Form	99	0
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	<b>9</b>	n	I								I	OMB No. 1545-0047
Fori	m <b>J</b>	50						From Inc				2021
Depa Inter	artment nal Rev	of the Treasury venue Service		► Do not e	enter social secu	rity numbers or	n this form a	e Code (except   as it may be mad <b>nd the latest</b>	de public.			Open to Public Inspection
A		he 2021 calend						1, and ending			, 2	20 2022
В	Check	if applicable:	C							D Employ		cation number
	A	ddress change	THE INST	ITUTE FO	OR ADVANO	CED				25-	18434	70
	N	ame change	CATHOLIC							E Telepho	one numbe	r
	Ir	iitial return	3601 WAT							213	74018	64
	Fi	nal return/terminated	LOS ANGE	LES, CA	90089							
	A	mended return								<b>G</b> Gross r		848,861.
	A	pplication pending	F Name and ad		al officer: REE	ECCA KIN	IG CERI		H(a) Is this a			103 110
			SAME AS (	1 1			1		H(b) Are all If "No,"	subordinates attach a list	included?	uctions.
<u> </u>		-exempt status:	X 501(c)(3)	501(c) (	, ,	nsert no.)	4947(a)(1)	or 527				
<u>J</u>			TPS://IAC			1.	r		H(c) Group e	· ·		
ĸ		n of organization:	X Corporation	Trust	Association	Other ►		L Year of formation	on: 1999		State of leg	gal domicile: CA
Pa	<b>rt I</b>	Summary Driefly describ	y the ergenia	tion's miss	ion or most	aignificant as	tivition					
	•	Briefly descril					uvities.	<u>SEE SCHEE</u>	<u>OULE_O</u>			
- SC												
rnai												
Governance	2	Check this bo	x ► if the	e organizati	on discontinu	ed its operati	ions or di	sposed of mo	re than 2	5% of its	net ass	 ets.
ğ		Number of vo									3	19
80 80	4	Number of ind									4	19
Activities &	5	Total number Total number									5	4
<b>Vct</b> i	0 7a	Total unrelate									0 7a	0.
		Net unrelated									7b	0.
									Pi	rior Year		Current Year
đ	8	Contributions	and grants (F	Part VIII, line	e 1h)					913,3	390.	476,518.
ň	9	Program serv	-		÷.							
Revenue	10	Investment in								212,4		371,906.
-	11 12	Other revenue Total revenue	•							,126,3	507.	437.
	12	Grants and si		-					· 1	,120,3	535.	848,861.
	14	Benefits paid										
	15	Salaries, othe								535,1	09	502,395.
ses		Professional f	•		-			-		555,1	.05.	502,555.
Expenses			-									
Ä		Total fundrais						173,751.		0.05	0.5	0.41 (1)
	17	Other expens	-			-				235,3		241,616.
	18 19	Total expense		-						770,4		744,011.
- 8	-	Revenue less	expenses. St			12				355,9		<u>104,850.</u> End of Year
: Assets or d Balances	20	Total assets (	Part X, line 1	6)						g of Currer ,188,8		8,820,058.
Asse Bala	21	Total liabilitie								<u>,100,0</u> 39,2		69,500.
Net / Fund	22	Net assets or							-	,149,6		8,750,558.
_	rt II	Signatur							1 10	, , (		0,100,000.
				xamined this re	turn, including ac	companying sche	dules and sta	atements, and to t	he best of m	y knowledge	and beliet	, it is true, correct, and
com	piete. D	eclaration of prepa	rer (other than offic	cer) is based or	n all information o	t which preparer l	nas any knov	wiedge.				
		Cinnet	re of officer						D-1			
Sic	n	Signatur	c or onicer						Dat			

Sian	Signature of officer		Date						
Sign Here	▶ <u>REBECCA KING CERLING</u>	-	EXECUTIVE DIRECTOR						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check X if PTIN					
Paid	KEVIN WONG	KEVIN WONG		self-employed P01	421794				
Preparer Use Only	Firm's name • KEVIN WONG, C	CPA							
Use Only	Firm's address <b>*</b> 301 E FOOTHII	Firm's EIN ► 47-3812099							
	ARCADIA, CA S	Phone no. 626-247-4339							
May the IRS discuss this return with the preparer shown above? See instructions X Yes									
BAA For Pa	BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/22/21 Form 990 (20.								

	n 990 (2021) THE INSTITUTE FOR ADVANCED	25-1	.843470 Page <b>2</b>
Par			
	Check if Schedule O contains a response or note to any line in	this Part III	Χ
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the	year which were not listed on the prior	
	Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	5 5, 5 5	how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4		h of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the and revenue, if any, for each program service reported.	he amount of grants and allocations to othe	ers, the total expenses,
4 a	a (Code: ) (Expenses \$ 335,704, including gra	nts of \$ ) (Revenue	\$ )
τa			۲ <u> </u>
	<u>SEE_SCHEDULE_O</u>		
4b	b (Code: ) (Expenses \$ including gra	nts of \$ ) (Revenue	\$)
			·
4 c	c (Code: ) (Expenses \$ including gra	nts of \$ ) (Revenue	\$)
4 d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$	) (Revenue \$	)
4e	e Total program service expenses ► 335,704.		Form <b>990</b> (2021)

 Form 990 (2021)
 THE INSTITUTE
 FOR ADVANCED

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	e 1	X	NO
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	on <b>4</b>		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	-		X
8		8		Х
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		Х
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	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	111		Х
	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	<u>11 c</u>		Х
	<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .	11 c	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part.	<i>X</i> <b>11 f</b>	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12k		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	anv		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV			Х
17				Х
18				Х
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		Х
<b>20</b> a	<b>a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>			Х
I	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
<b>~</b> ^ /				(0001)

Form 990 (2021)

25-1843470

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Form 990 (2021) THE INSTITUTE FOR ADVANCED
Part IV Checklist of Required Schedules (continued)

1 0	Sheckinst of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete</i>	22		х
24 a	Schedule J a 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	23		
I	complete Schedule K. If 'No, 'go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
I	<b>b</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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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		Х
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
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a 9			
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	

Form	990 (2021) THE INSTITUTE FOR ADVANCED 25-1843470		P	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Y	es	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If 'Yes,' enter the name of the foreign country			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?	6 a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		21
y	as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			
٥	organization have excess business holdings at any time during the year?	8	_	
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	• •		
	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:			
	Gross income from members or shareholders 11 a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
		14a 14b		Λ
		140		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If 'Yes,' complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,		17		

	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
Ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O			
	The governing body?	8 a	Х	
Ł	Each committee with authority to act on behalf of the governing body?	8 b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
Ł	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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i>	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	Х	
	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.			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
Ł	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?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► _CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 56 available for public inspection. Indicate how you made these available. Check all that apply.			57
	Own website       Another's website       X       Upon request       X       Other (explain on Schedule O)       S	SEE S	SCH.	0
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	REBECCA KING CERLING 3601 WATT WAY GFS 304 LOS ANGELES CA 90089 213 740-186	4		
BAA			<b>990</b> (	(2021)
				-

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

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

Schedule O. See instructions.

**1 a** Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

**b** Enter the number of voting members included on line 1a, above, who are independent....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Section A. Governing Body and Management

19

19

1 a

1 b

Х

No

Yes

Form 990 (2021) THE INSTITUTE FOR ADVANCED	25-1843470	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

				(C)	)	,				
(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-Ź/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) REBECCA KING CERLING	40									
EXECUTIVE DIR.	0	Х		Х				115,445.	0.	0.
(2) JOHN BESSOLO	1							0	0	0
TRUSTEE	0	Х						0.	0.	0.
(3) TON CONDON TRUSTEE	$-\frac{1}{0}$	Х						0.	0.	0.
(4) DOMINIC DOYLE	1	Λ						0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(5) MICHAEL E ENGH SJ	1							0.		0.
TRUSTEE		Х						0.	0.	0.
(6) DANIEL FINN	1									
TRUSTEE	0	Х						0.	0.	0.
(7) RICHARD GRIMES	1									
TRUSTEE	0	Х						0.	0.	0.
(8) REV BRYAN HEHIR	1									
TRUSTEE	0	Х						0.	0.	0.
(9) REV DENNIS HOLTSCHNEIDER CM	1									
TRUSTEE	0	Х		Х				0.	0.	0.
(10) MICHAEL MORELAND CHAIRMAN	<u>1</u>	Х						0	0.	0
(11) JULIE MCANDREWS MORK	1	Λ						0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(12) PATRICK PASCAL	1	Λ						0.	0.	0.
TRUSTEE	0	Х						0.	0.	0.
(13) BRO BERNARD PLOEGER SM	1									
TRUSTEE	0	Х						0.	0.	0.
(14) MAUREEN SHEA	1									
TRUSTEE	0	Х						0.	0.	0.
BAA	TEEA0	107L	09/22	2/21						Form 990 (2021)

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Part	VII Section A. Officers, Directors, Tru	stees,	Key	Em	nplo	bye	es,	and	d Highest Com	pensated Emp	loyees	(continued)
		(B)			(0	•						
	(A) Name and title	Average hours per week	box	, unle	ss pe	erson direct	e than is botl or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estimat	(F) ted amount other
		(list any hours	or dii	Instit	Officer	Key	Highe	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compen	sation from ganization related
		for related organiza	Individual trustee or director	Institutional trustee	q	Key employee	oyee	ler			organ	nizations
		- tions below	trust	al tru		yee	mpe					
		dotted line)	jee	stee			Highest compensated employee					
(15)	REV MARTIN SOLMA SM	1	-									
	TRUSTEE	0	Х						0.	0.		0.
	PETER_STEINFELS	1										
	TRUSTEE	0	Х						0.	0.		0.
	PETER MULLIN	1	v						0	0		0
	TRUSTEE	0	Х						0.	0.		0.
	MARTIN_SKRIP TRUSTEE	<u>_</u>	Х						0.	0.		0.
	JASON ZENK	1	Λ						0.	0.		0.
	TRUSTEE	0	Х						0.	0.		0.
	KYLE BALLARTA	1										
	TRUSTEE	0	Х						0.	0.		0.
(21)												
(22)												
(23)												
(24)												
<u></u>			•									
(25)												
1 b s	Subtotal								115,445.	0.		0.
с	Total from continuation sheets to Part VII, Section	on A							0.	0.		0.
	Fotal (add lines 1b and 1c)								115,445.	0.		0.
	otal number of individuals (including but not limited rom the organization  1	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation	
												Yes No
3 [	Did the organization list any former officer, direct	tor. truste	e. ke	ev er	nplo	ovee	e. or	high	nest compensated	employee		
(	on line 1a? If 'Yes,' compléte Schedule J for such	h individu	ial		••••				· · · · · · · · · · · · · · · · · · ·		. 3	Х
t	For any individual listed on line 1a, is the sum of he organization and related organizations greate	r than \$1	50,00	20?	<i>lf</i> '}	∕es,	' con	nple	te Schedule J for			
-	such individual Did any person listed on line 1a receive or accrue										. 4	X
f	or services rendered to the organization? If 'Yes	,' comple	te Sc	chea	lule	J fo	or suc	ch p	erson		. 5	Х
	on B. Independent Contractors	معامما نصما		ا م م ا		-		410.0		non \$100.000 of		
I (	Complete this table for your five highest compension from the organization. Report compension	sated ind sation for	epen the ca	alen	dar j	year	endi	ng v	with or within the or	ganization's tax year	<i>.</i>	
	(A) Name and business addr	ess				-			(B) Description of	of services	(C Comper	) Isation
									· ·		•	
									<u> </u>			
	otal number of independent contractors (including b 5100,000 of compensation		ned to	ว เทต	ose I	ISTEC	u abo	ve)	who received more	เกลก		

# Form 990 (2021) THE INSTITUTE FOR ADVANCED

# Part VIII Statement of Revenue

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1 41	Check if Schedule O contains a response or note to any	/ line in this Part VI			
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
fts, Grants, r Amounts	1 a1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 d				
Contributions, Gifts, Grants, and Other Similar Amounts	e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above				
-	<sup>™</sup> lines 1a-1f	476,518.			
Program Service Revenue	2a b				
Program Se	ef All other program service revenue g Total. Add lines 2a-2f►				
	<ul> <li>3 Investment income (including dividends, interest, and other similar amounts)</li></ul>	371,906.			371,906.
	6a Gross rents     (i) Real     (ii) Personal       6a     6a     6a       b Less: rental expenses     6b     6c       c Rental income or (loss)     6c     6c				
	d Net rental income or (loss)► 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b				
0	c Gain or (loss) 7c d Net gain or (loss)				
Other Revenue	(not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				
Othe	b Less: direct expenses 8b c Net income or (loss) from fundraising events►				
	9 a Gross income from gaming activities. See Part IV, line 19       9 a         b Less: direct expenses       9 b         c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory►				
S	Business Code				
Miscellaneous Revenue	11a         OTHER_INCOME           b	437.	437.		
Re	d All other revenue				
Σ	e Total. Add lines 11a-11d►	437.			
	12 Total revenue. See instructions►	848,861.	437.	0.	371,906.

TEEA01101	

	Check if Schedule O contains a response or note to any line in this Part IX							
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	115,445.	34,634.	69,267.	11,544.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	301,328.	146,687.	39,340.	115,301.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	85,622.	38,016.	32,185.	15,421.			
10	Payroll taxes							
	Fees for services (nonemployees):							
	a Management							
		20,410	10 (10	00.000	F 110			
	Accounting	38,419.	12,618.	20,683.	5,118.			
	Professional fundraising services. See Part IV, line 17							
	Investment management fees	25,048.		25,048.				
	Other. (If line 11g amount exceeds 10% of line 25, column	25,040.		23,040.				
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	21,459.	11,150.	6,970.	3,339.			
13	Office expenses	48,657.	21,668.	18,153.	8,836.			
14	Information technology	40,007.	21,000.	10,100.	0,000.			
15	Royalties.							
16	Occupancy							
17	Travel	14,516.	9,102.	1,976.	3,438.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	11 005			1 005			
23 24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e	11,035.	4,900.	4,148.	1,987.			
	expenses on Schedule O.)							
	OTHER_EXPENSES	26,434.	25,186.	844.	404.			
	P MEALS_AND_ENTERTAINMENT	16,467.	8,171.	5,183.	3,113.			
	WEBSITE AND NEWSLETTER	14,099.	6,260.	5,300.	2,539.			
	DUES AND MEMBERSHIP	11,288.	5,168.	4,073.	2,047.			
	All other expenses	14,194. 744,011.	<u>12,144.</u> 335,704.	1,386. 234,556.	<u> </u>			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).	744,011.		234,330.	175,751.			
BAA		TEE 401101 00			Form <b>990</b> (2021)			

### Form 990 (2021) THE INSTITUTE FOR ADVANCED

Part IX Statement of Functional Expenses

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

# Form 990 (2021) THE INSTITUTE FOR ADVANCED

25-	10	121	70
23-	то	434	10

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	Cash – non-interest-bearing.	93,876.	1	216,123
	2 Savings and temporary cash investments	·	2	
	B Pledges and grants receivable, net	489,013.	3	371,519
	Accounts receivable, net	,	4	5,152
	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	<ul> <li>Notes and loans receivable, net.</li> </ul>		7	
	Inventories for sale or use.		8	
	Prepaid expenses and deferred charges.	4,360.	9	15,543
1	Ja Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a	4,300.		10,040
	b Less: accumulated depreciation 10b		10 c	
1		8,595,976.	11	7,458,873
1		0,000,010	12	., 100,010
1			13	
1			14	
1		1,005,652.	15	752,848
1		10,188,877.	16	8,820,058
1		39,208.	17	726
1			18 19	
1			-	
2			20 21	
2			21	
2	2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
2	3 Secured mortgages and notes payable to unrelated third parties		23	
2	Unsecured notes and loans payable to unrelated third parties		24	
2	5 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	68,774
2	5 Total liabilities. Add lines 17 through 25	39,208.	26	69,500
2 2 3 3 3 3	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
2		2,179,012.	27	1,852,337
2		7,970,657.	28	6,898,221
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
2	Capital stock or trust principal, or current funds		29	
3			30	
3			31	
3		10,149,669.	32	8,750,558
_	3 Total liabilities and net assets/fund balances.	10,188,877.	33	8,820,058

Forn	1 990 (2021) THE INSTITUTE FOR ADVANCED 25-1	843470		Pa	ge <b>12</b>
Pa	t 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	8	48,8	361.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	44,0	)11.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	)4,8	350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	10,1	49,6	569.
5	Net unrealized gains (losses) on investments.	5	-1,5		
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,				
Des		10	8,7	50,5	58.
Pal	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Х
				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 O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
ł	Were the organization's financial statements audited by an independent accountant?		2 b	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:	е			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain		_		
	on Schedule O. SEE SCHEDULE O				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
			50		Λ
ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA				000	(2021)
DAA			1 0111	220	(2021)

		Public Charity Status and Public Support						OMB No. 1545-0047	
	<b>IEDULE A</b> n 990)	Con	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						
			► Atta	ich to Form 990 or Fori	m 990-E2	Ζ.		Open to Public	
Depart Interna	ment of the Treasury al Revenue Service	► (	Go to www.irs.gov/Fo	orm990 for instructions	and the	latest i	nformation.	Inspection	
	C	THE INSTITU CATHOLIC ST	UTE FOR ADVANO TUDIES	CED			Employer identific 25-184347		
Par				organizations must				ctions.	
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	For lines 1 through 12,		,	,		
1				hurches described in <b>sec</b>		b)(1)(A)(	í).		
2 3				tach Schedule E (Form ization described in <b>se</b>		0/6//1//			
4		•		unction with a hospital				nter the hospital's	
•	name, city, a	-							
5	An organizati section 170(I	 on operated for <b>b)(1)(A)(iv).</b> (Cc	the benefit of a colle mplete Part II.)	ege or university owned	l or oper	ated by	a governmental unit de	escribed in	
6	A federal, sta	ite, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1)	)(A)(∨).		
7	X An organization in section 17	on that normally r <b>0(b)(1)(A)(vi).</b> (	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described	
8	A community	trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II. <b>)</b>				
9				c <b>tion 170(b)(1)(A)(ix)</b> oper e (see instructions). Ente					
10	from activitie	s related to its a come and unre	exempt functions, sub	han 33-1/3% of its supp oject to certain exception e income (less section Part III.)	ons; and	(2) no r	nore than 33-1/3% of i	ts support from gross	
11	An organizati	on organized a	nd operated exclusive	ely to test for public saf	ety. See	sectior	n 509(a)(4).		
12	or more public lines 12a thro	cly supported o ough 12d that de	rganizations describe escribes the type of s	ely for the benefit of, to ed in <b>section 509(a)(1)</b> upporting organization	or section and con	n <b>509(a</b> ) plete lir	<b>)(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	)(3). Check the box on	
a	complete Par	) the power to re t IV, Sections A	gularly appoint or elect A and B.	d, or controlled by its su t a majority of the directo	ors or trus	stees of t	he supporting organizati	on. You must	
b	management	oporting organiz of the supporting <b>te Part IV, Sect</b>	organization vested in	controlled in connection the same persons that c	n with its control or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>	
C				tion operated in connectic plete Part IV, Sections					
d	functionally in functionally in functionally in functionally in functions).	nctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	panization operated in co must satisfy a distribu <b>is A and D, and Part V.</b>	nnection ution req	with its s uiremen	supported organization(s t and an attentiveness	) that is not requirement (see	
e	integrated, or	Type III non-fu	inctionally integrated	en determination from supporting organization	n.			e III functionally	
1 0			n about the supported						
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

#### THE INSTITUTE FOR ADVANCED

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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.)

### Section A. Public Support

beginnin 1 Gifts men inclu 2 Tax	s, grants, contributions, and nbership fees received. (Do not ude any 'unusual grants.') x revenues levied for the	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
men inclu <b>2</b> Tax	nbership tees received. (Do not ude any 'unusual grants.) x revenues levied for the						
		620,719.	1,391,444.	652,523.	913,390.	476,520.	4,054,596.
eitř	panization's benefit and her paid to or expended its behalf						0.
faci gov	e value of services or ilities furnished by a vernmental unit to the janization without charge						0.
4 Tot	tal. Add lines 1 through 3	620,719.	1,391,444.	652,523.	913,390.	476,520.	4,054,596.
con (oth unit org tha	e portion of total htributions by each person her than a governmental t or publicly supported janization) included on line 1 it exceeds 2% of the amount own on line 11, column (f)						1,561,164.
6 Pul fror	blic support. Subtract line 5 m line 4						2,493,432.
Sectior	n B. Total Support						
Calendaı beginnin	r year (or fiscal year ng in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
<b>7</b> Am	nounts from line 4	620,719.	1,391,444.	652,523.	913,390.	476,520.	4,054,596.
divi on roya	oss income from interest, idends, payments received securities loans, rents, ralties, and income from nilar sources	84,763.	371,364.	206,596.	201,413.	371,906.	1,236,042.
bus not	t income from unrelated siness activities, whether or t the business is regularly ried on	·					0.
gaii	ner income. Do not include n or loss from the sale of pital assets (Explain in rt VI.) SEE PART VI		6,002.	851.		437.	7,290.
	tal support. Add lines 7 ough 10						5,297,928.
<b>12</b> Gro	oss receipts from related activ	ities, etc. (see ins	structions)			12	0.
	<b>st 5 years.</b> If the Form 990 is janization, check this box and						► 🗌
	n C. Computation of Pul		•				
	blic support percentage for 20						47.06%
	blic support percentage from 2					L1	54.49%
<b>16a 33-</b> anc	1/3% support test-2021. If the stop here. The organization	ne organization di qualifies as a pul	d not check the bo blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box ·····► Χ
<b>b 33-</b> and	1/3% support test–2020. If th d stop here. The organization	e organization dic qualifies as a pu	l not check a box blicly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, c	heck this box
or r	<b>%-facts-and-circumstances te</b> more, and if the organization organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	Explain in Part '	VI how
or r	%-facts-and-circumstances te more, and if the organization panization meets the facts-and	meets the facts-a	nd-circumstances	test, check this b	box and stop here	Explain in Part '	VI how the
18 Priv	vate foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions 🕨 🗌

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	performed, 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 business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
h	Amounts included on lines 2				1		
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(0) 2017	(6) 2010	(0) 2015	(d) 2020	(0) 2021	(i) rotar
	Gross income from interest, dividends,						
Iva	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
5	income (less section 511						
	taxes) from businesses						
	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	gain or loss from the sale of						
	capital assets (Explain in Part VI.).						
13	Total support. (Add lines 9,						
10	10c, 11, and 12.)						
14	First 5 years. If the Form 990 is	for the organization	on's first, second,	third, fourth, or t	fifth tax year as a	section 501(c)(3)	
500	organization, check this box and tion C. Computation of Pu						· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 20		9	ne 13 column (f	))		00
	Public support percentage for 20	-	••••••				
_	tion D. Computation of Inv	-					0
	Investment income percentage f				ump (fl)		00
17 19		•		-			0 00
18	Investment income percentage f						
198	33-1/3% support tests – 2021. If is not more than 33-1/3%, check						
b	<b>33-1/3% support tests–2020.</b> If t		• •	•		-	
	line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization 🕨
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	
-							

Page 4

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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. 3a **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. 3b 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. 3c 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. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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. 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 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. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b 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. 9c 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. 10a **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.) 10b

Schedule A (Form 990) 2021		THE INSTITUTE FOR ADVANC	ED 25-
Part IV	Supporting Organiza	tions (continued)	
<b>11</b> Has t	he organization accepted a	gift or contribution from any of the follow	ing persons?
<b>a</b> A per the g	son who directly or indirectly overning body of a support	controls, either alone or together with person ed organization?	s described on lines 11b and 11c below,

**b** A family member of a person described on line 11a above?

C 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.

#### Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

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 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### 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?					
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
	the organization maintained a close and continuous working relationship with the supported organization(s).					
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 <b>Part VI</b> the role the organization's supported organizations played					
	in this regard.					

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete line 3 below. h
  - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

#### 2 Activities Test. Answer lines 2a and 2b below.

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

2a

2b

3a

11a

11b 11c

1

2

No

No

Yes

Yes

Yes

Yes

No

No

Part V  Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus <b>instructions.</b> All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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		
Ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
e	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the surrent user is the ergenization's first as a per functionally inte	arotad	Tupo III oupporting or	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	IS,	2	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	ion is responsive (provide	e details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
ā	From 2016				
Ŀ	• From 2017				
	From 2018				
	From 2019				
	€ From 2020				
	f Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
ŀ	Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
ć	Applied to underdistributions of prior years				
ł	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
á	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
(	Excess from 2021				

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Schedule A (Form 990) 2021

MISC INCOME	\$	437.	\$	851. \$	6,002.	
	TOTAL \$	437.	\$ 0.\$	851.\$	6,002.\$	0.

<u> </u>		Sum.	alamantal Financial Statam	onto	I	OMB No. 1545-0047
	SCHEDULE D (Form 990) Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				2021	
Depai Intern	<ul> <li>► Attach to Form 990.</li> <li>► Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>				Open to Public Inspection	
	Iame of the organization Employer identification number					lentification number
	E INSTITUTE [HOLIC STUDI]	FOR ADVANCED ES			25-184	3470
Pa	t I Organizat	tions Maintaining Dono	or Advised Funds or Other Simila	ar Funds or Acc		5470
	Complete	if the organization answ	wered 'Yes' on Form 990, Part IV			
1	Total number at a	end of year	(a) Donor advised funds	<b>(b)</b> F	unds and o	other accounts
2		ntributions to (during year).				
3		ants from (during year)				
4	Aggregate value	at end of year				
5	Did the organizat are the organizat	ion inform all donors and dor ion's property, subject to the	nor advisors in writing that the assets he organization's exclusive legal control?	ld in donor advised	funds	Yes No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing that gra t of the donor or donor advisor, or for an	y other purpose cor	nferring _	Yes No
Pa		tion Easements.		( ); 7		
1			wered 'Yes' on Form 990, Part IV the organization (check all that apply).	, line 7.		
•		of land for public use (for example		servation of a histo	rically imp	ortant land area
	Protection of	natural habitat	Pre	servation of a certi	fied historie	c structure
		of open space	_			
2	Complete lines 2a last day of the ta:		neld a qualified conservation contribution in	the form of a conser	vation ease	ment on the
	···· <b>,</b> · · · ·			ŀ	leld at the	End of the Tax Year
			·····			
	b Total acreage restricted by conservation easements.					
	<ul> <li>c Number of conservation easements on a certified historic structure included in (a)</li></ul>					
	structure listed in	the National Register		<b>2</b> d		
3	Number of conserv tax year ►	ation easements modified, trar	nsferred, released, extinguished, or terminat	ed by the organization	on during th	e
4		where property subject to conse				
5	Does the organization	ation have a written policy re	garding the periodic monitoring, inspecti	on, handling of viol	ations,	Yes No
6						
7	<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> </ul>					
8	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)?					
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.					
Pai	t III Organizat Complete	tions Maintaining Colle if the organization ans	<b>ctions of Art, Historical Treasur</b> wered 'Yes' on Form 990, Part IV	es, or Other Sin /, line 8.	nilar Ass	ets.
1;	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its reve ld for public exhibition, education, or res Il statements that describes these items.	earch in furtherance	l balance s e of public	heet works of art, service, provide in
I	historical treasures following amount	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its revenue or public exhibition, education, or research i	n furtherance of publ	lic service,	t works of art, provide the
	••		line 1		_	
2	· ·		nistorical treasures, or other similar assets f		····· · ·	owina
	amounts required	I to be reported under FASB	ASC 958 relating to these items:			'9
			1			
			e Instructions for Form 990.			ule D (Form 990) 2021

Schedule D (Form 990) 2021 THE			·	25-1843	
Part III Organizations Mainta	ining Collectio	ons of Art, Histo	rical Treasures, or C	Other Similar Asso	ets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, and ot	her records, check an	ny of the following that mak	e significant use of its o	collection
<b>a</b> Public exhibition			or exchange program		
b Scholarly research		e Other			
c Preservation for future gener					
4 Provide a description of the organiz Part XIII.			-		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rece an to be maintair	eive donations of art	t, historical treasures, or or reanization's collection?	other similar assets	Yes No
Part IV Escrow and Custodia					
line 9, or reported an					
1 a Is the organization an agent, trus	too oustadion or	other intermediary	for contributions or other	accate nat included	
on Form 990, Part X?					Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and c	complete the following	ng table:	L	
					Amount
<b>c</b> Beginning balance					
<b>d</b> Additions during the year					
e Distributions during the year					
f Ending balance					
<b>2 a</b> Did the organization include an a				-	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Chec	ck here if the explan	lation has been provided	on Part XIII	
Part V Endowment Funds. C	omplata if the	organization on	sworod 'Vos' on Forr	m 000 Part IV/ lin	<u> </u>
rait V Endowment Funds. C	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
<b>1 a</b> Beginning of year balance	7,621,87				4,734,001.
<b>b</b> Contributions	7,021,07	0. 0,570,7	153,637.		612,220.
			100,007.	237,412.	012,220:
c Net investment earnings, gains, and losses	-986,88	8. 1,251,1	10. 161,559.	286,831.	185,106.
<b>d</b> Grants or scholarships	· ·	,	,	,	, <u>,                                   </u>
e Other expenditures for facilities					
and programs				0.	
f Administrative expenses					<b></b>
<b>g</b> End of year balance	6,634,98			, , ,	5,531,327.
2 Provide the estimated percentage	-	ear end balance (IIn م	e ig, column (a)) neid as	:	
a Board designated or quasi-endowm b Permanent endowment ►		<u> </u> 0			
c Term endowment ►	<u>100.00</u> %				
The percentages on lines 2a, 2b, a	nd 2c should equal	100%			
<b>3a</b> Are there endowment funds not in t organization by:	the possession of th	ne organization that a	re held and administered fo	or the	Yes No
(i) Unrelated organizations					3a(i) X
(ii) Related organizations					3a(ii) X
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organizations	listed as required of	on Schedule R?		3b
4 Describe in Part XIII the intended	d uses of the orga	nization's endowme	ent funds.		
Part VI Land, Buildings, and					
Complete if the organi	zation answer	ed 'Yes' on Forr	n 990, Part IV, line 1	1a. See Form 990	), Part X, line 10.
Description of property	<b>(a)</b> (	Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land					
<b>b</b> Buildings					
<b>c</b> Leasehold improvements					
<b>d</b> Equipment					
e Other					
Total. Add lines 1a through 1e. (Colum	nn (d) must equal	Form 990, Part X, c	column (B), line 10c.)		0.
BAA				Schedu	ıle D (Form 990) 2021

Schedule D (Form 990) 2021 THE INSTITUTE FOR	ADVANCED	25-184	3470 Page <b>3</b>
Part VII Investments – Other Securities. Complete if the organization answered		N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1) Financial derivatives			
(2) Closely held equity interests.			
(3) Other(A)			
(B)			
(C)			
(D)			
(D) (E)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		27.72	
Part VIII Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 990	N/A Part IV line 11c See Form 99	0 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	
(1)			jour manter raide
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX Other Assets.	L'Vac' an Earm OOC	) Dort IV line 11d See Form 00	Dort V line 15
Complete if the organization answered	scription	J, Part IV, line Tru. See Form 99	(b) Book value
(1) DEPOSIT ACCOUNTS DUE FROM USC	3011911011		752,848.
(2)			,02,010,
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	B) line 15.)	►	752,848.
Part X Other Liabilities.	, ,		,02,010.
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25.	
	iption of liability		(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL			3,169.
(3) ACCRUED VACATION         (4) CREDIT CARD PAYABLE			<u>33,906.</u> 2,826.
(5) OTHER ACCRUALS			28,873.
(6)			20,013.
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).		►	68,774.

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

Schedule D (Form 990) 2021 THE INSTITUTE FOR ADVANCED	25-184347	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	-627,859.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a -1, 503, 96	1.	
b Donated services and use of facilities	9.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	-1,451,672.
3 Subtract line 2e from line 1.		823,813.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 25,04	8.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	25,048.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	848,861.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	771,252.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities	9.	
b Prior year adjustments	<u> </u>	
c Other losses.	_	
d Other (Describe in Part XIII.)	_	
e Add lines 2a through 2d	2e	52,289.
3 Subtract line 2e from line 1.	3	718,963.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		0 / 5 00 1
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 25,04	8.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		25,048.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	744,011.
Part XIII Supplemental Information.		

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

# PART X - FASB ASC 740 FOOTNOTE

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE INSTITUTE IN ITS TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

Schedule D (Form 990) 2021

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047	
	2021	
	Open to Public Inspection	
over identifica	ation number	

1843470

Name of the organization THE INSTITUTE FOR ADVANCED	Emplo
CATHOLIC STUDIES	25-

# FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE INSTITUTE'S MISSION IS TO CONDUCT RESEARCH ON KEY ISSUES FACING SOCIETY TO HELP BOTH THE CHURCH AND SOCIETY DEAL THOUGHTFULLY WITH THE MAJOR ISSUES THEY FACE GLOBALLY. THE INSTITUTE ALSO SPONSORS AND CONDUCTS RESEARCH AND SCHOLARSHIP ON ALL ASPECTS OF THE CATHOLIC TRADITION, CULTURAL/ECCLESIAL HERITAGE OF CATHOLICISM, AND DISSEMINATE THE RESULTS OF SUCH RESEARCH.

# FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE INSTITUTE'S MISSION IS TO CONDUCT RESEARCH ON KEY ISSUES FACING SOCIETY TO HELP BOTH THE CHURCH AND SOCIETY DEAL THOUGHTFULLY WITH THE MAJOR ISSUES THEY FACE GLOBALLY. THE INSTITUTE ALSO SPONSORS AND CONDUCTS RESEARCH AND SCHOLARSHIP ON ALL ASPECTS OF THE CATHOLIC TRADITION, CULTURAL/ECCLESIAL HERITAGE OF CATHOLICISM, AND DISSEMINATE THE RESULTS OF SUCH RESEARCH.

# FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE INSTITUTE DEVELOPS DISTINCTIVE INTELLECTUAL CAPITAL BY STUDYING THE LONG AND RICH CATHOLIC INTELLECTUAL TRADITION. THAT TRADITION INCLUDES NOT ONLY BRILLIANT THEOLOGIANS AND PHILOSOPHERS, BUT ALSO SCIENTISTS, SOCIAL SCIENTISTS, HISTORIANS, POETS, WRITERS, ARTISTS, ARCHITECTS AND MUSICIANS. THE INSTITUTE PROMOTES UNDERSTANDING, CRITIQUING, AND DEVELOPING CATHOLIC INTELLECTUAL LIFE FOR THE SERVICE NOT ONLY OF THE CHURCH, BUT ALL RELIGIONS, ESPECIALLY AS IT DEDICATES ITSELF TO THE COMMON GOOD. THE INSTITUTE DRAWS UPON AN INTERNATIONAL GROUP OF SCHOLARS, ALL OF WHOM, WHATEVER THEIR RELIGIOUS BACKGROUND OR SCHOLARLY DISCIPLINE, SEEK TO UNDERSTAND CATHOLICISM AND ITS VALUE FOR THE WORLD TODAY. THE INSTITUTE'S RESEARCH, PUBLICATIONS, CONFERENCES, AND ARTICLES ARE INTERNATIONALLY RECOGNIZED AS THOUGHTFUL CONTRIBUTIONS TO THE UNDERSTANDING, CLARIFICATION AND RESOLUTION OF MAJOR ISSUES FACING THE CHURCH, RELIGIONS AND GLOBAL SOCIETY. SINCE 2007, THE INSTITUTE HAS

Schedule O (Form 990) 2021	Page <b>2</b>
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#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RELIGION AND PUBLIC LIFE BY FEATURING THE WORK OF SCHOLARS, JOURNALISTS, ARTISTS, AND LEADERS. THROUGH A RANGE OF MEETINGS, COLLOQUIA, CONFERENCES AND SEMINARS, THE INSTITUTE COORDINATES AND SPONSORS SCHOLARSHIP ON A NUMBER OF CORE THEMES AS FOLLOWS: THE TRUE WEALTH OF NATIONS CATHOLIC SOCIAL THOUGHT AND ECONOMICS .EDUCATION CATHOLIC AND INTERRELIGIOUS CATHOLIC TRADITION AND THE EXERCISE OF AUTHORITY THE GENERATIONS IN DIALOGUE INTERRELIGIOUS AND ECUMENICAL TOPICS.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE INSTITUTE'S TAX RETURN IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING. ALSO, A COPY OF THE TAX RETURN IS DISTRIBUTED TO BOARD MEMBERS WITHOUT SCHEDULE B OR THE SCHEDULE A SUPPORTING STATEMENT IDENTIFYING EXCESS CONTRIBUTIONS FOR REVIEW BEFORE FILING.

### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD OR TO MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. SUCH DISCLOSURE SHOULD BE MADE PROMPTLY UPON DISCOVERY OF THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, AND IN THE ANNUAL DISCLOSURE STATEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON IS REQUIRED TO LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS AND, IF SO, HOW IT SHOULD BE ADDRESSED. DIRECTORS ARE REQUIRED ANNUALLY SIGN A STATEMENT THAT CONFIRMS WHETHER OR NOT SUCH PERSON HAS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND, IF SO,

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# FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED) DISCLOSES THE NATURE OF THAT ACTUAL OR POTENTIAL CONFLICT. THE ANNUAL DISCLOSURE STATEMENT ALSO AFFIRMS THAT THE DIRECTOR HAS RECEIVED A COPY OF THIS CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. DURING THE YEAR ENDED JUNE 30, 2022, THE ORGANIZATION OBTAINED THE ANNUAL SIGNED CONFLICT OF INTEREST REPRESENTATION FORMS FROM MEMBERS OF ITS BOARD OF

DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE PRESIDENT'S SALARY IS DETERMINED BY THE BOARD AFTER CAREFUL CONSIDERATION OF GOALS AND EVALUATION OF PERFORMANCE, AND FOLLOW I.R.S. SAFE-HARBOR PROCEDURES. PAYMENTS ARE MADE TO THE PRESIDENT'S RELIGIOUS ORDER.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST. THE ORGANIZATION'S FORM 990, WITHOUT SCHEDULE B OR THE SCHEDULE A SUPPORTING STATEMENT IDENTIFYING EXCESS CONTRIBUTIONS, IS ALSO AVAILABLE ON PUBLIC WEBISTE WWW.GUIDESTAR.ORG

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

# FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.