

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. INSTITUTE FOR POLICY STUDIES	Taxpayer identification number (TIN) 52-0788947
	Number, street, and room or suite no. If a P.O. box, see instructions. 1301 CONNECTICUT AVENUE NW, 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KATHLEEN GASPARD**
1301 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036

Telephone No. **202-234-9382** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending																										
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization INSTITUTE FOR POLICY STUDIES</td> <td rowspan="2">D Employer identification number 52-0788947</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number 202-234-9382</td> </tr> <tr> <td>1301 CONNECTICUT AVENUE NW</td> <td>600</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036</td> <td>G Gross receipts \$ 5,630,993.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: TOPE FOLARIN SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527</td> <td>H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">J Website: WWW.IPS-DC.ORG</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td>L Year of formation: 1962 M State of legal domicile: DC</td> </tr> </table>	C Name of organization INSTITUTE FOR POLICY STUDIES		D Employer identification number 52-0788947	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 202-234-9382	1301 CONNECTICUT AVENUE NW	600	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		G Gross receipts \$ 5,630,993.	F Name and address of principal officer: TOPE FOLARIN SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	J Website: WWW.IPS-DC.ORG		H(c) Group exemption number	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1962 M State of legal domicile: DC
C Name of organization INSTITUTE FOR POLICY STUDIES		D Employer identification number 52-0788947																								
Doing business as																										
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 202-234-9382																								
1301 CONNECTICUT AVENUE NW	600																									
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		G Gross receipts \$ 5,630,993.																								
F Name and address of principal officer: TOPE FOLARIN SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No																								
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions																								
J Website: WWW.IPS-DC.ORG		H(c) Group exemption number																								
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1962 M State of legal domicile: DC																								

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: STRENGTHEN SOCIAL MOVEMENTS WITH INDEPENDENT RESEARCH AND VISIONARY THINKING.
	2 Check this box 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 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 38
	6 Total number of volunteers (estimate if necessary) 6 66
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,533,777. 4,040,836.
	9 Program service revenue (Part VIII, line 2g) 164,411. 154,531.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 88,913. 244,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -4,457. 7,298.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,782,644. 4,447,197.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,851,895. 2,853,627.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 335,850.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,829,444. 1,789,689.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,367,847. 4,725,071.	
19 Revenue less expenses. Subtract line 18 from line 12 414,797. -277,874.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 12,708,680. 12,035,111.
	21 Total liabilities (Part X, line 26) 2,791,448. 1,568,119.
	22 Net assets or fund balances. Subtract line 21 from line 20 9,917,232. 10,466,992.

Part II Signature Block

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

Sign Here	Signature of officer TOPE FOLARIN, EXECUTIVE DIRECTOR		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KEITH JENNINGS	Preparer's signature <i>Keith Jennings</i>	Date 11/11/24	Check if self-employed <input type="checkbox"/>	PTIN P01319883
	Firm's name SNYDER COHN, PC	Firm's EIN 52-1022232			
	Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852		Phone no. 301-652-6700		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE INSTITUTE FOR POLICY STUDIES (THE INSTITUTE) IS A 60-YEAR-OLD ORGANIZATION THAT IS DEDICATED TO BUILDING A MORE EQUITABLE, ECOLOGICALLY SUSTAINABLE, AND PEACEFUL SOCIETY. IN PARTNERSHIP WITH DYNAMIC SOCIAL MOVEMENTS, IT TURNS TRANSFORMATIVE POLICY IDEAS INTO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,796,550. including grants of \$ 52,955.) (Revenue \$) NEW ECONOMY - IPS HAS BEEN A LEADER IN STRENGTHENING RESPONSES TO THE GLOBAL ECONOMY BY PROVIDING RESEARCH, WRITING AND COMMUNICATION. THIS PROJECT HAS PRODUCED COUNTLESS RESEARCH REPORTS, ARTICLES, FORUMS, AND BOOKS.

4b (Code:) (Expenses \$ 870,926. including grants of \$) (Revenue \$) COMMON SECURITY - THIS PROJECT WORKS TO COMBAT ECONOMIC INEQUALITY, ACHIEVE CLIMATE JUSTICE, AND BUILD PEACE REQUIRING SOLUTIONS DESIGNED TO DISMANTLE SYSTEMIC RACISM. IT'S FOCUSED ON FOREIGN POLICY BASED ON HUMAN RIGHTS, INTERNATIONAL LAW, AND DIPLOMACY OVER MILITARY INTERVENTION.

4c (Code:) (Expenses \$ 524,513. including grants of \$) (Revenue \$ 154,531.) AFFILIATES - THE BLACK WORKER INITIATIVE (BWI) PROJECT CARRIES OUT RESEARCH AND ADVOCACY FOR BLACK WORKERS IN THE UNITED STATES SOUTH, WITH A FOCUS ON ALABAMA. THE NATIONAL PRIORITIES PROJECT (NPP) CARRIES OUT RESEARCH AND ADVOCACY THAT HELPS THE PUBLIC UNDERSTAND NATIONAL PRIORITIES THROUGH THE LENS OF THE FEDERAL BUDGET.

4d Other program services (Describe on Schedule O.) (Expenses \$ 845,004. including grants of \$ 28,800.) (Revenue \$)

4e Total program service expenses 4,036,993.