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

990 Form

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B c a	heck if oplicab	e: C Name of organization		D Employer identific	cation number
	Addre	CONSTRUCTIVE DIALOGUE INSTITUTE, INC.			
	Name	pe Doing business as	83-338850	53	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr		1098	888-814-0	0006
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,915,888.
	Amer	NEW YORK, NY 10018		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: CAROLINE MERL		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) ()	or 527	· · · · · · · · · · · · · · · · · · ·	list. See instructions
	Vebs			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2019 N	State of legal domicile: NY
Pa	rt I	Summary			
é	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU		
Governance	~				-1-
/ern	2 3	Check this box if the organization discontinued its operations or dispose			ets. 4
ğ	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			3
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	16
ties	6	Total number of volunteers (estimate if necessary)			23
Activities &					0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		875,508.	3,665,020.
nue	9	Program service revenue (Part VIII, line 2g)		310,218.	192,928.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		90.	6,410.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,651.	51,530.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,187,467.	3,915,888.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,431,814.	1,723,145.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- ad x	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		264,245.	465,123.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,696,059.	2,188,268.
	19	Revenue less expenses. Subtract line 18 from line 12		-508,592.	1,727,620.
IS OF			Ве	ginning of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)	······	2,018,471.	3,772,649.
et A: nd E		Total liabilities (Part X, line 26)		90,560.	117,118.
Ž,	22	Net assets or fund balances. Subtract line 21 from line 20		1,927,911.	3,655,531.

Part II Signature Block

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

Sign	Signature of officer			Date							
Here	CAROLINE MEHL, EXECUTIVE	DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date								
Paid	EVA MRUK	EVA MRUK	11/17	/23 self-employed P00543254							
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC		Firm's EIN 87-3231666							
Use Only	Firm's address 245 PARK AVENUE,	12TH FLOOR									
	NEW YORK, NY 1016	7		Phone no. 212 - 286 - 2600							
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No							
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

1	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	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?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 959,942. including grants of \$ 0.) (Revenue \$ 100,428.
	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
	INCLUSIVE CULTURES AND ENGAGE CONSTRUCTIVELY ACROSS DIFFERENCES. WE
	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. IN 2022, OVER
	18,000 NEW LEARNERS COMPLETED PERSPECTIVES. IN 2022, WE ALSO PUBLISHED
	A BACK-TO-SCHOOL PLAYBOOK FOR EDUCATORS, AND COMPLETED OUR FIRST
	CAMPUS-WIDE IMPLEMENTATION OF OUR TOOLS AT A HIGHER EDUCATION (Code:) (Expenses \$ 328,411. including grants of \$ 0.) (Revenue \$ 16,000.
4b	(Code:) (Expenses \$328,411. including grants of \$0.) (Revenue \$16,000. 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 RESEARCH TO CONTRIBUTE TO THE FIELD OF BRIDGE-BUILDING AND CONSTRUCTIVE DIALOGUE. IN ADDITION
	TO AUTHORING AN ACADEMIC PAPER DESCRIBING THE RESULTS OF THE RCTS
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$ /6,500. TRAININGS AND WORKSHOPS: TO COMPLEMENT THE LEARNING TOOLS THAT ARE
	AVAILABLE ON OUR WEBSITE, WE ALSO OFFER LIVE TRAININGS AND WORKSHOPS TO
	TEACH THE SKILLS AND CONCEPTS OF CONSTRUCTIVE DIALOGUE. IN 2022, WE
	DELIVERED 11 LIVE WORKSHOPS TO PROFESSIONAL COHORTS. THESE INCLUDED
	1-HOUR SESSIONS, HALF-DAY SESSIONS, AND TRAIN-THE-TRAINER WORKSHOPS. WE
	ALSO ENGAGED 90 HIGH SCHOOL TEACHERS THROUGH A 4-PART PROFESSIONAL
	DEVELOPMENT SERIES, AND BEGAN DEVELOPING WORKSHOP CONTENT FOR 2023 AND
	BEYOND.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,444,761.
0000	Form 990 (202 SEE SCHEDULE O FOR CONTINUATION(S)
32002	3
11	.17 756359 1078292.001 2022.05000 CONSTRUCTIVE DIALOGUE INS 1078

Form 990 (CONSTRUCTIVE	DIALOGUE	INSTITUTE,	INC
Part IV	Checklist of F	Required Schedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,		37	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		
u	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	11d		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1Lu	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon	04		x
22000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	^ (2022)
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 Form 990 (2022)
 CONSTRUCTIVE DIALOGUE INSTITUTE, INC.
 83-3388563
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 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									
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		<u> </u>						
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?									
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		<u> </u>						
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>						
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		<u>x</u>						
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			v						
~~	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%	00		x						
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26								
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	27		x						
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21								
20	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>									
a	"Yes," complete Schedule L, Part IV	28a		x						
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>						
•	"Yes," complete Schedule L, Part IV	28c		x						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	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		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete									
	Schedule N, Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34	Х							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		X						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?									
De	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>						
Par										
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34									
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	000	 (2022)						
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Form	990 (2022) CONSTRUCTIVE DIALOGUE INSTITUTE, INC.	83-3388	563	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
				Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	<u>2a</u> 16		x								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X							
b	b If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit										
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts										
	were not tax deductible?		6b									
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of the partly for goods and service of \$75 made partly as a contribution of \$75 made partly as	rices provided to the payor?	7a		X							
			7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required										
	to file Form 8282?		7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		x							
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h									
8	$\label{eq:sponsoring} \textbf{ organizations maintaining donor advised funds. } \ \text{Did a donor advised fund maintained}$	by the										
	sponsoring organization have excess business holdings at any time during the year?											
9	9 Sponsoring organizations maintaining donor advised funds.											
а	a Did the sponsoring organization make any taxable distributions under section 4966?											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b									
10	Section 501(c)(7) organizations. Enter:	1										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:	1										
	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?		13a									
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1										
	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
			14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	ation or										
	excess parachute payment(s) during the year?		15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X							
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17									
	If "Yes," complete Form 6069.											
232005	12-13-22		Form	990	(2022)							

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⁶ 2022.05000 CONSTRUCTIVE DIALOGUE INS 10782921

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	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 1b	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	· –		
Ū	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?		х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?			X X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			-
14		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	. <u>1a</u>		
D		76		X
~	persons other than the governing body?	. <u>7b</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	x	
	The governing body?		~	X
-	Each committee with authority to act on behalf of the governing body?	. <mark>8</mark> b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
eu	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V.	
~		40	Yes	
	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done		Х	
3	Did the organization have a written whistleblower policy?		Х	
4	Did the organization have a written document retention and destruction policy?	. 14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. <u>15a</u>	Х	
b	Other officers or key employees of the organization	. 15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finan	cial	
	statements available to the public during the tax year.			
0	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			

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

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

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

Form 990 (2022)

83-3388563

Page 6

Form 990 (2022) CONSTRUCT	IVE DIA	LOGUE INSTIT	UTE, INC.	83-3388	563 _{Page} 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
Employees, and Independen	t Contracto	ors										
Check if Schedule O contains a respo	nse or note to	any line in this Part VII										
Section A. Officers, Directors, Trustees, Key I	Employees, a	nd Highest Compensate	ed Employees									
 1a Complete this table for all persons required to List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compens 	s, directors, tru	istees (whether individua	, ,	•	•							
List all of the organization's current key em	ployees, if any	v. See the instructions for	definition of "key empl	oyee."								
• List the organization's five current highest co who received reportable compensation (box 5 of F \$100,000 from the organization and any related or	orm W-2, box			/ / / / /								
• List all of the organization's former officers, reportable compensation from the organization are	nd any related	organizations.										
 List all of the organization's former director more than \$10,000 of reportable compensation from 				or or trustee of the org	anization,							
See the instructions for the order in which to list the	•	•	-									
Check this box if neither the organization no	or any related	organization compensate	ed any current officer, di	irector, or trustee.								
(A)	(B)	(C)	(D)	(E)	(F)							
Position Position Devetable Devetable												

Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	ompe		1099-NEC)		and related
	below	/idual	nstitutional trustee	er	em plo	loyee	Jer			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) MICHAEL WASSERMAN	50.00									
VP OF GROWTH & DEVELOPMENT	0.00				Х			171,215.	0.	15,702.
(2) NATHAN STELL	50.00									
HEAD OF OPERATIONS	0.00			Х				151,461.	0.	21,788.
(3) MYLIEN DUONG	50.00									
SENIOR DIRECTOR OF RESEARCH	0.00				х			156,160.	0.	15,671.
(4) CAROLINE MEHL, EXECUTIVE	60.00									
DIRECTOR, SECRETARY	1.00	Х		х				148,078.	0.	21,814.
(5) KEITH WELKER	40.00									
QUANTITATIVE RESEARCHER	0.00					x		110,019.	0.	13,286.
(6) JONATHAN HAIDT	1.00									
CHAIRMAN	1.00	Х		х				0.	0.	0.
(7) JOSHUA KLIVAN	0.50									
TREASURER	0.00	Х		х				0.	0.	0.
(8) TAMAR REMZ	0.50									
DIRECTOR	0.00	х						0.	0.	0.
22007 10 10 00	1							I		Eorm 990 (2022)

Form **990** (2022)

	TIVE DIA	ГО	GUI	3]	IN	STI	T	UTE, INC.	83-33	<u> 3885</u>	563	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees, a	and	Hig	hest	Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week			pers	tion nore the	han on both a /trustee	ın	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Est am	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	ons compe IISC/ froi C) organ		nization m the nization related nizations
										-+		
										_		
				_								
1b Subtotal								736,933.		0.	88	<u>,261.</u> 0.
c Total from continuation sheets to Part VII _d Total (add lines 1b and 1c)								736,933.		0.	88	,261.
2 Total number of individuals (including but no compensation from the organization							reo	ceived more than \$100,	000 of reportable	,		5 Yes No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>	-			•	-		•	• •			3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mper	nsati	ion a	and c	othe	er compensation from t	he organization		4	X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fro	om a	iny ι	unrela	ate	d organization or individ	dual for services			
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or suc	ch pe	erso	<u>on</u>				<u> </u>	5	X
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensati	ion froi	n
(A) Name and business			nung	<u>y vvit</u>				(B) Description of s			(C) ompen	
DESIGN BY COSMIC, INC., 3	43 SOQU	\mathbf{EL}	AV	'EN	IUE	Ξ,		REBRANDING &				
#143 , SANTA CRUZ, CA 950	62						-	DESIGN			107	,000.
							+					
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	e e	ot lin	nited	to tł	hose 1	e liste	ed a	above) who received mo	ore than			
										I	Form 9	90 (2022)

		<u>1 990 (</u>			E DIALOGUE	INSTITUTE	, INC.	83-3388	563 Page 9
Chi Chi Chi Petated or exempt function revenue Chi Description (Chi evenue) Descreantevenue) Descr	Pa	rt VII	Statement of Re	venue					
Total revonue Heated or exempt function revenue Construction built and submets revenue Previne exclude function revenue 1 a Foderated campaign C Fordinating events 1 b			Check if Schedule O	contains a respon	se or note to any lin	1 /	(D)	(0)	
Sector Concision Concis and in a and andina andia andia andia andise and						1			
and Point I as Foderated campaigns Ia Ia <thia< th=""> Ia Ia</thia<>						Total revenue			
Box Membership dues Ib c									sections 512 - 514
Box Membership dues Ib c	s ts	1 a	Federated campaigns	1a					
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c Net income or (loss) from fundraising events		h				1			
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 0a 0a 10 a Gross sales of inventory, less returns and allowances 10a 0a b Less: cost of goods sold 10b 0a c Net income or (loss) from sales of inventory 90 00099 48,761. 900099 48,761. 48,761. 900099 2,769. 2,769. c Asht BACK REWARDS 900099 2,769. c All other revenue 51,530. 0. t Total revenue. See instructions 3,915,888. 192,928. 0.		~ ~		-					
Part IV, line 19 9a 9b 9b b Less: direct expenses 9b 9b 9c c Net income or (loss) from gaming activities 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory 8usiness Code 0 11 a MISCELLANEOUS REVENUE 900099 48,761. 48,761. b CASH BACK REWARDS 900099 2,769. 2,769. c 4ll other revenue 0 0 e Total. Add lines 11a-11d 51,530. 0. 57,940.									
b Less: direct expenses 9b b c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10a 10b c Net income or (loss) from sales of inventory 10b c Net income or (loss) from sales of inventory 900099 48,761. 48,761. 48,761. 900099 2,769. 2,769		9 a		-	0.0				
c Net income or (loss) from gaming activities Image: construction of the second o						-			
10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10b source 900099 48,761. b CASH BACK REWARDS 900099 2,769. c 2,769. c 2,769. d All other revenue 51,530. e Total. Add lines 11a-11d 51,530. 12 Total revenue. See instructions 3,915,888. 192,928. 0.				-	90			-	
and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: sold sold sold sold sold sold sold sold				F					
b Less: cost of goods sold 10b Image: cost of goods sold Image: cost of goods sold sold Image: cost of goods sold sold sold sold sold sold sold		10 a							
c Net income or (loss) from sales of inventory Business Code 11 a MISCELLANEOUS REVENUE 900099 48,761. b CASH BACK REWARDS 900099 2,769. c						-			
Business Code MISCELLANEOUS REVENUE Business Code 900099 48,761. b CASH BACK REWARDS 900099 2,769. 2,769. c				····· L					
11 a MISCELLANEOUS REVENUE 900099 48,761. 48,761. b CASH BACK REWARDS 900099 2,769. 2,769. c		С	Net income or (loss) from	sales of inventory					
e Total. Add lines 11a-11d 51,530. 12 Total revenue. See instructions 3,915,888. 192,928. 0. 57,940.	s								
e Total. Add lines 11a-11d 51,530. 12 Total revenue. See instructions 3,915,888. 192,928. 0. 57,940.	io a	11 a							48,761.
e Total. Add lines 11a-11d 51,530. 12 Total revenue. See instructions 3,915,888. 192,928. 0. 57,940.	ane	b	CASH BACK REW	IARDS	900099	2,769.			2,769.
e Total. Add lines 11a-11d 51,530. 12 Total revenue. See instructions 3,915,888. 192,928. 0. 57,940.	eve:	с							
e Total. Add lines 11a-11d 51,530. 12 Total revenue. See instructions 3,915,888. 192,928. 0. 57,940.	B	d							
12 Total revenue. See instructions 3,915,888. 192,928. 0. 57,940.	2					51,530.			
						3,915,888.	192,928.	0.	57,940.
	23200	9 12-13-							Form 990 (2022)

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INC.

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schodulo O contains a response			ipiete column (A).	
	Check if Schedule O contains a response	e or note to any line in terms (A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	701 000	F01 001	00 240	101 000
	trustees, and key employees	701,888.	501,931.	98,349.	101,608.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	075 005	724 000		C1 007
7	Other salaries and wages	875,805.	734,869.	79,709.	61,227.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	21 /01	14 040	11 617	E OOF
9	Other employee benefits	31,491. 113,961.	<u>14,849</u> . 69,737.	<u> 11,617.</u> 27,682.	<u>5,025</u> . 16,542.
10	Payroll taxes	113,901.	./5/.	41,002.	10,542.
11	Fees for services (nonemployees):				
a	Management	0 0 0 1		0 0 0 1	
b	Legal	<u>9,921.</u> 37,581.		<u>9,921.</u> 37,581.	
c	Accounting	37,301.		37,381.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 652	12 247	106 202	1 1 7 4
	column (A), amount, list line 11g expenses on Sch 0.)	<u>120,653.</u> 45,131.	<u>13,247.</u> 148.	106,282. 44,983.	1,124.
12	Advertising and promotion	1,889.	1,034.	358.	497.
13	Office expenses	79,758.	21,161.		6,170.
14	Information technology	19,150.	21,101.	52,427.	0,1/0.
15	Royalties				
16		50,162.	2,104.	40,651.	7,407.
17	Travel	50,102.	2,104.	40,051.	/,40/•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	21,540.		21,492.	48.
19 00	Conferences, conventions, and meetings	<u>41,540.</u>		474.	40.
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				
22	. Г	12,214.		12,214.	
23	Insurance	14,414.		14,414.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) STIPENDS & INCENTIVIES	47,905.	47,905.		
a b	RESEARCH ACTIVITIES EXP	27,874.	27,874.		
c c	TAXES & COMPLIANCE	6,920.	6,645.	275.	
d	REIMBURSABLE EXPENSES	3,575.	3,257.	275.	318.
	All other expenses	5,5,5,	5,257•		510.
	Total functional expenses. Add lines 1 through 24e	2,188,268.	1,444,761.	543,541.	199,966.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,	<u> </u>		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 /

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Form 990 (2022)

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CONSTRUCTIVE	DIALOGUE	INSTITUTE,	INC

C. 83-3388563 Page 11

		Check if Schedule O contains a response or n	ote to an	y line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,254,519.	2	1,087,565.
	3	Pledges and grants receivable, net			754,318.	3	2,577,543.
	4	Accounts receivable, net			2,133.	4	9,100.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
Ś	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9				7,501.	9	98,441.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	6,371.			
	b	Less: accumulated depreciation		<u>6,371.</u> 6,371.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			2,018,471.	16	3,772,649.
	17	Accounts payable and accrued expenses			20,205.	17	85,485.
	18	Grants payable		18			
	19	Deferred revenue			70,355.	19	31,633.
	20	–				20	
	21	Escrow or custodial account liability. Complet		Г		21	
s	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
lide		controlled entity or family member of any of th	iese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unre	elated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D				25	
	26				90,560.	26	117,118.
		Organizations that follow FASB ASC 958, c	heck her	e X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			590,019.	27	713,290.
Bal	28	Net assets with donor restrictions			1,337,892.	28	713,290. 2,942,241.
pu		Organizations that do not follow FASB ASC	958, ch	eck here			
μ		and complete lines 29 through 33.					
č	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		E C C C C C C C C C C C C C C C C C C C	1,927,911.	32	3,655,531.
~	33	Total liabilities and net assets/fund balances			2,018,471.	33	3,772,649.

Form **990** (2022)

Form 990 (2022) CONSTRUCTION

Form	1990 (2022) CONSTRUCTIVE DIALOGUE INSTITUTE, INC.	83-	3388563	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,915		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,188		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,727		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,927	',9 1	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,655	5,5:	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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SCHEDULE	`	Dublic Che						OMB No. 1545-0047
(Form 990)	(Form 990) (Form 990) Complete if the organization is a section 501(c)(3) organization or a section		つりつつ					
			47(a)(1) nonexempt cha			or a section		2022
Department of the Treas Internal Revenue Service	ry	A	ttach to Form 990 or Fo	orm 990-E2	Ζ.			Open to Public
		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	Frankarsa	Inspection
Name of the orga			IALOGUE INST	rmrmæ	TNO			identification number 3-3388563
Part I Rea			(All organizations must of					2-2200202
			For lines 1 through 12, c					
<u> </u>	•		on of churches described		,	()(A)(i)		
			Attach Schedule E (Forn		1110(5)(יለጥለባ፦		
			anization described in s		(b)(1)(A)(ii	ii).		
	•		njunction with a hospital)(iii). Enter	the hospital's name.
	d state:	·	, ,				, ,	
5 An org	inization operated	for the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
sectio	n 170(b)(1)(A)(iv). (Complete Part II.)						
6 🗌 A fede	al, state, or local ge	overnment or governn	nental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X An org	nization that norm	ally receives a substa	ntial part of its support f	rom a gove	rnmental	unit or from tl	ne general j	oublic described in
sectio	170(b)(1)(A)(vi). (Complete Part II.)						
8 🔄 A com	nunity trust describ	oed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
-		-	in section 170(b)(1)(A)(-		-	-
or univ	rsity or a non-land	-grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
			than 33 1/3% of its supp					
			t to certain exceptions;					
			(less section 511 tax) fro	om busines	ses acqui	rea by the org	janization a	iπer June 30, 1975.
	ction 509(a)(2). (Co		walk to toot for public oo	fatu Caa	notion El	O(a)(4)		
	-	-	ively to test for public sa ively for the benefit of, to	•			rny out the	nurnoses of one or
0	-		ed in section 509(a)(1)	-			-	
			f supporting organization					
	-	• •	upervised, or controlled	-			-	aivina
			gularly appoint or elect a	• • • •	-			
	•	complete Part IV, Se	• • • • •					
b 🗌 Type	II. A supporting or	ganization supervised	l or controlled in connec	tion with its	s supporte	ed organizatio	n(s), by hav	ving
cont	ol or management	of the supporting orga	anization vested in the s	ame persor	ns that co	ntrol or mana	ge the supp	ported
orga	ization(s). You mu	st complete Part IV,	Sections A and C.					
с 🗌 Туре	III functionally int	egrated. A supportin	g organization operated	in connect	ion with, a	and functiona	lly integrate	d with,
its s	pported organization	on(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.		
			porting organization oper				•	. ,
	,	0 0	ation generally must sat				l an attentiv	/eness
·	,		nplete Part IV, Sections					
			written determination fro			Туре I, Туре	II, Type III	
			nally integrated supporti		ation.			
	mber of supported	•	d organization(a)					
	ollowing information	on about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	ization		(described on lines 1-10	in your governir Yes	No	support (see ii	-	support (see instructions)
			above (see instructions))					

Total

Schedule A (Form 990) 2022 CONSTRUCTIVE DIALOGUE INSTITUTE, INC. 83-3388563 Page 2 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.)

260	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		3004600.	802,210.	875,508.	3665020.	8347338.
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		2004600	000 010		2665020	0247220
	Total. Add lines 1 through 3		3004600.	802,210.	875,508.	3665020.	8347338.
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)						5635374.
6	Column (f) Public support, Subtract line 5 from line 4.						2711964.
	tion B. Total Support						2711904.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		3004600.	802,210.	875,508.	3665020.	8347338.
	Gross income from interest,			,			
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			2,101.	90.	6,410.	8,601.
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.	54,783.
11	Total support. Add lines 7 through 10						8410722.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	603,711.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stop						X
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-	-	• • • •	-		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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	(Form 990) 2022	CONSTRUCTIVE			INC.	83-3388563	Page 3
Part III	Support Schedule fo	r Organizations Des	cribed in Sect	tion 509(a)(2)			

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

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) orga	nization,
Sec	check this box and stop here	ic Support Per					
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 202					16	%
	ction D. Computation of Invest	(1				<i>,</i> ,,
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22					Sche	dule A (Form 990) 2022
			16				

2022.05000 CONSTRUCTIVE DIALOGUE INS 10782921

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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232024 12-09-22

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CONSTRUCTIVE DIALOGUE INSTITUTE, INC. 83-3388563 Page 5 Part 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		
	ation D. Turne I. Cummenting Augustications			

Section B. Type I Supporting Organizations

			Yes	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l

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

supervised, or controlled the supporting organization. Section 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	1	

Section 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		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).).
------------	--	---	---	----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

No

2

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Sche	dule A (Form 990) 2022 CONSTRUCTIVE DIALOGUE IN			83-3388563 Page 6			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	inizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must c	complet	te Sections A through E	·			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
_7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see			

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
	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 of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set aside amounts (prior IRS approval required - provide 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	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7					
'	Excess distributions carryover to 2023. Add lines 3j and 4c.				
0					
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

83-3388563 Page 8 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: REIMBURSEMENTS 2020 AMOUNT: \$ 1,602. CASH BACK REWARDS 2021 AMOUNT: \$ 1,651. 2,769. 2022 AMOUNT: \$ MISCELLANEOUS REVENUE 2022 AMOUNT: \$ 48,761. PART II, SECTION A, COLUMN (B), SHORT YEAR: THE ORGANIZATION FILED A SHORT YEAR INITIAL RETURN FROM 01/31/2019 TO 12/31/2019.

CONSTRUCTIVE DIALOGUE INSTITUTE,

INC.

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

2022

Employer identification number

	CONSTRUCTIVE DIALOGUE INSTITUTE, INC.	83-3388563
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	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	

Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

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 for an *exclusively* set in the set of t

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Part I

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

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

(a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 2,479,457. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 314,841. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 257,590. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 196,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 73,536. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 73,536. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

83-3388563

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Schedule B (Form 990) (2022)

223452 11-15-22

11061117 756359 1078292.001

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>60,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>50,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>50,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

83-3388563

Schedule B (Form 990) (2022)

Part I

223452 11-15-22

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CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

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

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

83-3388563

Page 2

Part II	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	
		_ _ _ _ \$		

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Schedule B (Form 990) (2022)

2022.05000 CONSTRUCTIVE DIALOGUE INS 10782921

Schedule B (Form 990) (2022) Name of organization

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

83-3388563

Employer identification number

Schedule I	B (Form 990) (2022)		Page 4		
Name of o	organization		Employer identification number		
CONST	RUCTIVE DIALOGUE INSTIT	UTE. INC.	83-3388563		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations described in set) through (e) and the following line enti- charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
·		(e) Transfer of git			
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·		(e) Transfer of git			
	Transferee's name, address, a	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 git			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
223454 11-15	5-22		Schedule B (Form 990) (2022)		

28 2022.05000 CONSTRUCTIVE DIALOGUE INS 10782921

SCHEDULE D (Form 990) Department of the Treasury	Complete if the orga Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		OMB No. 15 202 Open to	22
Internal Revenue Service	Go to www.irs.gov/Form99	00 for instructions and the latest information.		Inspecti	on
Name of the organiza	tion CONSTRUCTIVE DIALO	GUE INSTITUTE, INC.		ridentification 3-33885	
	zations Maintaining Donor Advise ion answered "Yes" on Form 990, Part IV, lir	ed Funds or Other Similar Funds or A ne 6.	Accounts.	Complete if th	ie
		(a) Donor advised funds	(b) Funds an	d other accou	nts
1 Total number at	end of year	(a) Donor advised funds	(b) Funds an	d other accou	nts
	end of year of contributions to (during year)	(a) Donor advised funds	(b) Funds an	d other accou	nts
2 Aggregate value		(a) Donor advised funds	(b) Funds an	d other accou	nts
2 Aggregate value	of contributions to (during year) of grants from (during year)	(a) Donor advised funds	(b) Funds an	d other accou	nts
 Aggregate value Aggregate value Aggregate value Did the organiza 	of contributions to (during year) of grants from (during year) at end of year tion inform all donors and donor advisors in	(a) Donor advised funds	nds	d other accou	
 Aggregate value Aggregate value Aggregate value Aggregate value Did the organiza are the organiza 	of contributions to (during year) of grants from (during year) at end of year tion inform all donors and donor advisors in tion's property, subject to the organization's	writing that the assets held in donor advised fu	nds		nts
 2 Aggregate value 3 Aggregate value 4 Aggregate value 5 Did the organiza are the organiza 6 Did the organiza 	of contributions to (during year) of grants from (during year) at end of year tion inform all donors and donor advisors in tion's property, subject to the organization's tion inform all grantees, donors, and donor a	writing that the assets held in donor advised fu exclusive legal control?	nds		

Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)

Protection of natural habitat

Preservation of open space

Complete lines 22 through 2d if the

1

0

2	Complete lines za tribugi zu il the organization field a qualified conservation contribution in the form of a con	Serva	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a		
	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation	during the tax
	year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	emen	ts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes 📃 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	ent an	d
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t desc	ribes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	mila	r Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balan	nce sl	neet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	e of l	oublic
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet	works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of pul	olic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p)
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
b			\$

232051 09-01-22							
11061117	756359	1078292.001					

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

2022.05000 CONSTRUCTIVE DIALOGUE INS 10782921

Schedule D (Form 990) 2022

Preservation of a historically important land area

Preservation of a certified historic structure

No

		CTIVE DIAL					8	<u>3-33</u>	88563	3 Ра	age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, His	torical Tre	easures, o	r Other	Similar A	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t make sig	nificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	change progr	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how t	hey further t	he organizati	on's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	anization's co	ollection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arrang								ine 9, or		
	reported an amount on Form 990, Par			Ũ			,				
1a	Is the organization an agent, trustee, custodia	an or other intermed	liarv for	contribution	is or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
-	······································								Amount	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· L			1
Par							 N	<u></u>			
		(a) Current year	1	Prior year	(c) Two yea		d) Three yea	rs back	(e) Four	vears	back
19	Beginning of year balance	((/	, ,	(-)	,	,		(-)	,	
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curre			lg, column (a	i)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	nd administe	red for the	9		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		L
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	1 "Yes" on Form 990	J, Part I	V, line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	(c) Accumulated depreciation			(d) Book value		e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				6,371.		6,371	L.			0.
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X. colu	mn (B). line 1	0c.)		<u>.</u>				0.
	, , , , , , , , , , , , , , , , ,							shodulo		- 0001	0000

Schedule D (Form 990) 2022

232052 09-01-22

			11b. See Form 990, Part X, line 12.
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v
	al derivatives		
	held equity interests		
) Other			
(A)			
(B)			
(C) (D)			
(E)			
(E) (F)			
(G)			
(H)			
	o) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (t	o) must equal Form 990, Part X, col. (B) line 13.)		
(9) otal. (Col. (b	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15. (b) Book va
(9) otal. (Col. (t Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	
(9) otal. (Col. (t Part IX (1)	Other Assets. Complete if the organization answered "Yes"		
(9) otal. (Col. (t Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		
(9) otal. (Col. (t Part IX (1)	Other Assets. Complete if the organization answered "Yes"		
(9) otal. (Col. (k Part IX) (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		
(9) otal. (Col. (t Part IX) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		
(9) otal. (Col. (t Part IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		
(9) otal. (Col. (k Part IX) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		
(9) otal. (Col. (k Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description	
(9) otal. (Col. (k Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colun	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	(b) Book va
(9) otal. (Col. (t Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Coluin Part X	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	(b) Book va
(9) otal. (Col. (t Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Coluin Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va
(9) ptal. (Col. (k Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Coluit Part X (1) Fed	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	(b) Book va
(9) otal. (Col. (k Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Coluition of the second of the s	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va
(9) Dtal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Coluination of the second of th	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colui Part X (1) Fed (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Coluit Part X (1) Fed (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colun Part X 9) otal. (Colun (2) (3) (4) (5) (6) (1) Fed (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Coluu Part X (9) otal. (Coluu Part X (1) Fed (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va
(9) ptal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colun Part X (1) Fed (2) (3) (4) (5) (6) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

Schedule D (Form 990) 2022

83-3388563 Page 3

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Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 CONSTRUCTIVE DIALOGUE INST				3388563 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	4,109,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	193,134.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	193,134.
3	Subtract line 2e from line 1			3	3,915,888.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,915,888.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Retur	n.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	· · ·	Retur	
1		l.	· · ·	tetur	n. 2,381,402.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements		· · ·	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	2,381,402.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	193,134.	1	2,381,402.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a 2b 2c 2d	193,134.	1	2,381,402.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	193,134.	_1	2,381,402.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	193,134.	_1	2,381,402.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 	193,134.	_1	2,381,402.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	193,134.	_1	2,381,402. 193,134. 2,188,268. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	193,134.	1 2e 3	2,381,402. 193,134. 2,188,268.

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

PART X, LINE 2:

CDI RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS

ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT

CDI HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT

RECOGNITION OR DISCLOSURE. PERIODS SINCE INCEPTION REMAIN OPEN TO

EXAMINATION.

232054 09-01-22

SCH	IEDULE J		OMB No. 1	1545-004	47	
(For	m 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n	,
		Compensated Employees		20	22	-
Departr	ment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name	e of the organization			identificatio		mber
		CONSTRUCTIVE DIALOGUE INSTITUTE, INC.	83-:	338856	3	
Par	t I Question	s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
l T		line 1a. Complete Part III to provide any relevant information regarding these items.				
L	First-class or c					
L	Travel for com	panions Payments for business use of personal re- ation and gross-up payments I Health or social club dues or initiation fee				
L						
L	Discretionary s	spending account Personal services (such as maid, chauffe	ir, chet)			
b	If any of the house	on line to ave checked, did the execution follow a written policy reserving powerst or				
	-	on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
	•	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	inusiees, and onice			····· ∠		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
]	Compensatior					
Ī		ompensation consultant X Compensation survey or study				
Ī	X Form 990 of o		ommittee			
_						
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
(organization or a re	lated organization:				
a	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
cl	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
I	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
		ation?		<u>5b</u>		X
		or 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	-				v
						X X
		ation?		<u>6b</u>		
		or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
		nes 5 and 6? If "Yes," describe in Part III		7		
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		0		x
				8		
		id the organization also follow the rebuttable presumption procedure described in		9		
	Regulations section	1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		9 dule J (Forn	000	2022
∟ПА	I OF FAPER WORK R	במסנוסו אכו אסווכב, כבב נווב וווטו מכווטווט וטו דטוווו 250.	Sche	une o (rorn	1 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022

022 CONSTRUCTIVE DIALOGUE INSTITUTE, INC. 83-3388563

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL WASSERMAN	(i)	171,053.	0.	162.	0.	15,702.	186,917.	0.
VP OF GROWTH & DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATHAN STELL	(i)	151,281.	0.	180.	0.	21,788.	173,249.	0.
HEAD OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MYLIEN DUONG	(i)	155,998.	0.	162.	0.	15,671.	171,831.	0.
SENIOR DIRECTOR OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROLINE MEHL, EXECUTIVE	(i)	147,946.	0.	132.	0.	21,814.	169,892.	0.
DIRECTOR, SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							

Schedule J (Form 990) 2022

232113 10-18-22

Part III Supplemental Information

Schedule J (Form 990) 2022 CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

GUE INSTITUTE, INC. 83-3388563

Schedule J (Form 990) 2022

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

SCHEDULE O (Form 990) 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.



CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

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.

FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2A:

THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION

(PEO) 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-2

AND 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

VII, SECTION A AND PART IX, LINES 5-10.

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

INSTITUTION.

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

(WHICH HAS SINCE BEEN PUBLISHED IN THE JOURNAL OF SOCIAL AND POLITICAL

PSYCHOLOGY), WE APPEARED IN 22 MEDIA PUBLICATIONS AND PLACED 3 OP-EDS

IN 2022.

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

THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION DURING THE YEAR TO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

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CHANGE ITS NAME TO CONSTRUCTIVE DIALOGUE INSTITUTE INC.

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:

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. THE DRAFT IS THEN SHARED WITH THE VP OF GROWTH & DEVELOPMENT. ONCE CDI'S INTERNAL FINANCE TEAM AGREES THAT THE DRAFT IS READY FOR BOARD REVIEW, IT IS SHARED WITH THE REMAINING THREE MEMBERS OF THE BOARD. THE BOARD WILL BE 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 CAROLINE MEHL, EXECUTIVE DIRECTOR, AND JOSHUA KLIVAN, BOARD TREASURER, FOR SIGNATURE.

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 232212 10-28-22 37

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2022.05000 CONSTRUCTIVE DIALOGUE INS 10782921

Schedule O (Form 990) 202	22				Page 2
Name of the organization	CONSTRUCTIVE	DIALOGUE	INSTITUTE,	INC.	Employer identification number 83-3388563

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 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. 232212 10-28-22 Schedule O (Form 990) 2022 FORM 990, PART VI, SECTION B, LINE 15:

BEFORE THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET, THE BOARD OF DIRECTORS COMPLETES A PERFORMANCE REVIEW, WHICH INCLUDES A DISCUSSION OF VALIDATED PERFORMANCE REVIEW QUESTIONS, AND A REVIEW OF FEEDBACK COLLECTED FROM HER DIRECT REPORTS AND OTHER TEAM MEMBERS. PREVIOUSLY, THIS REVIEW WAS COMPLETED DURING THE FOURTH QUARTER BOARD MEETING, BUT IT WILL BE COMPLETED DURING THE THIRD QUARTER BOARD MEETING GOING FORWARD. THE PROCESS FOR DETERMINING HER COMPENSATION ALSO INVOLVES AN ANALYSIS OF SALARY DATA OF COMPARABLE POSITIONS FROM SOURCES SUCH AS PAYSCALE, SALARY.COM, GLASSDOOR, INDEED, AND FORM 990S OF SIMILAR ORGANIZATIONS. THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THIS INFORMATION DURING THE ANNUAL FOURTH QUARTER BOARD MEETING, AND VOTES TO APPROVE COMPENSATION FOR THE SUBSEQUENT YEAR. THE DETERMINATION IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETING. THE PROCESS LAST OCCURRED IN 2022.

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.

232212 10-28-22

SCHEDULE	R
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(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.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name of the organization

CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
		501(c)(3))			Yes	No	
CIVIL POLITICS INC 46-3643072							
12471 WAGNER ST	EDUCATE THE PUBLIC ABOUT						
LOS ANGELES, CA 90066	SOCIAL SCIENCE RESEARCH	CALIFORNIA	501(C)(3)	PF	N/A		х
	-						
	-						

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

Schedule R (Form 990) 2022



Employer identification number 83-3388563

Schedule R (Form 990) 2022 CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

83-3388563 Page 2

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 entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			General or managing partner?	^{ll or} Percentage ^{jing} ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10		
											<u> </u>		
	1												
	1	1	1			1		I	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) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2022 CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
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?			No	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
	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		Х	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
q	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 CONSTRUCTIVE DIALOGUE INSTITUTE, INC.

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	l or Percel ^{ing} r? owne	k) entage ership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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