAT MAY GIVE RISE TO A CONFLICT OF INTEREST,

AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST OR OTHER PERSONAL INTEREST AND

ALL MATERIAL FACTS, THE BOARD SHALL DETERMINE IF A CONFLICT OF INTEREST

EXISTS IN ACCORDANCE WITH THE FOLLOWING:

A. AN INTERESTED PERSON MAY MAKE A PRESENTATION REGARDING THE ARRANGEMENT

OR TRANSACTION INVOLVING THE POSSIBLE CONFLICT OF INTEREST TO THE BOARD.

AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE BY A MAJORITY

VOTE OF THE DISINTERESTED MEMBERS WHETHER A CONFLICT OF INTEREST EXISTS. IF

THE BOARD DETERMINES THAT A CONFLICT OF INTEREST DOES EXIST, THEN THE

INTERESTED PERSON IS PROHIBITED FROM ATTEMPTING TO IMPROPERLY INFLUENCE ANY

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

Name of the organization

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

Employer identification number 83-3388563

DELIBERATION OR VOTING RELATED TO THE TRANSACTION OR ARRANGEMENT INVOLVING

THE CONFLICT OF INTEREST. FURTHER, THE INTERESTED PERSON MUST LEAVE A

MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, ANY SUCH TRANSACTION OR

ARRANGEMENT.

B. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST DOES EXIST, THEN IT

SHALL ALSO MAKE A DETERMINATION AS TO WHETHER THE TRANSACTION OR

ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST IS IN THE CORPORATION'S BEST

INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. THE

MINUTES OF THE BOARD SHALL INCLUDE THE DELIBERATIONS AND DECISION IN REGARD

TO ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

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

EACH YEAR, THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S

PERFORMANCE AND SETS COMPENSATION BASED ON AN ANALYSIS OF COMPARABLE DATA

FROM SIMILAR ORGANIZATIONS. THIS DATA IS SOURCED FROM PLATFORMS SUCH AS

PAYSCALE, SALARY.COM, AND FORM 990S OF OTHER ORGANIZATIONS. THE BOARD'S

FINAL DETERMINATION ON THE EXECUTIVE DIRECTOR'S COMPENSATION IS DOCUMENTED

IN THE BUDGET, WHICH IS FORMALLY APPROVED DURING THE FOURTH QUARTER BOARD

MEETING. ALL DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY. THIS PROCESS WAS

LAST COMPLETED IN THE FOURTH QUARTER OF 2023.

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

THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, FORM 1023, AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC UPON REQUEST.

#### **SCHEDULE R** (Form 990)

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

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

CONSTRUCTIVE		83-3388563						
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	<b>(f)</b> controlling	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	mpt Code Public charity		(f) ct controlling entity	contr ent	g) 512(b)(13) rolled ity?
CIVIL POLITICS, INC 46-3643072 12471 WAGNER ST LOS ANGELES, CA 90066	EDUCATE THE PUBLIC ABOUT	CALIFORNIA	501(C)(3)	PF	N/A		Yes	No X

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

Schedule R (Form 990) 2023

Part III Identification 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 organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)																											
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income	Predominant income	Predominant income (related, unrelated, excluded from tax under	Predominant income	Predominant income (related, unrelated, excluded from tax under	Direct controlling   Predominant income	Share of total	Share of end-of-year assets		ortionata	Code V-UBI	General c	Percentage																			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>																											
				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 country)	(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	Citity:	
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a	X			
					1b	X			
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	Loans or loan guarantees to or for related organization(s)				1d	Х			
	Loans or loan guarantees by related organization(s)				1e	X			
f	Dividends from related organization(s)				1f	X			
g	Sale of assets to related organization(s)				1g	X			
h	Purchase of assets from related organization(s)				1h	X			
i	Exchange of assets with related organization(s)				1i	X			
j Lease of facilities, equipment, or other assets to related organization(s)									
						77			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X			
	Performance of services or membership or fundraising solicitations for related orga				11 1m	X			
m Performance of services or membership or fundraising solicitations by related organization(s)									
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n	<u> </u>			
0	Sharing of paid employees with related organization(s)				10	X			
	Delaharan ada sida salahada sasaisati sa(a) faran sasaisati				4	Х			
	Reimbursement paid to related organization(s) for expenses				1p	$\frac{x}{x}$			
q	Reimbursement paid by related organization(s) for expenses				1q	^_			
	Other transfer of cash or property to related organization(s)				1r	Х			
	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 w								
		(b)	(c)	(d)	-				
	<b>(a)</b> Name of related organization	Transaction	Amount involved	Method of determining amount inv	/olved				
		type (a-s)		•					
(1)									
(2)									
(O)									
(3)									
(4)									
/									
(5)									
(6)									
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Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

Schedule R	R (Form 990) 2023	CONSTRUCTIVE	DIALOGUE	INSTITUTE,	INC.	83-3388563	Page 5
Part VII	(Form 990) 2023  Supplemental Info	rmation					
			tions on Cobodula	D. Coo inatmustians			
	Provide additional inform	nation for responses to ques	stions on Schedule	e R. See instructions.			
-							
			· · ·				