Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public. ----

OMB No. 1545-0047 G Open to Public

		nue Serv							m 990		s instruction				1011	1990.			Inspect	lion
A F	or th	e 202	1 cale	ndar yea	r, or ta	ax yea	r begi	nning		07,	/01/202	1 a	nd en	ding					30/2022	
Р.			C Nam	e of organiz	zation										D	Employe	r iden	tificat	tion number	
D C	heck if ap 	plicable:	IN	STITUTI	E FOR	CIT	IZEN	S AND S	SCHOI	LARS										
	Addre chang		Doin	g Business /	Aswooi	DROW	WILS	SON NAT	'L FI	ELLO	WSHIP F	DN				21-07	7030)75		
	Name	change	Num	ber and str	eet (or F	P.O. box	if mail is	not delivered	d to stree	et addre	ss)	Ro	om/suit	e	Е	Telephor	ne nun	nber		
	Initial	return	10	4 CARNI	EGIE	CENT	ER						301			(609)) 452	2 – 70	007	
	Termi	nated	City	or town, sta	ate or pr	ovince, c	country,	and ZIP or fo	reign po	ostal cod	le									
	Amen	ded	PR	INCETO	J. NJ	085	40								G	Gross re	ceipts	\$	39,288	3.758
-	Applic	ation		e and addr	-			PAM	CAPC)OP					_) Is this a				
L	_ pendi	ng						RINCETC			2540				Ц	subordin Are all su		too inclus		No
	Tox ox	empt sta		X 501(0		1	<u>к, р</u> 01(с) ()		507					see instructions)	
						· · · ·		, , ,	insert no).)	4947(a)(1)) 01		527						
				.CITIZI						<u></u>			• •			Group e	-			
		-		X Corp	oration	Tru	ist	Association		Other			L Yea	r of format	tion:	1957	MS	tate of	legal domicile	· NJ
Pa	art I		mmary																	
	1			-				or most sign	ificant	activitie	s: <u>DEDI</u>	CAT	ED 1	'O_THE	_EN	ICOURA	AGEI	<u>IENI</u>	ſ_OF	
ce		EXCI	ELLEN	NCE_IN_	EDUC	ATIO	N													
nar																				
Governance						-					ns or dispos									
	3	Numb	er of vo	oting mem	bers of	the go	verning	g body (Part	VI, line	e 1a) 🔒							. 🗄	3		17
کھ د											VI, line 1b)							4		16
Activities	5	Total ı	numbe	r of individ	luals er	nployed	d in cal	endar year 2	2021 (F	Part V,	line 2a)						. 4	5		33
ť				r of volunte														6		16
Ă	7a	Total (unrelat	ed busines	ss rever	nue from	n Part \											'a		
																		'b		
									,							ior Year			Current Y	'ear
	8	Contri	ibutions	s and grant	s (Part	VIII. line	e 1h)							-	4	,223,	394	+.	8.372	2,549.
nue												PY F	-			239,		_		1,785.
Revenue								ies 3, 4, and				INSP	ECTIO	N		258,),974.
Å											·)			┛╞───		250,	NOI		1,570	NONE
															1	,721,		_	10 2/9	
											(A), line 12)								10,248	
															3	,924,			5,204	<u>1,216.</u>
	45															170	NOI		4 014	NONE
Expenses	15										, lines 5-10)				4	,179,			4,014	<u>1,943.</u>
ens	16a																NOI	NE		NONE
Ä	b										952,047									
_	17													•		,187,				7,896.
								I Part IX, co						-		,291,				7,055.
	19	Reven	nue les	s expense	s. Subtr	ract line	18 fro	m line 12 .								,570,				L,253.
Net Assets or Fund Balances														Begin	-	of Curre			End of Ye	
sset	20													•	19	,002,	536		17,317	7,706.
tAs	21	Total I	liabilitie	es (Part X,	line 26)										2	,198,	,100).	1,890),255.
S ^T	22	Net as	ssets o	r fund bala	ances.	Subtrac	t line 2	1 from line 2	20						16	,804,	436	5.	15,427	7,451.
Pa	rt II	Sig	gnatur	e Block																
Uno	der per	alties c	of perjur	y, I declare	that I h	ave exar	nined th	nis return, in	cluding	accomp	panying scheo	dules	and sta	tements, a	and t	o the bes	st of r	ny kno	owledge and b	oelief, it is
true	e, corre	ct, and	complet	le. Declarati	on or pre	eparer (o	iner tha	in officer) is b	ased or	i all inio	rmation of wr	nich p	reparer	nas any ki	nowie	eage.				
Sig			Signatu	re of officer												Date				
He	re																			
			Type or	print name	and title															
				· eparer's nan				Preparer's	signatu	re			Date			Check	it	PTI	IN	
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Pre	parer			BENDER		. דידי די	ייסממ	BRIAN	L BE	TIND FR		[09/3	30/202	1	-		1 - 1	01305467	
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Mai	tha U		address					900 BETHES							Pho	one no.		301	1-272-60	
						<u> </u>		vn above? (s		uction	15)	<u></u>							X Yes	
⊢or	Paper	work	Reduc	τιon Act N	otice, s	see the	separa	te instruction	ons.										Form 99	0 (2021)

For	m 990 (2021)	Page 2
-	art III Statement of Program Service Accomplishments	_
_	Check if Schedule O contains a response or note to any line in this Part III	Х
1		
	PREPARES LEADERS AND ENGAGES NETWORKS OF PEOPLE AND ORGANIZATIONS TO MEET URGENT EDUCATION CHALLENGES. THE OVERARCHING GOAL IS TO SHAPE AN	
	INFORMED, PRODUCTIVELY ENGAGED, AND HOPEFUL CITIZENRY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	· · · · · · · · · · · · · · · · · · ·	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,805,378. including grants of \$ 1,999,223.) (Revenue \$)	
	HIGHER EDUCATION FELLOWSHIPS INCLUDE A SUITE OF FELLOWSHIPS THAT	
	SUPPORT THE DEVELOPMENT OF FUTURE LEADERS AT A VARIETY OF CAREER	
	STAGES 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 GENDER STUDIES AND ETHICS.	
4b	(Code:) (Expenses \$ 2,937,760. including grants of \$ 1,187,432.) (Revenue \$)	
	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.	
40	(Code:	
40	(Code:) (Expenses \$1,492,756. including grants of \$67,563.) (Revenue \$) SEE SCHEDULE O	
	SEE SCHEDOLE O	
4d	I Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$)	
JSA		(2021)
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Form 990 (2021)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	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,"			
0				v
•	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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	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		x
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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
19		40		v
00 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Part	 O(2021) Checklist of Required Schedules (continued) 			Page 4
			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	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	A	
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~~	If "Yes," complete 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? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
01	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	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	27		v
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	1
Part			21	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
16.4	reportable gaming (gambling) winnings to prize winners?	1c	X	
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INSTITUTE FOR CITIZENS AND SCHOLARS

Form 990 (2021)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	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		X
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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		X
	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 to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7a		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
ö	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	145		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
JSA		Form	990	(2021)
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Form 9	90 (2021) INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703	8075	F	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.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on 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		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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 on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.0	37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		х
	with a taxable entity during the year?	10a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
-				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE O		ion F	01(0)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	i (sec	1011 5	U1(C)
	Own website Another's website X Upon request Other (explain on Schedule O)			
40		f inte	oct	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	n inter	est p	olicy,
20	and financial statements available to the public during the tax year.	la ►		
20	State the name, address, and telephone number of the person who possesses the organization's books and record RAM CAPOOR 104 CARNEGIE CENTER, NO. 301 PRINCETON, NJ 08540	15 🕨		
	609-452-7007	Form	990	(2021)
JSA		7 0111		(2021)
1E1042	1.000		-	

7

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	s pe	ition more rson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) RAJIV VINNAKOTA	50.00									
PRESIDENT	NONE	x		х				457,077.	NONE	61,048.
(2) BEVERLY SANFORD	50.00									
SECRETARY/VICE PRESIDENT	NONE			Х				269,442.	NONE	38,016.
(3) SUSANNA CRAFTON	40.00									<u> </u>
CHIEF DEVELOPMENT OFFICER	NONE				X			224,880.	NONE	53,571.
(4) BERNARD LARYEA	40.00									
CHIEF NEW VENTURES AND TECHNOL	NONE				X			203,000.	NONE	20,280.
(5) AUDRA WATSON	40.00									
DIRECTOR OF TEACHING FELLOWSH	NONE				X			192,323.	NONE	30,301.
(6) JULIE HOROWITZ	40.00									
DIRECTOR OF STRATEGIC FELLOWS	NONE				X			189,108.	NONE	16,715.
(7) RAM CAPOOR	30.00									
CHIEF FINANCIAL OFFICER	NONE			Х				160,335.	NONE	17,844.
(8) SYMEON BRAXTON	40.00									
DIRECTOR OF STRATEGIC PARTNERS	NONE					Х		129,851.	NONE	34,632.
(9) JAMIE BERG WRIGHT	40.00									
BUDGET OFFICER	NONE					Х		124,676.	NONE	20,435.
(10) JAMES GENESKE	40.00									
CHIEF COMMUNICATIONS AND ENGA	NONE					Х		116,008.	NONE	17,969.
(11) JANE FORAN	40.00									
OPERATIONS MANAGER	NONE					Х		119,261.	NONE	13,477.
(12) KATHRYN CAMPOS	40.00									
CIVIC LEARNING LEAD	NONE					Х		113,395.	NONE	5,727.
(13) JANE PHILLIPS DONALDSON	1.00									
CHAIR	NONE	X						NONE	NONE	NONE
(14) RHIAN EVANS ALLVIN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

INSTITUTE FOR CITIZENS AND SCHOLARS

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(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours per	· ·				e than o		compensation	compensation from	amount of
	week (list any hours for					is both or/trust		from	related	other compensation
	related	9 D						the organization	organizations (W-2/1099-MISC)	from the
	organizations	divic	stitu	Officer	ÿ er	ghe	Former	(W-2/1099-MISC)	(11 2/1000 1000)	organization
	below dotted line)	octor	tiona		Key employee	st co	-			and related organizations
	line)	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
		lee	ıste			ssue				
			œ			Ited				
15) KIM BOTTOMLY	1.00									
TRUSTEE (THRU FEB 2022)	NONE	Х						NONE	NONE	NON
16) BROOKE COBURN	1.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
17) JEFFREY GOLDSTEIN	5.00									
TRUSTEE	NONE	X						NONE	NONE	NON
18)_ROBERT_JOHNSTON	<u>3.00</u> _									
VICE CHAIR	NONE	X						NONE	NONE	NON
19) MARTHA J. KANTER	<u>1.00</u> _									
TRUSTEE (THRU FEB 2022)	NONE	X						NONE	NONE	NON
20) JOHN KATZMAN	<u>1.00</u> _									
TRUSTEE	NONE	X						NONE	NONE	NON
21) WILLIAM KEATING	<u>1.00</u> _									
TRUSTEE	NONE	X						NONE	NONE	NON
22) HOLLY KUZMICH		37						NONE	NONT	
TRUSTEE	NONE 1 00	X						NONE	NONE	NON
23) GLEN LEWY	<u>1.00</u>	v						NONE	NONTR	NON
TRUSTEE 24) LAUREN MADDOX	NONE 1.00	X						NONE	NONE	NON
TRUSTEE	<u>1.00</u> - NONE	x						NONE	NONE	NOI
25) ANITA MANWANI	1.00							INONE	INOINE	NOR
TRUSTEE (THRU FEB 2022)	<u>-</u> <u>-</u> <u>-</u>	x						NONE	NONE	NON
						I		2,299,356.	NONE	330,015
1b Sub-total c Total from continuation sheets to Part	t VII. Section A	• • •				• • •	-	NONE	NONE	
d Total (add lines 1b and 1c)								2,299,356.	NONE	330,015

reportable compensation from the organization 🕨 12

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Yes No

3

4

5

INSTITUTE FOR CITIZENS AND SCHOLARS

Form 990 (2021) Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	byee	es,	and H	lig	hest Compensat	ed Employe	es (c	ontinue		age 8
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from the	(E) Reportabl compensation related organizatio	n from	Est am	(F) imated ount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-N		fro orga and	om the inization related nization	n 1
26) STEFANIE SANFORD	1.00												
TRUSTEE	NONE	X						NONE	1	NONE]	NONI
27) DAVID N. SHANE	1.00	-											
TRUSTEE	NONE	X						NONE]]	NONE]	NONE
28) JOHN L.S. SIMPKINS	1.00	 											
TRUSTEE	NONE	X						NONE]]	NONE]	NONI
29) KIM SMITH	1.00												
TRUSTEE	NONE	X						NONE		NONE			NONI
30) JAY P. URWITZ	2.00							NONT				-	
TRUSTEE 31) MARK WALSH	NONE 7 00	X						NONE		NONE			NONI
TRUSTEE	<u>7.00</u> NONE	x						NONE		NONE		-	NONI
	1.00	A						NONE				L	
TRUSTEE (THRU JUNE 2022)	NONE	x						NONE		NONE		1	NONI
· · · · · · · · · · · · · · · · · · ·													
		_											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		•••	•••	•••								
d Total (add lines 1b and 1c)													
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	ed al	bov	e) who	o re	eceived more than	\$100,000 of				
												Yes	No
3 Did the organization list any former offic	cer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensat	ted			
employee on line 1a? If "Yes," complete Scheo	ule J for su	ch ina	lividi	ual			••				3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	P If	"Yes	s,"						
individual										••	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y											5		Х
Section B. Independent Contractors											,		
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) SEE SCHEDULE O Name and business ad	dress							(B) Description of se	ervices	С	(C) compens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

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Form 990 (2021)

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		Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	3,548.				
, Grants Amounts	b	Membership dues 11b					
	c	Fundraising events 1c					
ifts ar ⊿	d	Related organizations					
0 ii	е	Government grants (contributions) 1e					
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	f	All other contributions, gifts, grants,					
		and similar amounts not included above - 1f	8,369,001.				
	g	Noncash contributions included in					
		lines 1a-1f	\$				
	h	Total. Add lines 1a-1f	•	8,372,549.			
			Business Code				
	2a	SERVICE FEES	900099	284,785.	284,785.		
	b						
	c						
rar čev	d						
0 D	е						
Ē	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶</u>	284,785.			
	3	Investment income (including dividends,					
		other similar amounts)		114,561.			114,561
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NON					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_		other than inventory 7a 30,516,863	·				
Revenue	b	Less: cost or other basis					
ver		and sales expenses 7b 29,040,450					
Re	1	Gain or (loss) 7c 1,476,413	•	1 456 412			1 456 412
Jer	a	ů ()	· · · · · · · · · · · · · · · · · · ·	1,476,413.			1,476,413
Other	8a	6					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18	NONE				
	b c	Less: direct expenses		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c b	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
	liva	returns and allowances 10a	NONE				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory		NONE			
s		· · · · · · · · · · · · · · · · · · ·	Business Code				
e sou	11a						
ane	b						
Miscellaneous Revenue	c						
lis R	d	All other revenue					
Ž	е	Total. Add lines 11a-11d	<u></u> . >	NONE			
	12	Total revenue. See instructions		10,248,308.	284,785.		1,590,974

INSTITUTE FOR CITIZENS AND SCHOLARS

ection 501(c)(3) and 501(c)(4) organizations mus	st complete all columns.	All other organizatior	ns must complete colur	nn (A)
Check if Schedule O contains a resp	onse or note to any line	in this Part IX		
o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	796,350.	796,350.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	2,457,866.	2,457,866.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,	1 002 104	1 1 2 0 2 7 6	246 020	425 060
trustees, and key employees	1,902,184.	1,129,276.	346,939.	425,969
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,645,578.	1,105,784.	325,383.	214,411
 8 Pension plan accruals and contributions (include 	130,422.	88,660.	26,396.	15,360
section 401(k) and 403(b) employer contributions)	130,122.	00,000.	20,390.	10,000
9 Other employee benefits	119,412.	78,557.	23,490.	17,365
0 Payroll taxes	217,347.	137,489.	41,334.	38,52
1 Fees for services (nonemployees):				,
a Management	NONE			
b Legal	44,992.		44,992.	
c Accounting	34,750.		34,750.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	32,519.		32,519.	
g Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	1,149,562.	905,708.	132,877.	110,977
2 Advertising and promotion	66,380.	48,906.	11,481.	5,993
3 Office expenses	49,559.	14,881.	22,866.	11,812
4 Information technology	47,015.	14,049.	21,737.	11,229
5 Royalties	NONE			
6 Occupancy	264,075.	78,912.	122,093.	63,070
7 Travel	346,325.	282,412.	40,264.	23,649
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE	0.0.070	10 500	- 454
9 Conferences, conventions, and meetings	109,484.	89,279.	12,729.	7,476
0 Interest	NONE			
1 Payments to affiliates	NONE		7 250	
2 Depreciation, depletion, and amortization	7,250.	7,765.	7,250.	6,200
3 Insurance	25,985.	7,705.	12,014.	0,200
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
_				
a				
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	9,447,055.	7,235,894.	1,259,114.	952,047
· · · · ·				- ,
6 Joint costs. Complete this line only if the		1		
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

Form 990 (2021)

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1	
		_	

Part 2	C Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	705,809.	1	2,197,205
2	Savings and temporary cash investments	1,506,306.	2	1,256,760
3	Pledges and grants receivable, net	5,757,084.	3	5,099,992
4	Accounts receivable, net	NONE	4	179,034
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
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).	NONE	6	NON
ti 1	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	NONE	8	NON
₹ 9	Prepaid expenses and deferred charges	101,498.	9	33,359
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 201,820.			
	D Less: accumulated depreciation	81,750.	10c	179,500
11	Investments - publicly traded securities SEE SCHEDULE .O	10,850,089.	11	8,303,693
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	68,163
16	Total assets. Add lines 1 through 15 (must equal line 33)	19,002,536.	16	17,317,706
17	Accounts payable and accrued expenses	468,350.	17	594,555
18	Grants payable	1,729,750.	18	1,295,700
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ຮ 22	Loans and other payables to any current or former officer, director,			
22 Clabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
lab	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE		NON
26	Total liabilities. Add lines 17 through 25	2,198,100.	26	1,890,255
lces	Organizations that follow FASB ASC 958, check here ►			
E 27	Net assets without donor restrictions	4,280,470.	27	2,648,892
28	Net assets with donor restrictions.	12,523,966.	28	12,778,559
Net Assets of Fund Balances 2 2 8 2 2 2 3 0 2 5 6 6 2 7 2 2	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30 sets	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS 31	Retained earnings, endowment, accumulated income, or other funds		31	
ta 32	Total net assets or fund balances	16,804,436.	32	15,427,451
ž 33	Total liabilities and net assets/fund balances	19,002,536.	33	17,317,706
				Form 990 (2021

INSTITUTE	FOR	CITIZENS	AND	SCHOLARS

Form 99	90 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	0,2	48,	<u>308</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,4	47,	<u>055</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		8	01,	<u>253</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	6,8	04,	<u>436</u> .
5	Net unrealized gains (losses) on investments	5	_	2,1	78,	<u>238</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	5,4	27,	<u>451</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
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 com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	• •	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit 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 und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b		

Form **990** (2021)

SCHE	DU	LE	A
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

	nal Revenu		p co to minioigo				Environmental	
		ganization					Employer identif	
Pa	_	TE FOR CITIZENS AT Reason for Public Cha		organizations must	complet	te this n		<u>703075</u>
		ation is not a private fou	•	<u> </u>			,	<u>.</u>
1	<u> </u>	church, convention of ch			-		,	
2		school described in secti						
3	🗌 A ł	nospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	🗌 A r	medical research organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the
		spital's name, city, and s						
5		organization operated		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		ction 170(b)(1)(A)(iv). (0	• • •					
6		ederal, state, or local go	-					
7		organization that norm			pport fro	om a go	vernmental unit or fr	om the general public
8		scribed in section 170(b) community trust describe			Port II.)			
9		agricultural research or			-	onerated	l in conjunction with a	land-grant college
Ŭ		university or a non-land-	-			-		
		iversity:	g		,.		······, ···;, ····;	
10 11	rec sup acc	organization that norma ceipts from activities rela oport from gross investin quired by the organization organization organized	ited to its exempt f nent income and u on after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
12		organization organized		•				rry out the purposes of
		e or more publicly suppo		-	-			
	the	e box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	т	ype I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	tl	he supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
		upporting organization.						
b		ype II. A supporting org						
		control or management o		-	the sam	e persor	is that control or mai	hage the supported
с		organization(s). You must Type III functionally inte			ted in c	onnectio	n with and functiona	Illy integrated with
U		s supported organization						iny integrated with,
d		ype III non-functionally						rted organization(s)
		hat is not functionally inte			-			
		equirement (see instruct	•	• •	•		•	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
		unctionally integrated, or			porting o	organizat	ion.	
f		the number of supported	-					• • • • • •
g		e the following information						
	(i) Name	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	• •	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2021

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,549,914.	7,454,384.	7,634,786.	4,223,394.	8,037,199.	57,899,677.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	30,549,914.	7,454,384.	7,634,786.	4,223,394.	8,037,199.	57,899,677.
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).						18,968,653.
6	Public support. Subtract line 5 from line 4						38,931,024.
	tion B. Total Support						38,931,024.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	30,549,914.	7,454,384.	7,634,786.	4,223,394.	8,037,199.	57,899,677.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	339,516.	456,824.	407,590.	140,902.	114,561.	1,459,393.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						59,359,070.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,257,535.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2021 (lir	ne 6, column (f)	, divided by line	11, column (f))		14	65.59 %
15	Public support percentage from 2020 \$	Schedule A, Pa	rt II, line 14			15	73.49 %
16a	331/3% support test - 2021. If the org	anization did n	ot check the box	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu	alifies as a pub	licly supported of	organization			► X
b	33 1/3% support test - 2020. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3%or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	eck this box an	d stop here. E	xplain in
	Part VI how the organization meets t	he facts-and-c	ircumstances tes	st. The organiz	ation qualifies	as a publicly su	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	020. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets	the facts-and-	circumstances to	est. The organi	zation qualifies	as a publicly su	upported
	organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990) 2021

Page 3

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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						
С	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.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here .	<u> </u>					<u></u> ▶
Sec	tion C. Computation of Public Supp	oort Percenta	ige				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perc	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 \$	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3	%, and line
	17 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifies	as a publicly su	upported organi	zation ►
b	331/3% support tests - 2020. If the orga	anization did not	t check a box or	line 14 or line	19a, and line 16	is more than 3	31/3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualif	ies as a publicly	supported orga	nization 🕨 📃
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see inst	ructions
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(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

Yes No

JSA

Schedule A (Form 990) 2021

Part

ule A (⊦	-orm 990) 2021	
IV	Supporting Organizations	(continued)

- Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).								
а	The organization satisfied the Activities Test. Complete line 2 below.								
b	The organization is the parent of each of its supported organizations. Complete line 3 below.								
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).								
-	Yes								
2 Activities Test. Answer lines 2a and 2b below.									
•	Did substantially all of the organization's activities during the tay year directly further the event surgeons of								

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

11c

1

2

21-0703075

JSA 1E1230 1.000 4765TO T36Y 11/09/2022 11:05:01 V21-7.6F Schedule A (Form 990) 2021

2a

2b

3a

3b

INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Schedule A (Form 990) 2021 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

-	INSTITUTE FOR CITIZE		liene (continue-l)		-0703075 Page
Part		Supporting Organizat	tions (continuea)		0
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
 h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
 C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
 a	Excess from 2017				
 	Excess from 2018				
<u>а</u> 2	Excess from 2019				
d	Excess from 2020				
e	Excess from 2020				
					Schedule A (Form 990) 202

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075							
Organization type (check one):	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion					
	501(c)(3) taxable private foundation						

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

INSTITUTE FOR CITIZENS AND SCHOLARS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х N/A Person Payroll \$ 856,938. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Х N/A Person Payroll 2,602,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 3 N/A Х Person Payroll 1,400,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х N/A Person Payroll 200,2<u>50.</u> \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х N/A Person Payroll 1,000,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 6 N/A Person Payroll \$ 350,000. Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

JSA

Schedule B (Form 990) (2021)

Name of organization

Page 2

Employer identification number

21-0703075

Name of o	organization INSTITUTE FOR CITIZENS AND SCHOLA	Employer identification number 21-0703075	
Part I	Contributors (see instructions). Use duplicate copies		•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

JSA

Page	2

Schedule B (Form 990) (2021) Name of organization

SCHEE	DULE	D
(Form	990)	

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.

20 21 **Open to Public**

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.			Open to Public
	rnal Revenue Service	Go to www.irs.gov	/Form990 for instructions a	nd the latest infor		Inspection
Nam	e of the organization				Employer identific	ation number
		TIZENS AND SCHOLARS			21-0703	075
Pa		tions Maintaining Donor Adv			or Accounts.	
	Complete	e if the organization answered				
			(a) Donor advised	I funds	(b) Funds and	d other accounts
1	Total number at e	nd of year				
2	Aggregate value o	of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4		it end of year				
5	Did the organizati	ion inform all donors and donor	advisors in writing that	the assets held	I in donor advised	
		nization's property, subject to the				
6		on inform all grantees, donors, a				
		purposes and not for the bene				
_		issible private benefit?	<u> </u>	<u></u>		Yes No
Pa		tion Easements.	"\/	at N (Line 7		
_		e if the organization answered				
1		servation easements held by the		_ · · · · ·		
		n of land for public use (for example	, recreation or education)		of a historically in	
		of natural habitat		Preservation	n of a certified histo	oric structure
2		n of open space	ald a gualified appearuation	an aantrikution i	n the form of a co	a a mustice
2		through 2d if the organization h	eid a quaimed conservatio			e End of the Tax Year
_		ast day of the tax year.				
a h		onservation easements			2a 2b	
b c		tricted by conservation easements vation easements on a certified			20 2c	
d d		rvation easements included in (20	
u		isted in the National Register	, ,		2d	
3		rvation easements modified, tra				anization during the
5	tax year ►				initiated by the org	anization during the
4	•	where property subject to conse	rvation easement is locate	ed 🕨		
5		ation have a written policy req			tion, handling of	
•		orcement of the conservation ea				Yes No
6		hours devoted to monitoring, insp				
	•	3, 1	<u>,</u>	-,	,	3 • • , •
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations	, and enforcing o	conservation easer	nents during the year
	▶\$		0. 0			0,
8	Does each conserv	vation easement reported on line :	2(d) above satisfy the requ	irements of sect	tion 170(h)(4)(B)(i)	
)(4)(B)(ii)?				Yes No
9		be how the organization reports				ent and
		d include, if applicable, the text o	-	anization's finance	cial statements that	describes the
_		ounting for conservation easeme				
Pa		tions Maintaining Collections			er Similar Assets	5.
	Complete	e if the organization answered	"Yes" on Form 990, Pa	art IV, line 8.		
1a	If the organization	elected, as permitted under FA	SB ASC 958, not to rep	ort in its revenu	ue statement and	balance sheet works
	service, provide in	Part XIII the text of the footnote	to its financial statements	that describes	these items.	unnerance of public
b		elected, as permitted under F				ance sheet works of
	art, historical treas	sures, or other similar assets he	ld for public exhibition, e			
		ing amounts relating to these iter				
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶ 9	
		d in Form 990, Part X				S
2	-	n received or held works of a			assets for financi	ial gain, provide the
		required to be reported under F			L	
a h	Revenue included	on Form 990, Part VIII, line 1. Form 990, Part X				S
b	กอออเอ แบเนนยน ไป	TOTH 330, Fail A	<u></u>	<u></u>	<u> </u>	,

For Pa	aperwork Re	eduction	Act Notice,	see the	Instructions f	or Form 990.
JSA						
1E1268	1.000					
	4765TQ	Т36Ү	11/09/2	2022	11:05:01	V21-7.6F

Schedule D (Form 990) 2021

Schee	lule D (Form 990) 2021 INS	TITUTE FOR CI	TIZENS A	ND SCHOL	ARS		21-070	3075	Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histor	rical Treas	ures, or	Other Similar	Assets (cor	tinued))
3	Using the organization's acquisitio	n, accession, and o	other record	ds, check ar	ny of the	following that r	nake signific	ant use	of its
	collection items (check all that appl	y):							
а	Public exhibition		d	Loan or e	xchange	program			
b	Scholarly research		e	Other					
С	Preservation for future gener	ations		·					
4	Provide a description of the organ		s and expla	in how they	/ further	the organization	s exempt p	urpose	in Part
	XIII.		•			0		•	
5	During the year, did the organization	n solicit or receive of	donations of	art, historic	al treasu	res, or other simi	ar		
	assets to be sold to raise funds rath							Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza		es" on Forr	n 990, Part	t IV, line	9, or reported a	n amount o	on Forn	ו
	990, Part X, line 21.			,	,	, I			
1a	Is the organization an agent, trust	tee, custodian or o	ther interm	ediary for c	ontributi	ons or other ass	ets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	olete the foll	owing table:			••••		
				J			Amount		
с	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					stodial account lia	ability?	Yes	No
	If "Yes," explain the arrangement in								
	rt V Endowment Funds.								
	Complete if the organiza	tion answered "Ye	es" on Forr	n 990, Part	t IV, line	10.			
		(a) Current year	(b) Prior		c) Two year		vears back (e) Four yea	ars back
1a	Beginning of year balance	1,596,603.	1,59	6,603.	1,596,6	03. 1,62	29,695.	1,629	,695.
b	Contributions			8,242.	93,4		14,571.		,511.
c	Net investment earnings, gains,								
C	and losses	-211,530.							
Ь	Grants or scholarships								
d	Other expenditures for facilities								
C	and programs								
f	Administrative expenses	211,530.	37	8,242.	93,4	184. 14	47,663.	105	,511.
י מ	End of year balance	1,173,543.		6,603.	1,596,6		96,603.	1,629	
g 2									<u> </u>
2 a	Provide the estimated percentage Board designated or quasi-endowm	ent	%		umi (a))	neiu as.			
b	Permanent endowment	%							
		%							
•	The percentages on lines 2a, 2b, a		100%.						
3a	Are there endowment funds not in	-		tion that are	held and	d administered for	the		
•••	organization by:		ie erganiza					Ye	s No
	(i) Unrelated organizations						3	Ba(i)	
	(ii) Related organizations							a(ii)	
h	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	0	•				•••••	•••	
-	rt VI Land, Buildings, and Equ	lipment.							
	Complete if the organization	ation answered "Y	1						10.
	Description of property		other basis	(b) Cost or oth (other)		(c) Accumulated depreciation	(d) B	ook value	
1a	Land	, , , , , , , , , , , , , , , , , , ,		(0000)	,	dop. colution			
b	Buildings								
~ C	Leasehold improvements								
d	Equipment		NONE	201	,820.	22,320.		179	500.
	Other		NONE	201	,	NONE			NONE
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For		X, column (R	3), line 10			179	500.
		,	,	, ,-	,. · · ·	,		1	

Schedule D (Form 990) 2021

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ►

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 . JSA 1E1270 1.000
Schedule D (Form 9

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Schedu	INSTITUTE FOR CITIZENS AND SCHOLARS	21-	-0703075 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	8,037,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-2,178,237.
3	Subtract line 2e from line 1	3	10,215,789.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	32,519.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,248,308.
Dont	VII - Decenciliation of Expenses new Audited Einspeiel Statements With Expenses you Date		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
Paru 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	9,414,536.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		9,414,536.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		9,414,536.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		9,414,536.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments		9,414,536.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		9,414,536.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		9,414,536.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	9,414,536.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a32, 519.	1 2e	
1 2 b c d 8 3 4 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	1 2e	
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a32, 519.	1 2e 3	9,414,536.

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

SEE SUPPLEMENTAL PAGE

PART V, LINE 4:

THE EARNINGS ON THE ENDOWMENTS ARE TO BE USED FOR THE VARIOUS PROGRAM INITIATIVES AS STIPULATED BY THE DONORS.

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. FOR THE YEAR ENDED JUNE 30, 2022, MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE ORGANIZATION DID NOT RECORD ANY INTEREST OR PENALTIES ON UNCERTAIN TAX POSITIONS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2022, OR IN THE ACCOMPANYING STATEMENT OF ACTIVITIES FOR THE YEAR THEN ENDED. IF THE ORGANIZATION WERE TO INCUR ANY INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS OTHER EXPENSES.

SCHEDULE I (Form 990)Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						OMB No. 1545- 20 21		
Department of the Treasury		Open to Public						
Internal Revenue Service	1.		Inspection					
Name of the organization						Employer identifica	tion number	
INSTITUTE FOR CITIZENS AND SCHOLAR	RS					21-0703075	j	
Part I General Information on Grants an	d Assistanc	e						
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proces Part II Grants and Other Assistance to D 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No	
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) ADVANCE CTE								
8484 GEORGIA AVENUE, SUITE 620	52-1646898	501(C)(3)	10,000.				ECMC	
(2) AMERICAN FRIENDS SERVICE COMMITTEE								
1501 CHERRY ST PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	12,500.				CIVICS EDUCATION	
(3) BENTON COMMUNITY SCHOOL CORPORATION								
405 S GRANT AVE FOWLER, IN 47944	99-9999999	501(C)(3)	25,566.				TEACHING & LEADERSHI	
(4) BLUE GRASS COMMUNITY FOUNDATION								
499 E HIGH ST #112 LEXINGTON, KY 40507	61-6053466	501(C)(3)	6,750.				CIVICS EDUCATION	
(5) BUILD OUR LIVES TOGETHER - COMMUNITY RISING								
439 GASKILL ST PHILADELPHIA, PA 19147	87-3101920	501(C)(3)	12,500.				CIVICS EDUCATION	
(6) CULTIVATE THE KARASS								
2415 N LINCOLN ST. ARLINGTON, VA 22207	36-4854682	501(C)(3)	103,333.				BREWER CROSS PARTISA	
(7) DUQUESNE UNIVERSITY								
600 FORBES AVE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	138,226.				TEACHING & LEADERSHI	
(8) EDUCATION WRITERS ASSOCIATION								
1825 K STREET NW, SUITE 200	23-7439790	501(C)(3)	25,000.				ECMC	
(9) INDIANAPOLIS PUBLIC SCHOOLS								
120 E WALNUT ST INDIANAPOLIS, IN 46204	35-6002486	501(C)(3)	25,566.				TEACHING & LEADERSHI	
(10) MERCER UNIVERSITY	_							
1501 MERCER UNIVERSITY DR MACON, GA 31207	58-0566167	501(C)(3)	32,000.				TEACHING & LEADERSHI	
(11) METROPOLITAN SCHOOL DISTRICT LAWRENCE SCHOO	_							
6501 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	99-9999999	501(C)(3)	6,900.				TEACHING & LEADERSHI	
(12) METROPOLITAN SCHOOL DISTRICT OF WAYNE TOWNS	4							
1220 SOUTH HIGH SCHOOL ROAD	99-9999999		39,100.				TEACHING & LEADERSHI	
2 Enter total number of section 501(c)(3) and	•	•					19	
3 Enter total number of other organizations lis	ted in the line	1 table				<u></u>	NONE	

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

Schedule I (Form 990) 2021

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury		Open to Public Inspection									
Internal Revenue Service Name of the organization	Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
0							Employer identificat	on number			
INSTITUTE FOR CITIZE	nformation on Grants a	nd Assistanc	<u>م</u>				21-0703075				
	zation maintain records to			arante or accieta	and the grantoor	l oligibility for the grapt	c or accistance, and				
	eria used to award the grai							Yes No			
	IV the organization's proce										
			-	-		plata if the organiz	ation annuared "	<u>αο" ου Γοιτα 000</u>			
	nd Other Assistance to		-					es on Form 990,			
Part IV, III	ne 21, for any recipient	that received	more than \$5	,000. Part II can t	be duplicated if a	•	needed.				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) PERRY TOWNSHIP SC	HOOLS										
6548 ORINOCO AVE INDI.	ANAPOLIS, IN 46227	99-9999999	501(C)(3)	30,166.				TEACHING & LEADERSHI			
(2) SAINT JOSEPH'S UN	IVERSITY										
5600 CITY AVE PHILADE	LPHIA, PA 19131	23-1352674	501(C)(3)	25,000.				TEACHING & LEADERSHI			
(3) SOCIAL GOOD FUND											
12651 SAN PABLO AVE R	ICHMOND, CA 94805	46-1323531	501(C)(3)	12,500.				CIVICS EDUCATION			
(4) THE UNIVERSITY OF	CHICAGO										
5801 S ELLIS AVE CHIC	AGO, IL 60637	36-2177139	501(C)(3)	12,500.				CIVICS EDUCATION			
(5) UNIVERSITY OF PEN	NSYLVANIA										
1 COLLEGE HALL, ROOM	1	23-1352685	501(C)(3)	102,370.				TEACHING & LEADERSHI			
(6) WEST CHESTER UNIV	ERSITY OF PENNSYLVANIA										
700 S HIGH ST WEST CH	ESTER, PA 19383	23-2417773	501(C)(3)	161,874.				TEACHING & LEADERSHI			
(7) YOUTH ACTIVISM PR	OJECT										
4701 SANGAMORE ROAD S	UITE 100N #2034	75-3163810	501(C)(3)	12,500.				CIVICS EDUCATION			
(8)											
(9)		_									
(10)											
(11)											
(12)		_									
	per of section 501(c)(3) and per of other organizations li	•	•								

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

Schedule I (Form 990) 2021

INSTITUTE FOR CITIZENS AND SCHOLARS

21-0703075

Part III 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 non-cash assistance
CHARLOTTE NEWCOMBE DISSERTATION FELLOWSHIPS	22	660,000.			
2 MELLON FDN DISSERTATION/RESEARCH/TRAVEL	68	1,124,573.			
3women's studies	8	40,000.			
4 Mellon Emerging leaders	10	175,000.			
5 TEACHING FELLOWSHIPS	86	251,100.			
6 EDUCATION MBA	27	241,704.			
7					

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

ELIGIBILITY CRITERIA SPECIFIC TO THEIR GRANT OR FELLOWSHIP PROGRAM.

Page 2

(Form 990) For certain Officers, D C Department of the Treasury			ISation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	23.	DMB No. 20 Open to Insp	21 Put	olic
	of the organization	, , , , , , , , , , , , , , , , , , ,		Employer identification			
	•	CITIZENS AND SCHOLARS		21-070307			
Part		is Regarding Compensation		21 0/030/	5		
T GIT						Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to liss or charter travel or companions emnification and gross-up payments onary spending account	by by ided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, chain ne organization follow a written policy reference of the second services (such as maid) and the second seco	y these items. personal use nal residence on fees auffeur, chef)			
	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III to			
~			· · · · · · · · · · · · · · · · · · · ·		1b		
2	-		to reimbursing or allowing expenses	-			
		_	D/Executive Director, regarding the items	checked on line			
-					2		
3	organization's related organ X Comper Indepen	CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P X Written employment contract X Compensation survey or study X Approval by the board or compensation	ds used by a art III.			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С			sed compensation arrangement?		4c		X
5	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rovide the applicable amounts for each it rganizations must complete lines 5-9. ion A, line 1a, did the organization pa		,		
		n contingent on the revenues of:					
	-				5a		X
b	-	rganization?			5b		X
6		listed on Form 990, Part VII, Sectin contingent on the net earnings of:	on A, line 1a, did the organization pa	ly or accrue any	'		
а	The organizat	ion?			6a		X
b	-	-			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov				
~			escribe in Part III		7		X
8			paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? If		8		v
9			low the rebuttable presumption proced				X
5		5			9		
						I	L

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RAJIV VINNAKOTA	(i)	457,077.			39,000.	22,048.	518,125.	
1 PRESIDENT	(ii)							
BEVERLY SANFORD	(i)	269,442.			27,157.	10,859.	307,458.	
2 SECRETARY/VICE PRESID	(ii)							
SUSANNA CRAFTON	(i)	224,880.			23,316.	30,255.	278,451.	
3 CHIEF DEVELOPMENT OFF	(ii)							
BERNARD LARYEA	(i)	203,000.			19,442.	838.	223,280.	
4 CHIEF NEW VENTURES AN	(ii)							
SYMEON BRAXTON	(i)	129,851.			14,255.	20,377.	164,483.	
5 DIRECTOR OF STRATEGIC	(ii)							
RAM CAPOOR	(i)	160,335.			16,220.	1,624.	178,179.	
6 CHIEF FINANCIAL OFFIC	(ii)							
AUDRA WATSON	(i)	192,323.			19,768.	10,533.	222,624.	
7 DIRECTOR OF TEACHING	(ii)							
JULIE HOROWITZ	(i)	189,108.			14,650.	2,065.	205,823.	
8 DIRECTOR OF STRATEGI	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Page **2**

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.

 Department of the Treasury Internal Revenue Service
 Attach to Form 990 or 990-EZ.
 Open to Public Inspection

 Name of the organization
 Employer identification number

 INSTITUTE FOR CITIZENS AND SCHOLARS
 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 XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

OMB No. 1545-0047

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21 - 0703075

FORM 990, PART III - PROGRAM SERVICE

LINE 4C, PROGRAM SERVICE

CIVIC LEARNING INITIATIVES AIM TO PRIORITIZE DEVELOPING PRODUCTIVE, ENGAGED CITIZENS AS A CORE SOCIETAL RESPONSIBILITY THAT HAS BEEN MINIMIZED FOR TOO LONG, AND FOR WHICH WE ARE PAYING THE COST IN OUR RUPTURING CIVIL SOCIETY. C&S SEEKS TO ENSURE THAT CITIZENS WITH A FOCUS ON 16-24 YEAR-OLDS ARE CIVICALLY WELL-INFORMED, PRODUCTIVELY ENGAGED FOR THE COMMON GOOD, AND HOPEFUL ABOUT THE FUTURE OF DEMOCRACY IN AMERICA. OUR VISION IS THAT WITHIN 15 YEARS, A CRITICAL MAJORITY OF CITIZENS IN OUR COUNTRY REALIZE THIS GOAL AND THAT OUR DEMOCRACY REMAINS STRONG. OUR VISION IS THAT WITHIN 15 YEARS, A CRITICAL MAJORITY OF CITIZENS IN OUR COUNTRY REALIZE THIS GOAL AND THAT OUR DEMOCRACY REMAINS STRONG.

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Schedule O (Form 990 or 990-EZ) 2021				
Name of the organization	Employer identification number			
INSTITUTE FOR CITIZENS AND SCHOLARS	21-0703075			

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI,

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Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer ide	ntification number
INSTITUTE FOR CITIZENS AND SCHOLARS	21-070	3075
FORM 000 DARE MAL CONDENCARIAN OF THE F MACHINE		
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ABT. ASSOCIATES P.O. BOX 84-5586 BOSTON, MA 02284	PROGRAM CONSULTING	132,552.
LUCIANO CENTINI 1155 GROVEPARK LANE EARLYSVILLE, VA 22936	PROGRAM CONSULTING	325,249.
NON-PROFIT ACCOUNTING SOLUTIONS LLC 2360 ROUTE 33 ROBBINSVILLE, NJ 08691	ACCOUNTING SERVICES	122,061.

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization			Employer identification	on number
INSTITUTE FOR CITIZENS	21-0703075	5		
FORM 990, PART IX - OTHER FEE	IS			
	==			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
HONORARIA	153,750.	153,750.		
CONSULTING	687,309.	524,664.	79,519.	83,126.
OUTSIDE SERVICES	24,027.	17,702.	4,156.	2,169.
EVALUATION FEES	125,374.	92,371.	21,685.	11,318.
PROFESSIONAL FEES - MENTO	137,328.	101,179.	23,751.	12,398.
OTHER PROFESSIONAL SERVIC	21,774.	16,042.	3,766.	1,966.
TOTALS				
	1,149,562.	905,708.	132,877.	110,977.

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
INSTITUTE FOR CITIZENS AND SCHOLARS	21-0703075
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	33,359.
TOTALS	33,359.

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Name of the organization Employer identification number	
INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	
ENDINGCOSTDESCRIPTIONBOOK VALUEOR FMV	
PUBLICLY TRADED SECURITY 8,303,693.	
TOTALS 8,303,693.	
