# 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

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning OCT 1 2022 and ending SEP 30. C Name of organization D Employer identification number Check if applicable: Address change TOPOS INSTITUTE Name change 84-3431367 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 2140 SHATTUCK AVENUE 610 (949)529-1429 1,973,631. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BERKELEY, CA 94704-1227 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ILYAS KHAN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.TOPOS.INSTITUTE J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2019 M State of legal domicile; CA Part I Summary TOPOS INSTITUTE ENGAGES IN Briefly describe the organization's mission or most significant activities: Governance SCIENTIFIC AND EDUCATIONAL RESEARCH FOR THE PUBLIC GOOD 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 15 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,444,016. 1,947,939. Contributions and grants (Part VIII, line 1h) 8 Revenue 8,600. Program service revenue (Part VIII, line 2g) 68 12,110. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,246 4,982. 11 1,449,330 1,973,631. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 746,719. 1,075,875. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 385,149, 624,764. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,131,868. 1,700,639. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 317,462. 272,992. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 808,232, 1,328,402. Total assets (Part X, line 16) 55,495, 302,673. 21 Total liabilities (Part X, line 26) 三年 752,737. 1,025,729. Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BRENDAN FONG, CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature

No

P00737884

X Yes

91-1194016

Phone no.425-454-4919

MEGAN R. RYAN

08/13/24

Firm's EIN

Paid

Preparer

Use Only

MEGAN R. RYAN

CLARK NUBER PS

BELLEVUE, WA 98004

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address 10900 NE 4TH ST STE 1400

Firm's name

4d	Other program	services	(Describe	on Schedule	Ο.	)
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) (Revenue \$ including grants of \$ 1,165,486. Total program service expenses

(Expenses \$

84-3431367

# Form 990 (2022) TOPOS 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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? If "Yes," complete			l
	Schedule D, Part III	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?			١.,
	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	٠. ا		
	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,			x
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		<del></del>
u	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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,			
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱.,		,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	L	X

Form 990 (2022) TOPOS INSTITUTE

Part IV Checklist of Required Schedules (continued) 84-3431367

			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		X
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		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<del></del>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<del></del>
D	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?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) TOPOS INSTITUTE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 84-3431367

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 15	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	, , , ,		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	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).		_		. v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		Х
			7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·	_		x
	to file Form 8282?	1 1	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<b>-</b>		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		7g		<del> </del>
g h	If the organization received a contribution of qualified intellectual property, did the organization file re-		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/		
Ü	on an artist to the second of	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
	Did the annual in a second state and a selection to a decrease decrease discourse and the decrease of		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
	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		
	<b>Note:</b> 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	l l			
	organization is licensed to issue qualified health plans	13b	4		
	Enter the amount of reserves on hand	13c	144		v
			14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b	+	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	. IIICUITIE?	16		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.		- ''		

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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	1 10.0		
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	;)		
	X 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, an	d finan	cial	
	statements available to the public during the tax year.	a.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BETH WILLIAMS - 949-529-1429			

2140 SHATTUCK AVENUE #610, BERKELEY, CA 94704-1227

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A)  Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRENDAN FONG	40.00			ι,,				116 272		10 001
CHIEF EXECUTIVE OFFICER (2) DAVID SPIVAK	0.00 40.00			Х				116,272.	0.	19,981.
SECRETARY & SR. SCIENTIST/FELLOW	0.00	Х		х				123,451.	0.	12,345.
(3) EVAN PATTERSON	40.00									,
RESEARCH SCIENTIST	0.00					x		111,734.	0.	5,587.
(4) ILYAS KHAN	0.30							,		,
CHAIRMAN	0.00	х		х				0.	0.	0.
(5) WESLEY PHOA	1.00									
TREASURER	0.00	х						0.	0.	0.
(6) EDWARD KMETT	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
-										
		•								

Form **990** (2022)

Pai	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	box	not cl	Pos heck i ss per	more rson i	than o	an	( <b>D)</b> Reportable compensation	(E)  Reportable compensation		l	(F) stimate nount	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer B	Key employee	Highest compensated curl	Former (e)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	ons compensation			ation e tion ted
	Subtotal								351,457.		0.	37,913.		
С	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0. 351,457.		0.		37,	0. 913.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable	9	•		3
_	<u> </u>												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so	-	-	•	•	•	-	•	hest compensated emp	•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest control the organization. Report compensation for the organization for the organization and the organization for the organization for the organization and the organization for the organization for the organization and the organization for t										oensa	tion fro	om	
	(A) Name and business	address	NO	NE					<b>(B)</b> Description of s	ervices	C	)) Compe		n
								$\dashv$						
2	Total number of independent contractors (in \$100,000 of compensation from the organize	_	ot lin	nited	d to		se lis	ted	above) who received mo	ore than				

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Form 990 (2022) TOPOS INST.

Part VIII Statement of Revenue

		Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tariotion Tovorido	Business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
Ω, Ħ	С	Fundraising events		1c					
i i		Related organizations		1d					
s, G	е	Government grants (contri	ibutions)	1e	871,304.				
ig is	f	All other contributions, gifts,	grants, and						
the the		similar amounts not included	above	1f	1,076,635.				
e G	g	Noncash contributions included in I	lines 1a-1f	1g \$					
a S	h	Total. Add lines 1a-1f				1,947,939.			
					Business Code				
စ္ပ	2 a	PROGRAM RESEARCH FE	ES		541700	8,600.	8,600.		
e <u>K</u>	b								
S	С								
am eve	d								
Program Service Revenue	е								
ᇫ	f	All other program service	revenue .						
	g	Total. Add lines 2a-2f				8,600.			
	3	Investment income (includ	ling divide	nds, intere	st, and				
		other similar amounts)				12,110.			12,110.
	4	Income from investment o	f tax-exen	npt bond p	roceeds				
	5	Royalties							
				i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
Revenue		Gain or (loss)	7с						
æ		Net gain or (loss)							
ther	8 a	Gross income from fundraisin	ng events (ı	not					
ō		including \$		_ of					
		contributions reported on							
	_	Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	э а	Gross income from gamin	-	I					
		Part IV, line 19		I					
		Less: direct expenses			1				
		Net income or (loss) from			<u> </u>				
	то а	Gross sales of inventory, le		I .					
	h	and allowances		I					
		Less: cost of goods sold			1				
$\dashv$	C	Net income or (loss) from	sai <del>c</del> s UI IN	veniory	Business Code				
S n	11 ^	REFUNDS			900099	4,982.			4,982.
neo Tue	ii a b					-,,,,,,,			-,502.
Miscellaneous Revenue	C								
Sce		All other revenue							
Σ		Total. Add lines 11a-11d				4,982.			
	12	Total revenue. See instruction				1,973,631.	8,600.	0.	17,092.

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## Part IX Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp.  Check if Schedule O contains a response		L: D + D/		
	not include amounts reported on lines 6b,		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			garran ang amada	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	279,414.	136,158.	142,548.	708.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	662,475.	536,873.	125,562.	40.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,671.	46,721.	14,941.	9.
10	Payroll taxes	72,315.	52,216.	20,042.	57.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25,719.		25,719.	
С	Accounting	46,668.		46,668.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	121,903.	5,600.	116,303.	
12	Advertising and promotion				
13	Office expenses	5,106.	2,544.	2,562.	
14	Information technology	15,514.	8,766.	6,748.	
15	Royalties				
16	Occupancy	107,955.	87,588.	20,367.	
17	Travel	71,578.	69,731.	1,847.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	400.		266.	134.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,706.	1,038.	1,668.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	EVENTS	148,322.	148,322.		
b	PARTICIPANT SUPPORT	49,690.	49,690.		
С	FURNITURE & EQUIPMENT	10,020.	6,662.	3,358.	
d	PAYROLL SERVICE	3,498.	2,278.	1,218.	2.
е	All other expenses	15,685.	11,299.	4,386.	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,700,639.	1,165,486.	534,203.	950.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)

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# Form 990 (2022) Part X Balance Sheet

	• • • •					
		Check if Schedule O contains a response or note	e to any line in this Part X		·····	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		193,278.	1	295,028.
	2	Savings and temporary cash investments		360,068.	2	600,016.
	3	Pledges and grants receivable, net		0.	3	256,195.
	4			204,020.	4	11,906.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes	·		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	· · · · · · · · · · · · · · · · · · ·		6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
As	9	Description of the second state of the second		16,894.	9	4,043.
		Land, buildings, and equipment: cost or other	I I	,		,
		basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation	10b		10c	
	11		100		11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1		13		
	14		'		14	
	15	Other assets. See Part IV, line 11		33,972.	15	161,214.
	16			808,232.	16	1,328,402.
	17	Total assets. Add lines 1 through 15 (must equa		8,708.	17	112,719.
	18	Accounts payable and accrued expenses		0,700.	18	112,713.
		Grants payable			19	
	19	Deferred revenue				
	20	Tax-exempt bond liabilities	No. 4 IV - 4 O - 1 1 - 1 - D		20	
	21	Escrow or custodial account liability. Complete F			21	
ies	22	Loans and other payables to any current or form				
Ħ		trustee, key employee, creator or founder, substa	· ·			
Liabilities		controlled entity or family member of any of thes			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X	46 707		100 054
				46,787.	25	189,954.
	26	Total liabilities. Add lines 17 through 25		55,495.	26	302,673.
S		Organizations that follow FASB ASC 958, chec	ck here X			
Se		and complete lines 27, 28, 32, and 33.		660,000		000 500
alar	27			660,892.	27	908,590.
B	28	Net assets with donor restrictions		91,845.	28	117,139.
S I		Organizations that do not follow FASB ASC 95	58, check here			
Ψ.		and complete lines 29 through 33.				
S O	29				29	
se	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			31	
Š	32	Total net assets or fund balances		752,737.	32	1,025,729.
	33	Total liabilities and net assets/fund balances		808,232.	33	1,328,402.

Form **990** (2022)

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	1	,973,	,631.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,700,	,639.
3	Revenue less expenses. Subtract line 2 from line 1	3		272,	,992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		752,	737.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,025,	729.
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 Schedule	Ο.			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 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?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

			INSTITUTE						84-3431367	
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
Γhe	orgar	nization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	າ 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's nan	ne,
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	Ш	A federal, state, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general į	oublic described ir	า
		section 170(b)(1)(A)(vi). (C								
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	ınction with a	land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10	Ш	An organization that norma								
		activities related to its exem		•	` '			• •	•	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	ifter June 30, 197	5.
		See section 509(a)(2). (Cor	•	and the head for a like of			20/-1/4)			
11	H	An organization organized a	· ·	•	•					
12		An organization organized a	•	•	•		•	•		or
		more publicly supported org	-						Sheck the box on	
_		lines 12a through 12d that or Type I. A supporting orga	* *					-	aivina	
а		the supported organization	•		•	-				
		organization. <b>You must o</b>			majority o	i the direc	iois or trustee	55 01 1116 51	apporting	
b		Type II. A supporting org	= :		ion with its	s sunnorte	nd organization	n(e) hy hay	vina	
		control or management o								
		organization(s). You mus			arric perso	110 11141 001	introl of manag	jo ti io oupi	Sortou	
С		Type III functionally inte			in connect	tion with. a	and functional	v integrate	ed with.	
		its supported organization	=					, 3	,	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	uirement and	an attentiv	/eness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information			(iv) le the oraș	anization listed			I ( ) A	
	,	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	•	(vi) Amount of of support (see instruction	
		01941112411011		above (see instructions))	Yes	No	Support (SCC III		Support (See motifac	
F - 4							l			

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		256,371.	699,060.	1,444,016.	1,947,939.	4,347,386.
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		256,371.	699,060.	1,444,016.	1,947,939.	4,347,386.
	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)						1,586,051.
6	Public support. Subtract line 5 from line 4.						2,761,335.
	etion B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	256,371.	699,060.	1,444,016.	1,947,939.	4,347,386.
	Gross income from interest,		, -	, -	, , ,	, , .	, , , -
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				68.	12,110.	12,178.
9	Net income from unrelated business					,	
9							
	activities, whether or not the						
40	business is regularly carried on  Other income. Do not include gain					+	
10	· ·						
	or loss from the sale of capital				5,246.	4,982.	10,228.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10				3,210.	1,502.	4,369,792.
		eta (esa inaturatio				12	247,600.
	Gross receipts from related activities,	· ·		outh or fifth toy w	• • • • • • • • • • • • • • • • • • • •		247,000.
ıs	First 5 years. If the Form 990 is for the organization, check this box and stop						Х
Sec	ction C. Computation of Publi	_	centage	•••••			······
	Public support percentage for 2022 (I			olumn (f))		14	%
	Public support percentage from 2021					15	<del>/</del> 0 %
	<b>33 1/3% support test - 2022.</b> If the o					•	
IUa	stop here. The organization qualifies	-					
h	33 1/3% support test - 2021. If the o		-			or more check this	
U							
17^	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances test						
1 <i>1</i> a		-					
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-	-		-		
O	10% -facts-and-circumstances test	-					U% Or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						H
18	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16a	, 16b, 1/a, or 17b,	cneck this box ar	na see instructions	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	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 fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

Schedule A (Form 990) 2022 TOPOS INSTITUTE 84-3431367 Page **4** 

#### 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
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	10b		

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

 Schedule A (Form 990) 2022
 TOPOS INSTITUTE
 84-3431367
 Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)	.	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	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				
a	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 <b>Part VI.</b> 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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 TOPOS INSTITUTE	84-343136/ F	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section C V, Section B, line 1e; Part '	, V,

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Employer identification number

-	TOPOS INSTITUTE	84-3431367				
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling my one contributor. Complete Parts I and II. See instructions for determining a contributor	•				
Special Rules						
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one				
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	sientific,				
year, contribution is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•				
LHA For Paperwork Redu	action Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)				

Name of organization

Employer identification number

TOPOS INSTITUTE

84-3431367

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d) Type of contribution
No. 1	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	Total contributions  \$ 653,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$139,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 350,195.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 5	Name, address, and ZIP + 4	Total contributions  \$507,809.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
<b>No.</b> 6	Name, address, and ZIP + 4	\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TOPOS INSTITUTE

84-3431367

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$13,300.	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll 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

TOPOS INSTITUTE

84-3431367

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

Name of organization **Employer identification number** TOPOS INSTITUTE 84-3431367 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TOPOS INSTITUTE

**Employer identification number** 

84 - 3431367

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the	
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	<b>(b)</b> Fun	ds 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 v		ld in donor advise	d 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					
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring		
	impermissible private benefit? Yes No					
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area	
	Protection of natural habitat		Preservation of	a certified his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva		
	day of the tax year.				Held at the End of the Tax Year	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax	
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per		ion, handling of			
	violations, and enforcement of the conservation easements it				Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year	
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year	
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)		
0					Yes No	
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation					
9	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis iliai uesc	indes trie	
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
					\$	
2	If the organization received or held works of art, historical trea			gain, provide	)	
	the following amounts required to be reported under FASB A			- • •		
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	Assets included in Form 990, Part X				\$	

Sche	dule D (Form 990) 2022 TOPOS INST	TUTE						84-343	1367	Pa	age 2
	t III Organizations Maintaining C	ollections of Ar	t, Historic	cal Tre	asures, or	Other :	Similar	Assets	(contin		
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the f	ollowing that	make sigi	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🔲 Loa	n or excl	hange prograi	m					
b	Scholarly research	е	Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they f	urther th	e organizatior	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histori	cal treas	sures, or other	similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organizat	ion's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	janizatio	n answered "\	res" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for cont	ributions	or other asse	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escr	ow or cu	stodial accou	nt liability	/?	$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i		swered "Ye	s" on Fo							
		(a) Current year	(b) Prior	year	(c) Two years	back (c	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	olumn (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are	e held an	d administere	d for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	dule R?					3b		
4_	Describe in Part XIII the intended uses of the		wment fund	S.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere							1			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		cumulate reciation	ed	(d) Bool	valu	e 
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										

Schedule D (Form 990) 2022

0.

e Other .....

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

Schedule D (Form 990) 2022 TOPOS INSTITUTE			84-3431367	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	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 e	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	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 e	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" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) [	Description		(b) Book v	value
(1) DEPOSITS				11,495.
(2) RIGHT OF USE ASSET			-	149,719.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			161,214.
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.	
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2) GRANT REFUNDING				30,000.
(3) OPERATING LEASE LIABILITY			-	159,954.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		. :	189,954.
2. Liability for uncertain tax positions. In Part XIII, provide			· .	

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

84-3431367

Pai	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,973,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,973,631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	1,973,631.
Pa	T XII Reconciliation of Expenses per Audited Financial	<del>-</del>	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total expenses and losses per audited financial statements		1	1,700,639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	l l		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	1,700,639.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
	Add lines 4a and 4b			1,700,639.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lint XIII Supplemental Information.	ne 18.)	5	1,700,639.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic		V, line 4; Part X, lin	e 2; Part XI,

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number** 

TOPOS INSTITUTE	84-3431367				
FORM 990, PART 1, LINE 6					
THE VOLUNTEER COUNT INCLUDES THREE UNCOMPENSATED MEMBERS OF THE BOARD					
AND ONE VOLUNTEER RESEARCH MENTOR.					
FORM 990, PART VI, SECTION A, LINE 7A:					
THE ORGANIZATION HAS NO VOTING MEMBERS. HOWEVER, THE ORGANIZATION HAS TWO					
NAMED DESIGNATORS EACH OF WHOM HAS THE RIGHT TO ELECT ONE DIRECTOR TO THE					
BOARD OF DIRECTORS.					
FORM 990, PART VI, SECTION B, LINE 11B:					
FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN					
REVIEWED BY THE ORGANIZATION'S MANAGEMENT. AFTER A FULL REVIEW, THE FINAL					
VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S					
VOTING BODY. A REPRESENTATIVE OF MANAGEMENT AUTHORIZES THE FINAL FORM 990					
WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.					
FORM 990, PART VI, SECTION B, LINE 12C:					
MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF					
INTEREST PERIODICALLY. TOP MANAGEMENT AND ALL BOARD MEMBERS ARE REQUIRED TO					
DISCLOSE POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. THE					
ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL					
CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN					
ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.					
FORM 990, PART VI, SECTION B, LINE 15:					

IT IS THE PRACTICE OF TOPOS INSTITUTE THAT THE BOARD OF DIRECTORS (OR A

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  TOPOS INSTITUTE	Employer identification number 84-3431367
BOARD COMMITTEE) SHALL REVIEW ANY COMPENSATION PACKAGES (INCLUDING ALL	•
BENEFITS) OF THE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER, REGARDLESS OF	
JOB TITLE, AS WELL AS ANY OTHER POSITIONS THAT MIGHT BE REQUIRED	
BY LAW, AND SHALL APPROVE SUCH COMPENSATION ONLY AFTER DETERMINING THAT THE	
COMPENSATION IS JUST AND REASONABLE. ON A PERIODIC BASIS, MEMBERS OF THE	
BOARD OF DIRECTORS REVIEW EMPLOYEES WHO ARE PART OF THE TOP MANAGEMENT	
GROUP. EFFORTS ARE MADE TO ENSURE COMPENSATION IS COMMENSURATE WITH THE	
DUTIES AND RESPONSIBILITIES OF EACH INDIVIDUAL AND IS CONSISTENT WITH	
COMPENSATION PROVIDED BY OTHER EXEMPT ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND	
OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD	
AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX	
RETURNS AND AUDITED FINANCIAL STATEMENTS ARE POSTED ANNUALLY TO OUR WEBSITE	
AND ARE ALSO AVAILABLE BY REQUEST FROM THE ORGANIZATION'S OFFICE.	
FORM 990, PART XII, LINE 2C	
TOPOS WAS REQUIRED TO COMPLETE A SINGLE AUDIT. AN AUDIT COMMITTEE WAS	
PUT IN PLACE TO SELECT AUDITORS AND REVIEW ANY AUDIT RELATED OUTCOMES.	