** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2022 calendar year, or tax year beginning	and	ending			
B c	Check if upplicable	C Name of organization			D Employer identifi	cation number	
	_Addre	Bill of Rights Institu	te				
	Name chang	Doing business as			48-08914	18	
	Initial return			Room/suite	E Telephone numbe		
	Final return termir			620	(703) 89		
	ated Amen	City or town, state or province, country, and			G Gross receipts \$	7,787,231.	
H	return ∏Applio	ALLINGCON, VA ZZZVI-Z			H(a) Is this a group re		
	⊥tion pendi	I F Name and address of principal officer: Da v	Id 0. BODD		for subordinates		
			(incort no.) 4047(a)(1)	507	H(b) Are all subordinates in		
	ax-ex Nebsi	empt status: X 501(c)(3) 501(c)() te: www.billofrightsinstit	(insert no.) 4947(a)(1)	or 527	1,	list. See instructions	
			sociation Other	I Voor	H(c) Group exemption 1979	M State of legal domicile: KS	
	art I	Summary	33001411011	L Teal	oriormation. ± J / J N	M State of legal doffliche, ICD	
		Briefly describe the organization's mission or most	eignificant activities: The	Bill o	of Rights In	stitute	
JCe	'	teaches civics with conte	nt and programs	for t	eachers and	students.	
'n	2		ntinued its operations or dispo				
S/e	1	Number of voting members of the governing body	•		з	3	
Ğ	1	Number of independent voting members of the go	. , , , , , , , , , , , , , , , , , , ,			3	
es &		Total number of individuals employed in calendar y				45	
Ϋ́Ε	1	Total number of volunteers (estimate if necessary)			l l	3	
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	0.	
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11		7b	0.	
					Prior Year	Current Year	
ne					9,353,204.		
Revenue	1				8,369. 984.	260,959.	
Be		Investment income (Part VIII, column (A), lines 3, 4			904.	3,651.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			9,362,557.		
		Total revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (15,000.	148,742.	
		Benefits paid to or for members (Part IX, column (0.	0.	
S		Salaries, other compensation, employee benefits (3,535,840.	4,264,774.	
nse		Professional fundraising fees (Part IX, column (A), I			280,500.		
Expenses		Total fundraising expenses (Part IX, column (D), lin		75.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d			4,140,635.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		7,971,975.		
		Revenue less expenses. Subtract line 18 from line	12		1,390,582.		
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year	
sset 3alai	20	, , , , , , , , , , , , , , , , , , , ,			5,390,472.	6,457,032.	
et Ind	21	Total liabilities (Part X, line 26)			1,265,577.	2,768,451.	
	ızz art II	Net assets or fund balances. Subtract line 21 from	ı line 20		4,124,895.	3,688,581.	
		Signature Block Ities of perjury, I declare that I have examined this return,	including accompanying schedule	ac and etatem	ante and to the heet of m	v knowledge and helief it is	
		it, and complete. Declaration of preparer (other than office				y knowledge and beller, it is	
u uo,	, 001100	13 and complete: Declaration of proparor (other than office	or y is based on an information of w	πιοπ ριοραιοι	5/11/202	73	
Sig	n	Signature of officer			Date		
Her		David J. Bobb, President	and CEO				
	-	Type or print name and title					
		Print/Type preparer's name	Preparer's signature 4019	<i>>1</i>	Date Check Check If self-employ	PTIN	
Paid	t	P01249785					
Preparer Firm's name Rogers & Company PLLC Firm's EIN 58-26							
Use	Only	Firm's address 8300 Boone Boulev	ard, Suite 600				
		Vienna, VA 22182			Phone no. (7	03) 893-0300	
Mar	the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Ves No	

ı u	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Bill of Rights Institute teaches civics. We equip students and
	teachers to live the ideals of a free and just society.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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. (Code:) (Expenses \$ 3,839,378 · including grants of \$ 148,742 ·) (Revenue \$ 260,959 ·)
4a	(Code:) (Expenses \$ 3,839,378. including grants of \$148,742.) (Revenue \$260,959.) Programs and Outreach:
	BRI held 46 in-person programs and 12 webinars for teachers and
	students in 2022. During the year, educators earned more than 4,206
	Continuing Education Units (CEUs) from BRI professional development
	programs.
	F 2
4b	(Code:) (Expenses \$ 1,693,887 • including grants of \$) (Revenue \$)
	Digital Resource Development and Distribution:
	Established in 1999, the Bill of Rights Institute (BRI) supports
	secondary school teachers of American history, civics, and social
	studies. By providing free digital resources to educators and students,
	and professional development programs for educators, BRI is committed
	to educating for self-governance. In doing so, BRI inspires the rising
	generation to champion the ideals expressed in our nation's founding
	documents and to strive for their full realization.
	In 2022 BRI's digital platform, which includes its websites, YouTube
	channel, and social media outlets, served 5.77 million users, with a
	total engagement time of more than 322,648 hours.
4c	(Code:) (Expenses \$
44	Other program services (Describe on Schedule O.)
- u	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 5,533,265.
	,

Form 990 (2022) Bill of Rights Institute Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	Λ	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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 any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	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		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا . ـ ا		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) Bill of Rights Institute Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	Cabadida I Dort 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	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			. v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
UZ.	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		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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contiduid C Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		.03	1.0
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Bill of Rights Institute Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4.5			
	filed for the calendar year ending with or within the year covered by this return	2a 45	-		
_	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	v
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		١.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Financial Advanced Financial Financ	accurate (EDAD)			
5 0	, ,	, ,	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
-	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 ser	vices provided to the payor?	7a		Х
b	teme a surface of the control of the		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
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 of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a		10a 10b	-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	11a	-		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı			
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				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				7,7
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16		X
47	If "Yes," complete Form 4720, Schedule O.	ivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action 4051, 4052 or 40532		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	n roo, complete rollin coca.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
	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	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, FL, GA, HI, IL, KS	, KY	, ME	, MD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Adam Cushing, COO - (703) 894-1776			
	1310 N. Courthouse Rd, 620, Arlington, VA 22201-2594			

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 r	(B)	J. gc			C)	اعطر		(D)	(E)	(F)
Name and title				Pos		1			* *	
ivame and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		loyee	dwo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
	line)	Pu	lns	#	Ş.	E Hig	쥰			
(1) David Bobb	45.00	1		l				205 440	•	48 885
President and CEO	1			Х				325,448.	0.	47,775
(2) Adam Cushing	45.00								_	
COO and Treasurer				Х				218,459.	0.	43,808
(3) Stan Swim	45.00									
Chief Program Officer				Х				205,432.	0.	46,015
(4) Joanne McKinney	45.00									
VP, Human Resources					Х			150,541.	0.	32,755
(5) Rachel Wildavsky	40.00									
Dir. Dev. Strategy and Major Gifts						Х		136,391.	0.	38,546
(6) Kevin Hart	40.00									
VP, Communications						Х		148,821.	0.	8,222
(7) Anthony Simone	40.00									
Senior Director, Development						Х		131,644.	0.	9,047
(8) Scott Knowles	40.00									
Director, FP&A						Х		104,251.	0.	14,505
(9) Kirk Higgins	40.00									
Director, Content		1				Х		102,932.	0.	11,749
(10) Mark Humphrey	1.00							-		-
Director		X						0.	0.	0 .
(11) Ryan Stowers	1.00									
Chairman		X						0.	0.	0 .
(12) Todd Zywicki	1.00									
Director and Secretary		x		х				0.	0.	0.
	†								•	
		1								
		1								
	1	\vdash								
		1								
	+	\vdash			<u> </u>		\vdash			
		1								
	+	<u> </u>		\vdash	\vdash		\vdash			
		-								
		1	l	ı	l	l	l	1		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title		(do		Pos		1 than	one	Reportable	Reportable	Э	Es	stimate	ed
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	on	an	nount	of
		week		cer ar	na a a	irecto	or/trus	tee)	from	from relate			other	
		(list any hours for	· director						the	organization			pensa	
		related	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC			om th	
		organizations	rustee	l trus		ee ee	nben		1099-NEC)	1099-1120	,	·	anizat d relat	
		below	dual t	ıtiona	١.	nploy	st cor	<u></u>	1033 (420)				anizati	
	related organizations below line) li													
			_	_	Ť	1								
-														
-														
-						\vdash	\vdash							
						\vdash	\vdash							
						<u> </u>	1							
						<u> </u>	1							
	Cubtotal							<u> </u>	1,523,919.		0.	25	2 4	22.
	Subtotal Total from continuation sheets to Part VI								0.		0.		<i>2,</i>	0.
									1,523,919.		0.	25	2 4	22.
	Total (add lines 1b and 1c)									000 of reported			<u>, </u>	22.
2	Total number of individuals (including but n	ot illilited to tr	iose	IISLE	eu ai	DOV	e) wi	101	eceived more than \$100	,000 or reportat	ЛЕ			11
	compensation from the organization												Yes	No
_	Did the every instinct list on a former office.		1								ſ		103	140
3	Did the organization list any former officer,	•		•		•	-	•		-		_		x
4	line 1a? If "Yes," complete Schedule J for s								de au a a mana a mana di au di au di au di			3		
4	For any individual listed on line 1a, is the su	•							•	•			Х	
_	and related organizations greater than \$150											4	Λ	
5	Did any person listed on line 1a receive or a	•				•		elat	ted organization or indiv	idual for services	S	_		v
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
	tion B. Independent Contractors									*				
1	Complete this table for your five highest co	•	•							·	mpens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>ithir</u>		year.				
	(A) (B) (C)													
1	Name and business address Description of services Compensation													
	Webb Mason, Inc., 2944 Hunter Mill Road, Marketing,							0.0						
	02, Oakton, VA 22124								advertising,	data sc	<u> </u>	26	υ,3	20.
	Imaging & Mail								L,					
219	955 Cascades Pkwy, Ster	rling, \	/A	2(116	66		\Box	Direct mail		<u> </u>	22	7,1	76.

(A) Name and business address	(B) Description of services	(C) Compensation
	Marketing,	
	advertising, data sc	260,320.
MDI Imaging & Mail		
4 ' 5 '	Direct mail	227,176.
Morgan, Meredith & Associates, Inc., 22780	Direct mail	
	production and cagin	158,137.
•	Think the Vote	
2211 N Lamar Street, #302, Dallas, TX 75202	development and MISC	132,884.

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

Form **990** (2022)

48-0891418 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 7,421,573. 1f 100,105 g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 7,421,573. **Business Code** 900099 260,959. Program Service Revenue 2 a Program revenue 260,959. b f All other program service revenue g Total. Add lines 2a-2f 260,959. Investment income (including dividends, interest, and 1,797 other similar amounts) 1,797. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 99,251 7a **b** Less: cost or other basis Other Revenue and sales expenses 100,105, 7b -854. c Gain or (loss) ______7c -854 -854. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Other revenue 900099 3,651 3,651. b d All other revenue

4,594.

e Total. Add lines 11a-11d

Total revenue. See instructions

3,651

260,959.

7,687,126.

Form 990 (2022) Bill of Rights Institute Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	148,742.	148,742.		
3	Grants and other assistance to foreign	,			
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	1,070,233.	321,070.	428,093.	321,070
6	Compensation not included above to disqualified	, ,	,		<u>, </u>
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,539,744.	1,777,253.	171,075.	591,416
8	Pension plan accruals and contributions (include	. ,		, ,	•
-	section 401(k) and 403(b) employer contributions)	80,491.	58,914.	3,268.	18,309
9	Other employee benefits	312,529.	225,292.	15,568.	71,669
10	Payroll taxes	261,777.	155,806.	40,414.	65,557
11	Fees for services (nonemployees):	- ,	, , , , , , ,		,
 а					
b		2,194.		2,194.	
	Accounting	19,604.		19,604.	
	Lobbying				
e	D (' 1(1 ' ' ' O D ' N' I' 47				
f	i i i i i i i i i i i i i i i i i i i				
g g					
9	column (A), amount, list line 11g expenses on Sch O.)	1,227,617.	959,124.	101,562.	166,931
12	Advertising and promotion		7 7 7 2 2 2 3		
13	Office expenses	913,716.	674,152.	55,132.	184,432
14	Information technology	199,344.	199,334.	6.	4.
15	Royalties				
16	Occupancy	348,791.	184,560.	100,695.	63,536
17	Travel	456,307.	368,107.	20,199.	68,001
18	Payments of travel or entertainment expenses		000,207		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	447,395.	440,808.	2,070.	4,517
19 20	Interest	= = - , 0 5 0 0	,	=, 0.00	-,
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	20,161.	10,668.	5,820.	3,673
23	. · · · · · · · · · · · · · · · · · · ·	11,565.	6,119.	3,339.	2,107
23 24	Other expenses, Itemize expenses not covered	==,::3:	-,	2,000	=,=3,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	List rental	60,378.	3,316.	1,809.	55,253
b		00,000	7,000		
c					
d					
e					
25 25	Total functional expenses. Add lines 1 through 24e	8,120,588.	5,533,265.	970,848.	1,616,475
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,,	.,,		, , = - , 0
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,363,924.	1	1,238,413.
	2	Savings and temporary cash investments			2,732,840.	2	3,253,004.
	3	Pledges and grants receivable, net			1,030,000.	3	358,333.
	4	Accounts receivable, net			27,803.	4	407.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			3,726.	9	26,072.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	862,088.			
	b	Less: accumulated depreciation	10b	851,289.	30,960.	10c	10,799.
	11	Investments - publicly traded securities		201,219.	11	298,787.	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	1,271,217.
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	5,390,472.	16	6,457,032.
	17	Accounts payable and accrued expenses		740,730.	17	712,111.	
	18	Grants payable		18			
	19	Deferred revenue			321,071.	19	603,769.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of	f Schedule D		21	
es	22	Loans and other payables to any current or f					
Ħ		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese persor	ns		22	
_	23	Secured mortgages and notes payable to un		_		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	202 776		1 450 571
		of Schedule D			203,776.		1,452,571.
	26	Total liabilities. Add lines 17 through 25			1,265,577.	26	2,768,451.
S		Organizations that follow FASB ASC 958, o	check here	X			
ĕ		and complete lines 27, 28, 32, and 33.			2 654 900		2 040 275
ala	27				3,654,899. 469,996.	27	2,840,275. 848,306.
P P	28	Net assets with donor restrictions			403,330.	28	040,300.
Ψ		Organizations that do not follow FASB AS6	C 958, chec	ck here			
<u>p</u>		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
\ss(30	Paid-in or capital surplus, or land, building, or				30	
et /	31	Retained earnings, endowment, accumulated		_	4,124,895.	31	3,688,581.
Ź	32	Total net assets or fund balances			5,390,472.	32	6,457,032.
	33	Total liabilities and net assets/fund balances			J, JJU, 414.	33	0,401,004.

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		, 68'		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,120		
3	Revenue less expenses. Subtract line 2 from line 1	3		-43		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,12		
5	Net unrealized gains (losses) on investments	5			2,8	<u>52.</u>
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	, 688	3,5	<u>81.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		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 Schedul	e O.				
2a	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	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule (o. [
За	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?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

Bill of Rights Institute

Employer identification number 48 – 0891418

_				INDUICACE				0 0031110
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	his part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·					
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		g,				
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
_	X	An organization that norma						nublic described in
′	21			initial part of its support i	rom a gov	emmema	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	•	(4)(A)(-i) (Olata Daw				
8	\vdash	A community trust describe						
9	ш	An agricultural research org				-	-	
		or university or a non-land-o	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o			, ,			0
b		Type II. A supporting org			tion with it	ts support	ed organization(s), by ha	avina
_		control or management o						
		organization(s). You mus			arrio poroc	3110 11141 01	ontrol of manage the out	portod
С		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
·		its supported organization	-					ca with,
ام		7 ''						ization(a)
d		☐ Type III non-functionally					• • • •	
		that is not functionally int		• ,	•		•	iveness
		requirement (see instruct	•	-				
е		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organi	zation.		
f		er the number of supported o						
<u>g</u>		vide the following information			(iv) Is the orna	inization listed	[() ()	6 d A A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

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

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

Sec	ction 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.")	4,744,994.	5,742,978.	6,769,684.	9,353,204.	7,421,573.	34,032,433.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,744,994.	5,742,978.	6,769,684.	9,353,204.	7,421,573.	34,032,433.
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)						12,019,702.
6							22,012,731.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4,744,994.	5,742,978.	6,769,684.	9,353,204.	7,421,573.	34,032,433.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,372.	7,444.	5,346.	1,078.	1,797.	18,037.
_	and income from similar sources	2,312.	/,444•	3,340.	1,070.	1,/9/•	10,037.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					3,651.	3,651.
44	assets (Explain in Part VI.)					3,031.	34,054,121.
11	• • • • • • • • • • • • • • • • • • • •	ata (aga inatu ati				12	274,877.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth toy v			2/4,0//4
13	organization, check this box and stor	- 1		•			
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2022 (column (f))		14	64.64 %
15	Public support percentage from 2021					15	71.01 %
	33 1/3% support test - 2022. If the o				· ·		
	stop here. The organization qualifies	•		·		•	
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	•	•		•		
	more, and if the organization meets the	_					
	organization meets the facts-and-circ		•		•		
<u>18</u>	Private foundation. If the organization						

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	endar 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.")						
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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 6	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 2040	(1) 0040	/) 0000	(1) 0004	() 0000	(0 T
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						_
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				_
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	7 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		_	
	1		
	2		
	3a		
	3b		
	3с		
	- 55		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9c		
	10a		
	10b		
lule	Δ (Forr	n 000	2022

Ра	Triv 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		
	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			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-	non or type it 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		163	140
•	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		
Sec	tion D. All Type III Supporting Organizations			
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
D	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	0h		
2	these activities but for the organization's involvement. Parent of Supported Organizations, Answer lines 33 and 3h below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualit	fying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	nust complete	Sections A through E.	
Section A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add I	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
	on of operating expenses paid or incurred for production or			
	ction of gross income or for management, conservation, or			
	enance of property held for production of income (see instructions)	6		
-	expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	ictions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair n	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	punt claimed for blockage or other factors			
(expla	nin in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	num Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incon	ne tax imposed in prior year	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions).

	dule A (Form 990) 2022 BIII OI RIGITO		onizations	40	5-0691416 Page 7
	t V Type III Non-Functionally Integrated 509	rajoj supporting Orga	amzations (continu	ued) T	Cumart Vas:
	ion D - Distributions	ment numanas			Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity	ot purposes of supported		ا ۾ ا	
	, ,	as of supported arganization		3	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	15	4	
4	Amounts paid to acquire exempt-use assets	ovido dotoilo in Dert VII)		5	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		 	
6	Other distributions (describe in Part VI). See instructions.			7	
7	Total annual distributions. Add lines 1 through 6.	ho arganization is recognized	•	 ' 	
8	Distributions to attentive supported organizations to which the control of the co	ne organization is responsive	₽		
	(provide details in Part VI). See instructions.			8 9	
9	Distributable amount for 2022 from Section C, line 6			10	
10	Line 8 amount divided by line 9 amount	/:\	/ii\	1 10	/iii\
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
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)				
j	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				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Rill of Rights Institute

48-0891418

	Dili Ol Rights institute 40-00919	<u>, T O</u>		
Organization type (chec				
Filers of:	Section:			
Form 990 or 990-EZ	X 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			
	501(c)(3) taxable private foundation			
	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions	.		
General Rule				
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contribution			
Special Rules				
sections 509(a) contributor, du	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulation a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received frouring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, 0-EZ, line 1. Complete Parts I and II.	m any one		
For an organization described in section 501(c)(7), (8), or (10) filling 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 year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this 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		this box		
answer "No" on Part IV,	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it mu , 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 ce effling requirements of Schedule B (Form 990).			

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

Name of organization Employer identification number

Bill of Rights Institute

48-0891418

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	4,457,781.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	520,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 3	Name, address, and ZIP + 4	\$_	Total contributions 333,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 320,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c) Total contributions	(d) Type of contribution
No. 6	Name, address, and ZIP + 4	\$_	150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Bill of Rights Institute

48-0891418

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Bill of Rights Institute

48-0891418

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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)			
(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. t. i			
—			
		\$	

Schedule B (Form 990) (2022) Employer identification number Name of organization Bill of Rights Institute 48-0891418 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Bill of Rights Institute

Employer identification number 48-0891418

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cor	nservation easements during the year
7	Amount of evapones included in monitoring inspecting home	dling of violations, and enforcing concern	ation accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	we eatisfy the requirements of section 17	7/h)/4)/B)(i)
Ü	and section 170(h)(4)(B)(ii)?	- · · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conservat		
Ū	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	note to the organization o infariolal states.	nome that decembes the
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	,	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part Y		ф

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin	nilar Assets(continued)								
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant	ant use of its								
collection items (check all that apply):									
a Public exhibition d Loan or exchange program									
b Scholarly research e Other									
c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt pu	ırpose in Part XIII.								
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 9	990, Part IV, line 9, or								
reported an amount on Form 990, Part X, line 21.									
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include	ed								
on Form 990, Part X?	Yes No								
b If "Yes," explain the arrangement in Part XIII and complete the following table:									
	Amount								
c Beginning balance									
d Additions during the year	d								
e Distributions during the year	9								
f Ending balance 11									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes No								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									
	ee years back (e) Four years back								
1a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities									
and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
a Board designated or quasi-endowment%									
b Permanent endowment%									
c Term endowment%									
The percentages on lines 2a, 2b, and 2c should equal 100%.									
3a Are there endowment funds not in the possession of the organization that are held and administered for the	Vec No								
organization by:	Yes No								
(i) Unrelated organizations									
(ii) Related organizations									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b								
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10	1								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumul	1 ' '								
1a Land									
b Buildings c Leasehold improvements									
d Equipment 23,107. 12,	308. 10,799.								
e Other 838,981. 838,									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	10,799.								

(H)

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

1 7 , , , ,	
(a) Description	(b) Book value
(1) Right-of-use assets - operating lease	1,271,217.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,271,217.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Lease liabilities - operating	
(3) lease	1,452,571.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,452,571.

^{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... X

Schedule D (Form 990) 2022

232054 09-01-22

Par	t XI Reconciliation of Revenue per Audited Financial St		Revenue per R	leturr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, li			1 4 1	8,396,090.
1	Total revenue, gains, and other support per audited financial statements			1	0,390,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا	-2,852.		
_	Net unrealized gains (losses) on investments		711,816.		
b	Donated services and use of facilities		711,010.	-	
c d	Recoveries of prior year grants Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	708,964.
3	Subtract line 2e from line 1			3	7,687,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,,00,,1220
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	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	7,687,126.
Pai	t XII Reconciliation of Expenses per Audited Financial S			Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total expenses and losses per audited financial statements			1	8,832,404.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	711,816.		
b	Prior year adjustments	2b			
С	Other losses	2c			
	,				E44 046
е	Add lines 2a through 2d			2e	711,816.
3	Subtract line 2e from line 1			3	8,120,588.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)			1	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			4c	8,120,588
	t XIII Supplemental Information.	10.)		<u> </u>	0/120/300
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4: Part IV. lines 1b	and 2b: Part V. line	4: Part	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			.,	,, =,,
		•			
Par	ct X, Line 2:				
		_			
Mar	nagement evaluated the Institute's tax	positions	and concl	ude	d that the
_					
Ins	stitute's financial statements do not i	include an	y uncertai	n ta	ax
200	sitions.				
pos	STCTOILS.				

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Bill of	f Rights Ins	titute					Employer identification number $48-0891418$			
 Does the organization maintain reco criteria used to award the grants or Describe in Part IV the organization 	assistance?					istance, and the selec				
Part II Grants and Other Assistance recipient that received more to	e to Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	: IV, line 21, for any			
1 (a) Name and address of organization or government	ion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section 501(c3 Enter total number of other organiz.		1 table								

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Awards	284	148,742.	0.		
		,			
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	I n (b); and any other a	dditional information.	
Part I, Line 2:					
Awards were given for winners o	of MyImpact	Challenge	(Civic Eng	agement	
Project Contest), We The Studen	ıts (Essay C	ontest), T	hink the V	ote (Online	
Student Debate Platform), along	with schol	ar and tea	cher stipe	nds for	
attendance incentives and speak					
accondance inconcives and speak	ing chagem	CIICB			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Bill of Rights Institute

Employer identification number 48-0891418

D-	9	09141	<u> </u>	
Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Torm 990 of other organizations Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?			Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		
_				

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) David Bobb	(i)	205,448.	120,000.	0.	7,385.	40,390.	373,223.	0.
President and CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Adam Cushing	(i)	184,074.	30,000.	4,385.	11,263.	32,545.	262,267.	0.
COO and Treasurer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Stan Swim	(i)	171,278.	30,000.	4,154.	10,749.	35,266.	251,447.	0.
Chief Program Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Joanne McKinney	(i)	133,310.	14,000.	3,231.	7,894.	24,861.	183,296.	0.
VP, Human Resources	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Rachel Wildavsky	(i)	124,391.	12,000.	0.	6,195.	32,351.	174,937.	0.
Dir. Dev. Strategy and Major Gifts	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Kevin Hart	(i)	134,654.	14,167.	0.	7,441.	781.	157,043.	0.
VP, Communications	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 Bill of Rights Institute	48-0891418	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also contains the information of the	complete this part for any additional informa	ation.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Bill of Rights Institute

Employer identification number 48-0891418

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion a	Hount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	100,105.	Fair Market	Va	1ue	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization		•					
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of		•	•				
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31	 	X
32a	Does the organization hire or use third parties of		~	· ·				7.7
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

Schedule M	(Form 990) 2022 B	ill of	Rights	Institute		48-0891418	Page 2
Part II	Supplemental In	formation.	Provide the	information require	d by Part L lines 30b 3	32b, and 33, and whether the organized, or a combination of both. Also con	ration

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Bill of Rights Institute

Employer identification number 48-0891418

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

Form 990 is prepared by an outside independent CPA firm, which is reviewed by the corporate President and Treasurer. A copy is then provided to all Board members for their review prior to signing and filing with the IRS.

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

A copy of BRI's Policy on Conflicts of Interest and Code of Ethics is given to all Directors, officers and employees at the beginning of their term of service or employment. A conflict of Interest Questionnaire and Acknowledgement form is also given to each Director, officer and employee to fill out and sign, which acknowledges that they have received and reviewed the policy, and which allows them to provide information regarding their business and family interests.

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

With respect to compensation for the Organization's officers, other than the President, the President determined the compensation levels and those individuals were compensated based on comparable amounts paid by comparable organizations for comparable services. All compensation amounts are provided to and reviewed by the Board of Directors. The President's compensation was determined and approved by the Board of Directors based on comparable amounts paid by comparable organizations for comparable services.

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

AL,AK,AR,CA,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK,OR,PA

Name of the organization Bill of Rights Institute	Employer identification number 48-0891418
RI,SC,TN,UT,VA,WV,WI	
Form 990, Part VI, Section C, Line 18:	
BRI makes its Form 1023 and 990 available upon request.	A public
disclosure copy of the BRI Federal Form 990 is also avail	able on Guidestar.
Form 990, Part VI, Section C, Line 19:	
Information listed in Part VI, Section C, line 19 was ava	ilable during the
organization's tax year in accordance with IRS public dis	closure rules.
Form 990, Part IX, Line 11g, Other Fees:	
Other professional and consulting fees:	
Program service expenses	959,124.
Management and general expenses	101,562.
Fundraising expenses	166,931.
Total expenses	1,227,617.
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,227,617.
Form 990, Part XII, Line 2c:	
No change from previous years.	