(Rev January 2020)

932001 01-20-20

Deturn 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

Inter	nal Revenu	e Service	➤ Go to w	ww.irs.gov	/Form990 for ins		nd the lat	est informa	ation. //(<u>M</u>	Inspect	ion
AI	For the	2019 calend	ar year, or tax year begi	nning J	UL 1, 201	9 and	d ending	<u>J</u> UN 3	0, 202	20		
В	Check if applicable	C Name of	organization					D Em	ployer iden	tıficat	ion number	
	Address	INST	ITUTE FOR CIT	rizens	AND SCHO	LARS						
X	Name change		usiness as	.*				¬ 2	1-0703	3075	,	
F	Initial		and street (or P.O. box if n	naıl ıs not de	livered to street addr	ess)	Room/su		phone num			
Ē	Final		CARNEGIE CENT			,	301		609)45		007	
tormin-			own, state or province, co		ZIP or foreign pos	tal code	·		s receipts \$		16,937,	45
	Amende			3540					this a grou	p retur		
	Applica- tion pending	F Name at	nd address of principal of	ficer RAJ ARMOUT	IV VINNAK H, ME 04	OTA 096	. 7	fo	r subordina e all subordinat	tes?	Yes	$\overline{}$
			X 501(c)(3) 501(c	:)()	◀ (insert no.)	4947(a)(1)	or 🔼 🤃	52 7 If	"No," attacl	h a list	(see instructi	ons)
			WOODROW.ORG					H(c) G	roup exemp	tion ni	umber 🕨	
K	Form of o	rganization: L	X Corporation Tru	st As	ssociation 0	her ►	LY	ear of formati	ion: 19 <u>5</u> 7	M St	ate of legal dom	ncıle:
Pa	art I	Summary					I				_	
Governance			e the organization's miss LLENCE IN EDU				CATE	O TO T		OUR	AGEMENT	1
Ē	2 C	heck this bo	x If the organiz	ation disco	ntinued its operat	ons or fä isg	esed of m	oresthan 25	%cot its ne	t asset	:s	
o e	3 N	umber of vot	ing members of the gove	rning body	(Part VI, line 1a)			18	ا هدن	3		
<u>ن</u> ھ	4 N	umber of ind	ependent voting member	rs of the go	verning body (Par	VI, line 1b)		.0	Γ	4		
es	5 T	otal number	of individuals employed in	n calendar y	year 2019 (Part V,	line 2a)	NOV 2	3 2020		5		
ξ	6 T	otal number	of volunteers (estimate if	necessary)			1101 -	0 2020		6		
Activities	7 a To	otal unrelated	d business revenue from	Part VIII, co	olumn (C), line 12					7a		
•	b N	et unrelated	business taxable income	from Form	990-T, line 39		Qgde	n, UT	[:	7b		
				-					r Year		Current Ye	ar
0	8 C	ontributions	and grants (Part VIII, line	1h)					54,384		7,634,	
Revenue	9 P	rogram servi	ce revenue (Part VIII, line	2g)					87,545		410,	
ĕ	10 In	vestment ind	come (Part VIII, column (A), lines 3, 4	, and 7d)			4	56,824		343,	32
ш	11 0	ther revenue	(Part VIII, column (A), line	es 5, 6d, 8d	, 9c, 10c, and 11e)).		
	12 T	otal revenue	- add lines 8 through 11 (must equal	Part VIII, column	A), line 12)			98,753		8,388,	
'	13 G	rants and sir	nılar amounts paid (Part I	X, column (A), lines 1-3)		į	6,1	48,758	_	4,533,	84
	14 B	enefits paid t	to or for members (Part IX	(, column (A	A), line 4)		L) -		
ses	15 S	alaries, other	compensation, employed	e benefits (Part IX, column (A	, lines 5-10)) [60,687		4,419,	91
S.	16a P	rofessional fu	undraising fees (Part IX, c	olumn (A), I	line 11e)				35,177	<u>'- </u>		
-	b Te	otal fundraisı	ng expenses (Part IX, col	umn (D), lın	e 25) 🕨	272,0	186.					
- 1	17 0	ther expense	es (Part IX, column (A), lin	es 11a-11d	, 11f-24e)		Ļ		98,073		4,096,	
	18 To	otal expense	s. Add lines 13-17 (must e	equal Part I	X, column (A), line	25)	Ļ		42,695		13,050,	
7		evenue less	expenses Subtract line 1	8 from line	12			-7,7	43,942	<u>' - - </u>	-4,661,	
Net A: Fund barances									f Current Ye		End of Yea	
oald Jaid	20 T		Part X, line 16)						55,791		24,310,	
ag A	21 T		(Part X, line 26)				-		81,328		2,622,	
칉	22 N		fund balances Subtract I	ine 21 from	line 20			26,2	74,463	•	21,688,	12
_		Signature		1.1								
	-		declare that I have examined		-					г ту кл	owieage and be	iict, i
true	, correct,	and complete.	Declaration of preparer (oth	er man office	er) is based on all inf	ormation of w	vilich prepa	irer nas any k	· · · /	/	7	
_	_ []	Sinnatura	of officer		1				Date /	14/	2020	
Sig		_	V VINNAKOTA,	סספפד	הבאת							
Her	re		rint name and title	EVE21								
_	 ;	<u> </u>			Preparer's signatur			Date	Check	7 1	PTIN	
Paid		Print/Type prep	J. CARLETTI,	CDY	RAPHAEL J	ראסד	ተጥጥ돼.				P017477	91
	<u> </u>	Firm's name	MERCADIEN,		CHITIMED U	· CALL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm's EIN		-327171	
			P.O. BOX 76					-	TRITIS EIN	- 44	<u> </u>	
U36	, J,	min 5 audiess	PRINCETON,		543-7648				Phone no 6		689-970	0
	u tha IBC	diagnas Me				\nn\			i none no. C		X Yes	$\overline{}$
NA		ว นเรเนเรริ โทโร	s return with the preparer	SHOWH ADO	ver (see instruction	// (S)					ا ۱۳۵ تخف	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Forn	990 (2019) INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Pa	ige 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission TO IDENTIFY AND DEVELOP LEADERS AND INSTITUTIONS TO MEET THE NATION'S	
	CRUCIAL CHALLENGES.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X] No
	If "Yes," describe these changes on Schedule O	1 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ 2,819,230. including grants of \$ 1,724,104.) (Revenue \$ 410,61	9.1
70	HIGHER EDUCATION FELLOWSHIPS INCLUDE A SUITE OF FELLOWSHIPS THAT	 ,
	SUPPORT THE DEVELOPMENT OF FUTURE LEADERS AT A VARIETY OF CAREER STAG	ES
	IN SEVERAL CRITICAL FIELDS. THESE PROGRAMS SUPPORT YOUNG FACULTY IN	
	CONTINUING THEIR CAREERS, STRENGTHEN THE REPRESENTATION OF DIVERSE	
	GROUPS IN THE PROFESSORIATE AND DEVELOP LEADERS IN SUCH AREAS AS GEND	ER
	STUDIES AND ETHICS.	
4b	(Code) (Expenses \$ 8,308,673 • including grants of \$ 2,609,740 •) (Revenue \$	
45	TEACHING AND LEADERSHIP FELLOWSHIPS IS A MAJOR EFFORT TO RECRUIT,	'
	PREPARE, AND MENTOR CANDIDATES FOR SCHOOL LEADERSHIP AS WELL AS	
	TEACHING IN HIGH-NEED SUBJECTS LIKE MATHEMATICS AND THE SCIENCES,	
	TRANSFORM THEIR CLINICAL PREPARATION FOR TEACHING, AND SUPPORT THEIR	
	COMMITMENT TO LONG-TERM CAREERS IN HIGH-NEED URBAN AND RURAL SCHOOLS.	
	,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
4c	(Code) (Expenses \$ 558,547. including grants of \$ 200,000.) (Revenue \$	
70	THE CIVICS SPRING PROJECT WILL CATALYZE A BROAD ARRAY OF ORGANIZATION	s ′
	TO INCREASE CIVIC LEARNING OPPORTUNITIES FOR YOUNG PEOPLE. THE PROJECT	<u>г</u>
	WILL INCREASE CIVIC KNOWLEDGE, SKILLS, AND ENGAGEMENT BY CREATING	
	INCENTIVES, SUPPORT, AND REWARDS FOR LOCALLY DEFINED YOUTH CIVIC	
	ENGAGEMENT INITIATIVES AIMED AT MEETING ACUTE NEEDS.	
	<u> </u>	
	Other program conjuges (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 11,686,450.	
	Form 990 (2019)

Form 990 (2019)

INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	$ldsymbol{ld}}}}}}$	Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	44-	х	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- A	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	.,,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{\lambda}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		\Box	
	domestic government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21	х	

Pa	rt IV Checklist of Required Schedules (continued)		1	1
			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	x	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	14		╁
23		1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	x	1
	Schedule J	23	<u> </u>	╁
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	١		$ _{\mathbf{x}}$
	Schedule K If "No," go to line 25a	24a	<u> </u>	╀
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		₩
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		₩
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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 Schedule L, Part IV			\vdash
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
а				
a	"Yes," complete Schedule L, Part IV	28a		x
_	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	·	200	<u> </u>	
¢	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	000		x
	"Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Ī	v
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			┢
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		H
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 36_		
. al	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	Officer it deficable of contains a response of note to any line in this Fact v		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	$\overline{}$	162	140
		- 1		1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	┨		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	 		

Form **990** (2019)

932004 01-20-20

(gambling) winnings to prize winners?

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
1			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 37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
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 authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country ▶		-	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	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 organization solicit						
	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 contributions or gifts			l			
	were not tax deductible?	6b		<u> </u>			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	_					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		 			
f							
	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C 						
8							
Ü	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	-	-				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter			,			
а	Gross income from members or shareholders		l	ĺ			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ŀ	İ			
	amounts due or received from them)			ļ			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O			l			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b	İ	l				
	Enter the amount of reserves on hand Did the arganization reserve any payments for indeer tapping services during the tay year?	145		Х			
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		- 22			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-				
15	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N		<u> </u>				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\overline{\mathbf{x}}$			
	If "Yes," complete Form 4720, Schedule O			_			
		<u> </u>	000/				

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1	7	-						
	If there are material differences in voting rights among members of the governing body, or if the governing	7							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	ľ	1						
ь	Enter the number of voting members included on line 1a, above, who are independent 1b 1	6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2	 	X					
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	ļ	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	1	Х					
6	Did the organization have members or stockholders?	6	1	Х					
7a									
	more members of the governing body?								
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:		<u> </u>						
а	The governing body?	8a	X						
	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			,					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in 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	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1							
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>					
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			- 1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			·					
а	The organization's CEO, Executive Director, or top management official	15a	X						
ь	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in 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		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NJ, AK, AL, AR, CA, CT, FL, GA, H								
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 only	/) avaıl	able					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ınd fına	ncıal						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	RAM CAPOOR - (609)452-7007								
	104 CARNEGIE CENTER, NO. 301, PRINCETON, NJ 08540		000						
02200	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	1990	(2019)					

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	heck ss pe	more rson	than	h an	Reportable compensation from	Reportable compensation from related	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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LEANN BUNTROCK PROGRAM DIRECTOR MBA IN E	40.00				x			284,944.	0.	50,653.
(2) BEVERLY SANFORD	40.00		H					201,5111		30,030
SECRETARY/VICE PRESIDENT		1		х				281,835.	0.	36,356.
(3) PATRICK RICCARDS	40.00									
VICE PRESIDENT COMMUNICATIONS		1			Х			263,977.	0.	47,215.
(4) RAJIV VINNAKOTA	40.00				ĺ					
PRESIDENT		Х		Х		<u></u>		220,938.	0.	19,554.
(5) COLIN WINTER	40.00				ļ	l				
DEPUTY DIRECTOR, MBA IN ED	1000				_	X		183,432.	0.	41,660.
(6) AUDRA WATSON	40.00	ļ				۱.,		150 512	ا م	26 554
DIRECTOR OF CURRICULUM, ME	1000	L		_	ļ	Х	_	179,513.	0.	26,554.
(7) SYMEON BRAXTON	40.00					x		160 004	0.	25 021
(8) JAMIE BERG WRIGHT	40.00			-	 	^	Н	160,804.	0.	35,821.
BUDGET OFFICER	40.00					x		127,253.	0.	18,999.
(9) JANE FORAN	40.00			\vdash	-	<u> </u>		127,233.		10,555.
OPERATIONS MANAGER	10.00	l			İ	x		112,045.	0.	12,768.
(10) RAM CAPOOR (APRPRESENT)	40.00		 	Н	\vdash	∺				
CHIEF FINANCIAL OFFICER		İ	li	х				0.	0.	0.
(11) JANE PHILLIPS DONALDSON	5.00	Г				_			-	
CHAIR		х		X				0.	0.	0.
(12) RHIAN EVANS ALLVIN	1.00									
TRUSTEE		X						0.	0.	0.
(13) H. KIM BOTTOMLY	1.00									
TRUSTEE		Х						0.	0.	0.
(14) BROOKE B. COBURN	1.00								_	_
TRUSTEE	1	X						0.	0.	0.
(15) THOMAS C. HUDNUT	1.00	,,						_		^
TRUSTEE/ CHAIR EMERITUS	1 00	Х	Н	Щ	<u> </u>	<u> </u>	\Box		0.	0.
(16) ROBERT F. JOHNSTON	1.00	х						0.	о.	0.
TRUSTEE	1.00	Δ.	\vdash	Щ	<u> </u>	\vdash	Щ			<u>U.</u>
(17) MARTHA J. KANTER TRUSTEE	1.00	х				l		0.	o.	0.
932007 01-20-20		Λ	ш			L			<u> </u>	Form 990 (2019)

Form 990 (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)					
, (A)	(B)				C)			(D)	(E)			(F)		
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	f	Es	stimat	ed	
	hours per	box	, unle cer an	ss pe	rson	ıs bol	h an	compensation	compensation		ar	nount		
	week (list any	-	Cor an		111000	J., a d.	T	from	from related		l	other		
	hours for	director				L		the organization	organization (W-2/1099-MIS			pensa rom th		
	related	15	eg.			satec		(W-2/1099-MISC)	(44-271033-14110	30)	1	anıza		
	organizations		al frus		yee	E E	ł	(** 2, 130000,			ı ~	d rela		
	below	Individual	Institutional trustee	₌	Key employee	est co	듈				orga	anızat	ions	
	line)	Indrv	Instit	Officer	Key e	Highest compensated employee	Former							
(18) JOHN KATZMAN	1.00													
TRUSTEE		Х				ļ		0.		0.	Ĺ		0.	
(19) WILLIAM W. KEATING	1.00													
TRUSTEE .		X						0.		0.			0.	
(20) GLEN LEWY	1.00													
TRUSTEE		Х						0.		0.			0.	
(21) LAUREN MADDOX	1.00	Г							_					
TRUSTEE		X						0.		0.			0.	
(22) ANITA MANWANI	1.00													
TRUSTEE		Х						0.		0.			0.	
(23) JOHN RICE	1.00													
TRUSTEE		X						0.		0.			0.	
(24) STEFANIE SANFORD	1.00													
TRUSTEE		X						0.		0.			0.	
(25) DAVID N. SHANE	1.00													
TRUSTEE		X						0.		0.			0.	
(26) JAY P. URWITZ	1.00													
TRUSTEE		x						0.		0.			0.	
1b Subtotal							▶	1,814,741.	-	- 0.	28	9,5	80.	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.	
d Total (add lines 1b and 1c)								1,814,741.		0.	28	9,5	80.	
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportab	le				
compensation from the organization													9	
										-		Yes	No	
3 Did the organization list any former officer,	director, trust	ee, l	кеу б	empi	loye	e, o	r hıg	hest compensated emp	oloyee on					
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X	
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d oth	ner compensation from	the organization					
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	Х		
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ıon f	rom	any	unr	elat	ed organization or indiv	idual for services					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5		X	
Section B. Independent Contractors														
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	npens	ation f	rom		
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthın	the organization's tax	year					
(A)								(B)			(0			
Name and business	address							Description of s	ervices		ompe	nsatio	חנ	
LUCIANO CENTINI														
1155 GROVEPARK LANE, EARI	LYSVILLI	Ξ,	V	<u> </u>	229	936	5	PROGRAM CONS	ULTING		<u>82</u>	<u>3,2</u>	37.	
ABT. ASSOCIATES														
P.O. BOX 84-5586, BOSTON, MA 02284 PROGRAM CONSULTING									43	<u>8,5</u>	54.			
MAKEMATIC LTD, BUILDING 8	31, GRO	JNI	Ο,	61	A	,	T				·		·	
80 EBRINGTON ST, LONDONDERRY, UNIT PROGRAM CONSULTING 245,000								00.						
AMERICAN INSTITUTE FOR RE														
THOMAS JEFFERSON ST NW #200, WASHINGTON, PROGRAM CONSULTING 168,									<u>8,1</u>	87.				

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156,197.

TEAL MEDIA

6

Total number of independent contractors (including but not limited to those listed above) who received more than

PROGRAM CONSULTING

1201 K ST NW , WASHINGTON, DC 20005

\$100,000 of compensation from the organization

Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1:	a Federated campaigns 1a					
e i		b Membership dues 1b					
S, C	,	c Fundraising events 1c					
ia i	'	d Related organizations 1d					:
S.E.	'	e Government grants (contributions) 1e	506,518.				
e Si	1	f All other contributions, gifts, grants, and					
5		similar amounts not included above	7,128,268.				
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contributions included in lines 1a-1f	18,448.	7,634,786.			
0 %		h Total. Add lines 1a-1f	Business Code	7,034,700.	<u> </u>		
as a	2 :	a SERVICE FEES	900099	410,619.	410,619.	· · · -	
Program Service Revenue		b					
		c					
eve eve		d					
P. B.	١,	е					
<u>r</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f		410,619.		-	
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	•	327,265.			327,265.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties (i) Real	(II) Personal				
	6 :	 	(1) 7 01001101				
		b Less rental expenses 6b					
		c Rental income or (loss) 6c					
	,	d Net rental income or (loss)	•				
	7 :	a Gross amount from sales of (i) Securities	(ıi) Other				
		assets other than inventory 7a 8,564,789.					
•	1	b Less cost or other basis					
Ĭ.		and sales expenses 7b 8,548,731.					
eve		c Gain or (loss) 7c 16,058.		16,058.			16,058.
Other Revenue		d Net gain or (loss) a Gross income from fundraising events (not	•	10,030.			10,030.
Ę.	0 1	including \$ of					
•		contributions reported on line 1c) See					
		Part IV, line 18					
		b Less direct expenses 8b					
	,	c Net income or (loss) from fundraising events	>				
	9 :	a Gross income from gaming activities See					
		Part IV, line 19					
		b Less direct expenses 9b					
		c Net income or (loss) from gaming activities	•				
	10 8	a Gross sales of inventory, less returns and allowances 10a					
		b Less. cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
		2 . Totalisarile of hossy from sales of inventory	Business Code				
e sous	11 :	a					
ane	_	b					
Miscellaneous Revenue		c					
Mis		d All other revenue					
		e Total. Add lines 11a-11d	<u> </u>	0 300 500	410 642	0.	343,323.
	12	Total revenue. See instructions	▶	8,388,728.	410,619.	U.1	J4J,J2J.

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Form **990** (2019)

Form 990 (2019) INSTITUTE FOR 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)

7b, 8b 1 (2 (3 (4 (5 (6 (6 (6 (6 (6 (6 (7 (7	Check if Schedule O contains a respond include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified	(A) Total expenses 1,887,847. 2,645,997.	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (2 (2 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees.	1,887,847.	1,887,847.	general expenses	
2 (1 3 (1 5 (1 5 (1 5 (1 5 (1 5 (1 5 (1 5	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified.	2,645,997.		-	
2 (3 (4 (5 (6 (Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified.	2,645,997.		-	
3 (4 5 (6 (Individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified		2,645,997.	-	
3 (4 5 (6 (Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified.		2,645,997.	-	
4 5 (6 (organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified.	1 640 354		-	
4 5 (6 (Individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified	1 640 354			
4 5 (6 (Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified	1 640 354			
5 (6 (Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified	1 640 354		l	
6	trustees, and key employees Compensation not included above to disqualified	1 640 354			<u></u>
6	Compensation not included above to disqualified	1 640 354.1			
	·	1,010,001	1,342,194.	249,754.	48,406.
1	norman (an defined under continu 40E0/f)/1)) and				
	persons (as defined under section 4958(f)(1)) and				
ı	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	2,281,602.	1,783,761.	394,255.	103,586.
8	Pension plan accruals and contributions (include				
:	section 401(k) and 403(b) employer contributions)				
9 (Other employee benefits	333,338.	258,866.	30,160.	44,312.
10	Payroll taxes	164,625.	132,621.	8,916.	23,088.
11	Fees for services (nonemployees)				
a l	Management			0.050	
	Legal	9,230.	6,280.	2,950.	
	Accounting	168,150.	160,609.	7,541.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10 040	1 210		
	Investment management fees	10,942.	1,310.	8,967.	665.
_	Other (If line 11g amount exceeds 10% of line 25,	2 022 200	2 204 274	100 016	
	column (A) amount, list line 11g expenses on Sch O.)	2,933,390.	2,804,374.	129,016.	
	Advertising and promotion	5 A C C C A	225 617	176,014.	45,033.
	Office expenses	546,664.	325,617.	1/0,014.	45,033.
	Information technology		+		
	Royalties	-			
	Occupancy -	425,502.	336,974.	81,532.	6,996.
	Travel	423,302.	330,314.	01,332.	0,990.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates	2,636.		2,636.	
	Depreciation, depletion, and amortization	2,050.		2,050.	
	Insurance Other expenses. Itemize expenses not covered				
 1	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
a	amount, list line 24e expenses on Schedule 0.)				-
a _					
Ь-					
c _					
ď.					
	All other expenses	12 050 277	11 606 450	1 001 741	272 000
	Total functional expenses. Add lines 1 through 24e	13,050,277.	11,686,450.	1,091,741.	272,086.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019)

Pa	rt X	Balance Sheet		•	
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	333,813.	1	619,563.
	2	Savings and temporary cash investments	1,848,541.	2	956,073.
	3	Pledges and grants receivable, net	10,557,759.	3	6,827,049.
	4	Accounts receivable, net	217,053.	4	76,923.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	<u> </u>		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	128,728.	9	145,290.
	10a	Land, buildings, and equipment cost or other	•		1
		basis Complete Part VI of Schedule D 10a 205,849			
	b	Less accumulated depreciation 10b 153,099		10c	52,750.
	11	Investments - publicly traded securities	15,550,761.	11	15,632,850.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	28,655,791.	16	24,310,498.
	17	Accounts payable and accrued expenses	683,788.	17	775,055.
	18	Grants payable	1,697,540.	18	1,713,250.
	19	Deferred revenue		19	42,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			į į
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	0.	0E	91,569.
	06	of Schedule D	2,381,328.	25 26	2,622,374.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	2,301,320.	- 20	- 2,022,371
es		and complete lines 27, 28, 32, and 33.			
anc anc	27	Net assets without donor restrictions	3,974,823.	27	3,694,879.
3ali	28	Net assets with donor restrictions	22,299,640.	28	17,993,245.
힏	20	Organizations that do not follow FASB ASC 958, check here	`		1
Ξ		and complete lines 29 through 33.			
Ď	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	26,274,463.	32	21,688,124.
~	33	Total liabilities and net assets/fund balances	28,655,791.	33	24,310,498.

Form	990 (2019) INSTITUTE FOR CITIZENS AND SCHOLARS	21-	·0703	075	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					<u>ப</u>			
			_						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,388					
2	Total expenses (must equal Part IX, column (A), line 25)	2		,050					
3	Revenue less expenses Subtract line 2 from line 1	3		,662					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	, 274					
5	Net unrealized gains (losses) on investments	5		7 :	5,2	10.			
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	21	.,688	3,1	<u>24.</u>			
Pa	rt XII Financial Statements and Reporting					_			
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1 1]			
	separate basis, consolidated basis, or both			1 1					
	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 separat	e basis	J						
	consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule ()						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	tıt						
	Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	Jit .						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
				Form 9	9 <mark>90</mark> (2019)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21 – 0703075

Pa	irt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part) S	ee instructions		
The	organ	nization is not a private found						11	
1		•			-	•		$\angle V$	
2	一	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	戸	A hospital or a cooperative		•			:: 1	\mathcal{O}	
_	H	•	,				· ·	the beentel's name	
4	ш	A medical research organiz	ation operated in co	njunction with a nospita	i describe	ı iii seciic	on trotogrigating. Enter	the nospital's name,	
_		city, and state							
5	Ш	An organization operated for		llege or university owne	d or opera	ted by a g	overnmental unit descri	pea in	
		section 170(b)(1)(A)(iv). (C							
6	닖	A federal, state, or local go	•				• •		
7	LX.	An organization that norma	illy receives a substa	intial part of its support	from a gov	ernmenta	I unit or from the general	public described in	
	_	section 170(b)(1)(A)(vi). (C	omplete Part II)						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conji	unction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state of the collec	je or	
		university							
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from	
		activities related to its exer	npt functions - subje	ct to certain exceptions,	, and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the organization	after June 30, 1975	
		See section 509(a)(2). (Co	mplete Part III)						
11		An organization organized	•	ively to test for public sa	afety See	section 5	09(a)(4).		
12		An organization organized	•		=			e purposes of one or	
		more publicly supported or	•	•	•		-	• •	
		lines 12a through 12d that	•						
а		Type I. A supporting orga	• •			•		/ aivina	
_		the supported organization	•	•	•				
		organization You must o							
ь		Type II. A supporting org	- ·		tion with it	s sunnort	ed organization(s), by ha	avina	
		control or management of	· · · · · · · · · · · · · · · · · · ·						
		•			arrie perse	Jiis triat C	ontrol or manage the sup	pported	
_	. [organization(s) You mus			in connoc	tion with	and functionally integrat	ad with	
C		☐ Type III functionally inte		·				eu wiiii,	
		its supported organizatio	• • •	•					
a		☐ Type III non-functionally ☐ Type III non-functionally							
		that is not functionally int	•		•		•	iveness	
		requirement (see instruct	•	•					
е	· L_	☐ Check this box if the orga					a Type I, Type II, Type III		
	_	functionally integrated, or	• •	nally integrated support	ing organi	zation.			
f		er the number of supported o							
<u>g</u>		vide the following information i) Name of supported	about the supporte	(iii) Type of organization	I (iv) is the oroa	nization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(11) (114	(described on lines 1-10	(iv) is the orga in your govern		support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No		,	
				<u>-</u>					
				-	—				
					ļ · · ·				
Te4					 				

Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR CITIZENS AND SCHOLARS 21-07030 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)

Se	ction A. Public Support	•		·			
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		, ,	, ,			
	membership fees received (Do not						
	include any "unusual grants ")	19,102,601.	16,084,992.	30,549,914.	7,454,384.	7,634,786.	80,826,677.
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	19,102,601.	16,084,992.	30,549,914.	7,454,384.	7,634,786.	80,826,677.
5	The portion of total contributions			-	-	-	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16,594,231.
6	Public support. Subtract line 5 from line 4			-			64,232,446.
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	19,102,601.	16,084,992.	30,549,914.	7,454,384.	7,634,786.	80,826,677.
8	Gross income from interest,						· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	179,581.	276,693.	339,516.	456,824.	407,590.	1,660,204.
9	Net income from unrelated business	-		· · · · · · · · · · · · · · · · · · ·			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					İ	
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					-	82,486,881.
	Gross receipts from related activities,	etc (see instruction	ons)			12 1	,398,164.
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	ax vear as a sectio	n 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stor	~	, ,		,	(-,,(-,	ightharpoons
Sec	ction C. Computation of Publ		rcentage				•
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	77.87 %
	Public support percentage from 2018					15	72.21 %
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons
b	33 1/3% support test - 2018. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	-					ightharpoons
17a	10% -facts-and-circumstances tes		· · · -		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	ightharpoons
b	10% -facts-and-circumstances tes	-				17a, and line 15 is ⁻	10% or
-	more, and if the organization meets the	-					*** **
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		•	•			
	The second of the organization	5. <u>5 5.155</u> (u)		.,		dule A (Form 990	

(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 tasts listed below, please complete Part II.)

quality under the tests listed bei	ow, please comp	olete Part II)				
Section A. Public Support						/
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6		· · ·		1	1	
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 acquired after June 30, 1975		į		:		
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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)				L		<u> </u>
14 First five years. If the Form 990 is for the	he organization's	first, second, thin	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here	Cummard D	/ *bont				<u></u> ▶∟_
Section C. Computation of Public					11	
15 Public support percentage for 2019 (line			column (f))		15	%
16 Public support percentage from 2018 S					16	%
Section D. Computation of Invest		_ _	10 1 (0)		1 .= 1	
17 Investment income percentage for 2019			ne 13, column (f))		17	
18 Investment income percentage from 20	/	•		- 46	18	<u>%</u>
19a 33 1/3% support tests - 2019. If the or	- 1					ı / Is not ⊾ ☐
more than 33 1/3%, check this box and	,					and .
b 33 1/3% support tests - 2018. If the or line 18 is not more than 33 1/3%, check	j					anu ▶ □
20 Private foundation. If the organization		-				
932023 09-25-19						0 or 990-EZ) 2019
<i>1</i>						

Yes No

Supporting Organizations

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

Section A.	All Supp	porting Org	ganizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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n 9	90 or 99	JU-EZ)	2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
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)		s <u></u>], [
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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 1-1/2% 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 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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u> </u>	
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-functional	ly integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C. line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D. a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number

INSTITUTE FOR CITIZENS AND SCHOLARS

21-0703075 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ne 6		arra-roompicto ii tilo	
	organization answered Tes Official 330, Fartiv, in	(a) Donor advised funds	(b) Fur	nds and other accounts	_
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		└─ Yes └─ N	0
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring		
	impermissible private benefit?			Yes N	0
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7	7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recrea	ition or education)	torically	/ important land area	
	Protection of natural habitat	Preservation of a cei	tified h	istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a c	onserv	Y .	_
	day of the tax year			Held at the End of the Tax Yea	<u>ar</u>
а	Total number of conservation easements		2a		_
b	,		2b		
С	Number of conservation easements on a certified historic str	* *	2c		_
d	Number of conservation easements included in (c) acquired				
	listed in the National Register		2d	<u> </u>	—
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anızatıo	n during the tax	
_	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·			_
•	violations, and enforcement of the conservation easements in		.	Yes N	0
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	tion eas	sements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of welstions, and enforcing concentation	acomo	nto during the year	
•	S	and emorcing conservation t	ascilic	into during the year	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(b)(4)	(B)(i)		
Ŭ	and section 170(h)(4)(B)(u)?	re satisfy the requirements of section (1.0(1)(4)	(-)(·)	Yes N	0
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement a		•
·	balance sheet, and include, if applicable, the text of the footr	•			
	organization's accounting for conservation easements				
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Simi	lar 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 revenue statement and b	alance	sheet works	_
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in further	ance of	f public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	ce she	et works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of p	ublic service,	
	provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	_
	(ii) Assets included in Form 990, Part X		>	\$ \$	_
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain			_
	the following amounts required to be reported under FASB A	SC 958 relating to these items			
а	Revenue included on Form 990, Part VIII, line 1			\$	_
b	Assets included in Form 990, Part X			\$	_
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 20	19

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Sche	edule D (Form 990) 2019 INSTITU	TE FOR CIT	IZENS AND	SCHOLARS		21-07	03075	Page 2
_	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	ner Simi	ar Asse	t s (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that make	significan	t use of its	ı	
	collection items (check all that apply)							
а	Public exhibition	d		hange program				
þ	Scholarly research	e	e					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of				ar assets	_	٦	
	to be sold to raise funds rather than to be m						<u> Yes</u>	L No
Pai	rt IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets no	ot included	_	٦	
	on Form 990, Part X?					L.	」 Yes	∟ No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table					
					-		Amount	
	Beginning balance				1c		• •	
	Additions during the year				1d	<u> </u>		
	Distributions during the year				1e			
f	Ending balance	000 5 4 7 4	0.1.6			<u> </u>	T.,	T
	Did the organization include an amount on F				•		」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete i							<u> </u>
Га	Endowment I dids. Complete			(c) Two years back		years back	(a) Four	ears back
4	Paginning of year balance	(a) Current year 1,596,603.	(b) Prior year 1,629,695.	1,629,695	 	629,695.		629,695.
	Beginning of year balance Contributions	1,330,003.	1,025,055	1,025,055	· ·		-,	
ь		93,484.	114,571.	105,511.	<u> </u>	119,128.		35,905.
	Net investment earnings, gains, and losses	33,404.	111,0/1.	103,311.	<u>'} </u>	117,120.		33,303.
	Grants or scholarships				1			
e	Other expenditures for facilities and programs	-93,484.	-147,663.	105,511.		119,128.		35,905.
	Administrative expenses	00,101			<u> </u>			,
'	End of year balance	1,596,603.	1,596,603.	1,629,695,	1	529,695.	1 6	529,695.
2	Provide the estimated percentage of the cur			<u> </u>	<u> </u>	,	_ <i>,</i>	
	Board designated or quasi-endowment	rent year end balanc	%	2)) 11010 03				
	Permanent endowment > 100.00	%	 ′°					
		^~						
•	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	•	ation that are held a	ind administered for	the organi	zation		
	by						- Is	res No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ıi)	X
ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a S	See Form 990, Part)	K, line 10			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulat	ed	(d) Book	value
		basıs (ınvestr	nent) basis	(other) de	epreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment		20	5,849.	153,0	99.	52	,750.
_	Other			<u>_</u>				
Total	Add lines to through to (Column (d) must e	qual Form 990 Part	Y column (R) line 1	(Oc.)			52	.750.

Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 INSTITUTE FOR CITIZENS AND	SCH	OLARS	21-	0703075 F	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per F	?etur		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	-		1	8,452,9	995.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains (losses) on investments	2a	75,210.			
b	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII)	2d		1		
	Add lines 2a through 2d	_ Zu		2e	75,2	210.
	Subtract line 2e from line 1			3	8,377,7	785
3				 	0,0,,,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	امدا	10,943.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,743.	-		
b	Other (Describe in Part XIII)	4b		 	10 (112
С	Add lines 4a and 4b			4c	10,9 8,388,7	720
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-4- 14	CAL Francisco	5		/ 20 •
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Hetu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	13,039,3	<u> 334.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1		
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c]		
d	Other (Describe in Part XIII)	2d		1		
e				2e		0.
3	Subtract line 2e from line 1			3	13,039,3	334.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				··	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,943.			
b	Other (Describe in Part XIII.)	4b		1 1		
_	Add lines 4a and 4b	40 1		4c	10,9	143.
				5	13,050,2	
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			<u> </u>	13,030,2	<u>.,,.</u>
			41 101 0 111	4.5.	V 1 0 D VI	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV			4, Part	X, line 2; Part XI,	
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addit	ional inf	formation			
PAF	RT V, LINE 4:					
THE	E EARNINGS ON THE ENDOWMENTS ARE TO BE USED	FOF	R THE VARIOU	S P	ROGRAM	
INI	TIATIVES AS STIPULATED BY THE DONORS.					
						•
PAF	RT X, LINE 2:					
U.S	S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX	POS	SITIONS TAKE	N B	Y THE	
FOI	JNDATION AND RECOGNIZE A TAX LIABILITY IF T	HE F	OUNDATION H	AS	TAKEN AN	
-	AND THE RECOUNTED IN THE DELIBERT IT I					
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CAF	MINATION BY TAXING AUTHORITIES. MANAGEMENT	EVA	TOWLED IUF	FOU.	NDATION S	
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Schedule D (Form 990) 2019 Part XIII Supplemental Infor	INSTITUTE	FOR	CITIZENS	AND	SCHOLARS	21-0703075 Page 5
Part XIII Supplemental Infor	rmation (continued))				·
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SCHEDULE (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public, Inspection Employer identification number

21-0703075

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

SCHOLARS

INSTITUTE FOR CITIZENS AND

Name of the organization

Department of the Treasury

nternal Revenue Service

15. **ջ** □ EACHING & LEADERSHIP EACHING & LEADERSHIP EACHING & LEADERSHIP EACHING & LEADERSHIP (h) Purpose of grant or assistance TEACHING & LEARNING IVICS EDUCATION X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any FLLOWSHIPS PELLOWSHIPS PELLOWSHIPS ELLOWSHIPS PELLOWSHIPS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, EMV, appraisal, other) 。 。 ö ٥. ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 000 52,500. 160,000 328,000 160 000 46,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 128 (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 36-4854682 B01(C)(3) 23-2417773 35-6001673 23-1352685 58-0566212 56-0594591 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization PENNSYLVANIA - 700 S HIGH ST PHILADELPHIA, PA 19104-6376 UNIVERSITY OF PENNSYLVANIA WEST CHESTER UNIVERSITY OF DR or government WINSTON-SALEM, NC 27101 1501 MERCER UNIVERSITY WEST CHESTER, PA 19383 1 COLLEGE HALL, ROOM 1 2415 N. LINCOLN STREET BLOOMINGTON, IN 47405 107 S INDIANA AVENUE CULTIVATE THE KARASS PIEDMONT UNIVERSITY ARLINGTON, VA 22207 INDIANA UNIVERSITY MERCER UNIVERSITY MACON, GA 31207 420 S BROAD ST Part In , Part II,

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

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Schedule I (Form 990) INSTITUTE FOR CITIZENS Deat II Continuation of Grants and Other Assistance to Congruence	FOR CITI	CITIZENS AND SC	SCHOLARS	ody S) sates Detic	AND SCHOLARS		21-0703075 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL RD MORRISTOWN, NJ 07960	22-2281783	501(C)(3)	100,000.	0			CIVICS EDUCATION
PRICHARD COMMITTEE 271 W SHORT ST #202 LEXINGTON, KY 40507	61-1026214	501(C)(3)	100,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
RUTGERS UNIVERSITY - CAMDEN 303 COOPER ST CAMDEN, NJ 08102	22-6001086	501(c)(3)	24,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
THE COLLEGE OF NEW JERSEY 2000 PENNINGTON RD EWING TOWNSHIP, NJ 08618	22-2448189	501(C)(3)	20,000.	0			TEACHING & LEADERSHIP FELLOWSHIPS
WILLIAM PATERSON UNIVERSITY 300 POMPTON RD WAYNE, NJ 07470	22-2781603	501(C)(3)	18,000.	.0			TEACHING & LEADERSHIP FELLOWSHIPS
WOODROW WILSON GRADUATE SCHOOL OF TEACHING AND LEARNING - 24 THORNDIKE STREET - CAMBRIDGE, MA 02139	82-3452586	501(C)(3)	477,500.	0.			GRANTS TO THE WOODROW WILSON GRADUATE SCHOOL OF TEACHING AND LEARNING REFLECT THE ACADEMY
COLUMBUS STATE UNIVERSITY 4225 UNIVERSITY AVE COLUMBUS, GA 31907	58-6011208	501(C)(3)	36,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
GEORGIA STATE UNIVERSITY P.O. BOX 3965 ATLANTA, GA 30302	58-1845423	501(C)(3)	31,967.	0			TEACHING & LEADERSHIP PELLOWSHIPS
KENNESAW STATE UNIVERSITY RESEARCH AND SERVICE FDN - 1000 CHASTAIN ROAD - KENNESAW, GA 30144	37-1535589	501(C)(3)	205,880.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
							Schedule I (Form 990)

INSTITUTE FOR CITIZENS AND SCHOLARS Schedule I (Form 990) (2019)

Page 2

21-0703075

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHARLOTTE NEWCOMBE DISSERTATION FELLOWSHIPS	26	657,500.	.0		
WOMEN'S STUDIES PELLOWSHIPS	10	50,000.	0		
TEACHING FELLOWSHIPS	905	994,497.	0		
MELLON PDN DISSERTATION/RESEARCH/TRAVEL AND CAREER ENHANCEMENT FELLOWSHIPS	96	749,000.	0		
MELLON EMERGING LEADERS	10	175,000.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information	ured in Part I, lin	e 2; Part III, column	(b), and any other ac	dditional information	

PART I, LINE 2:

RECIPIENTS FOR ALL GRANTS AND FELLOWSHIPS ARE SELECTED FROM A POOL OF

QUALIFIED APPLICANTS BY SELECTION COMMITTEES ACCORDING TO THE PROGRAM

CRITERIA. RECIPIENTS ARE MONITORED THROUGHOUT THE TERM OF THE GRANT OR

FELLOWSHIP BY FOUNDATION STAFF TO ENSURE THAT THEY CONTINUE TO MEET THE

OR FELLOWSHIP PROGRAM ELIGIBILITY CRITERIA SPECIFIC TO THEIR GRANT

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

932102 10-26-19

SCHOLARS 21-0703075 Page 2 es (Schedule I (Form 990), Part III.) *	(c) Amount of (d) Amount of non-cash assistance cash grant cash assistance appraisal, other)	20,000.					Schedule I (Form 990)
Schedule I (Form 990) INSTITUTE FOR CITIZENS AND SCHOLARS Part III. Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	(a) Type of grant or assistance (b) Number of recipients	EDUCATION MBA 1.					

SCHEDULE J "(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Compensation Information

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

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

➤ Attach to Form 990.

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

2019

Open to Public Inspection

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	-	-				
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
				-			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		ļ				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X				
			,				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's]	1 1			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	٠	1				
	establish compensation of the CEO/Executive Director, but explain in Part III						
	X Compensation committee X Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
		İ					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		١.				
	organization or a related organization.			نـــا			
а	Receive a severance payment or change-of-control payment?	4a		X			
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
С	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		-				
				i i			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Ī	Ι.				
	contingent on the revenues of.			لـــا			
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1 1			
	contingent on the net earnings of			لــــا			
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III			l. 1			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 69 If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		<u> </u>	<u> </u>			
	Regulations section 53 4958-6(c)?	9		l			

 $LHA \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule J (Form 990) 2019

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

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

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

		(b) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Hetirement and	(D) Nontaxable	(E) lotal of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) LEANN BUNTROCK	Ξ	284,944.	0	• 0	29,417.	21,236.	335,597.	0
PROGRAM DIRECTOR, MBA IN E	Ξ		0	0	0	0	0	0
(2) BEVERLY SANFORD	Ξ	281,835.	0	0	28,399.	7,957.	318,191.	0.
SECRETARY/VICE PRESIDENT	(ii)		0	0		0	0	0
(3) PATRICK RICCARDS	Ξ	263,97	0	0	27,366.	19,849.	311,19	0
VICE PRESIDENT COMMUNICATIONS	(ii)			0		0		0
(4) RAJIV VINNAKOTA	Θ	220,938.		• 0	11,250.	8,304.	240,492.	0
PRESIDENT	(ii)			• 0	0	ı	:	0
(5) COLIN WINTER	Ξ	183,43		• 0	19,409.	22,251	225,092.	0
DEPUTY DIRECTOR, MBA IN ED	⊞		0	0			0	0
(6) AUDRA WATSON	Ξ	179,51	0	0	18,765.	7,789	206,067.	0
DIRECTOR OF CURRICULUM, ME	Ξ			0	l			0
(7) SYMEON BRAXTON	Ξ	160,80		0	16,748.	19,073	196,625.	0
DIRECTOR OF FELLOWSHIPS SOLUTIONS	(ii)	0	0	• 0	0	.0	0	0
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Schedule J (Form 990) 2019

SCHEDULE 0

(P(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public

Inspection

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT OF FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR ITS REVIEW. A FINAL COPY OF THE 990 IS MADE AVAILABLE TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION SENDS ALL BOARD MEMBERS AND KEY EMPLOYEES AN ANNUAL CONFLICT OF INTEREST POLICY CERTIFICATION, IN ADDITION ALL BOARD MEMBERS AND KEY EMPLOYEES ARE SENT AN ANNUAL FORM 990 DISCLOSURE, WHICH REQUESTS DISCLOSURE OF ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD, BASED ON A BENCHMARKING STUDY PROVIDED TO THE COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NJ, AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, NH, NY, NC, ND, OK, OR, PA, RI SC, TN, UT, VA, WV, WI, NM

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Filed by Corporations Division Administrator Filing Number: 220309950990 Date: 10/28/2020

Corporations
Online Filing System

Department of L	icensing and Regulat	tory Affairs		
CERTIFI		MENT TO THE ARTI	CLES OF INCORPORAT	evision Date 07/2016 TION
Pursuant to the	•	•	corporation executes the following Ce	ertificate:
The identification number	er assigned by the Bureau is:	8007	786577	
The name of the corpor	ation is:		WOODROW WILSON IONAL FELLOWSHIP	
The Articles of Incorpor	ration is hereby amended to rea	ead as follows:		
		Article I		
The name of the corpor	ration as amended, is:			
not acceptable):	ne registered office of the corp	Article IV poration and the name of the re	esident agent at the registered office (P.O. Boxes are
1. Agent Name:		RATING SERVICE (COMPANY)		
2. Street Address:	601 ABBOT ROAD			
Apt/Suite/Other:				
City:	EAST LANSING	7:n Codo		
State:	MI	Zıp Code: 2	48823	
3. Registered Office Mai	iling Address:			
P.O. Box or Street Address: Apt/Suite/Other:	601 ABBOT ROAD			
City:	EAST LANSING			
State:	MI	Zıp Code: 4	48823	
2. The foregoing amend	iment to the Articles of Incorpc	oration was duly adopted on: 1	L0/15/2020 by the	
directors at a meeting	in accordance with Section 61	1(3) of the Act.		
This document must be	signed by an authorized office	er or agent:		
Signed this 23rd Day of	October, 2020 by:			
Signature		Title	Title if "Other" was se	ected
Beverly A. Sanford		Secretary		
By selecting ACCEPT, I	hereby acknowledge that this	electronic document is being s	signed in accordance with the Act. I ful	rther certify

that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

O Decline

Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

for

INSTITUTE FOR CITIZENS & SCHOLARS

ID Number:

800786577

received by electronic transmission on October 23, 2020 , is hereby endorsed.

Filed on October 28, 2020 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 28th day of October, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau