Form **990**

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the lateral in the second security in the second se

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A FO	r the 2022 cal	endar year, or tax year b		07/01/2022 an			iation.			spection
		C Name of organization	-9g	07/01/2022 an	nd ending			0	6/30/202	.3
D Chec	ck if applicable:	INSTITUTE FOR C	TTTZENS AND	SCHOT ADG				D Embio	yer identificati	on numb
A	ddress change	Doing business as WOO!	DROW MILEON A	NAT'L FELLOWSHI						
N	lame change	Number and street (or P.	O. box if mail is not deliv	/ered to street address)	P FDN	D/-			703075	
In	nitial return	104 CARNEGIE CE				Room/su	ite		one number	
Fi	inal return/terminated	City or town, state or prov	vince, country, and ZIP	or foreign postal code		301) 452-700)7
Ar	mended return	PRINCETON, NJ 0		- renengti poetar oode			1	G Gross i	• 300 2	
Ap	pplication pending	F Name and address of prin		V VINNAKOTA			H/o)		10,548	,739
		104 CARNEGIE CE		V VINNAKOTA			H(a) Is this a subordii	nates?		res X
l Tax	x-exempt status:	X 501(c)(3)			, T.		H(b) Are all			res
J We	ebsite: WW	W.CITIZENSANDSC		nsert no.) 4947(a)(1) or 5	527	I		a list. See instruc	tions.
∢ For	rm of organizatio		rust Association	Other	1. 1/		H(c) Group			
Part			/ tooodation	Other	L Year	of format	ion: 1957	M State	e of legal domi	cile:]
,	1 Briefly des	cribe the organization's m	lission or most signif	icant activitios: DEDT	CAMED M					
වු	EXCELL	INCE IN EDUCATION)N	icani activities. DEDI	CATED TO	O THE	ENCOUR	AGEME	ENT OF	
ctivities & Governance										
Z Ver	2 Check this	oox if the organi	zation discontinuos	d ita anaratiana na t						
g 3	3 Number of	box if the organi	Overning body (Post)	ills operations or di	sposed of	more th	1an 25%	of its	net assets.	
°5 4	4 Number of	voting members of the go	here of the governing	i, line ia)				. 3		1
i ii	5 Total numb	independent voting memi	d in calendar year 20	g body (Part VI, line 1b)				. 4		1
≣ 6	Total numb	er of individuals employe	if necessary	122 (Part V, line 2a)		• • • • •		. 5		3
	7a Total unrel	er of volunteers (estimate ited business revenue from	m Part VIII. column //	?\ line 40				. 6		1
	b Net unrelat	ed business taxable incor	ne from Form 000 T), line 12	• • • • • •			. 7a		
		ed business taxable incon	ie irom Porm 990-1,	Part I, line 11	· · · · · ·	,				
a 8	Contributio	is and grants (Part VIII lir	ne 1h)				Prior Yea		Curren	t Year
9 10	Program se	is and grants (Part VIII, lin	ne 2a)			·	8,372,			58,89
10	Investment	rvice revenue (Part VIII, lin income (Part VIII, column	(A) lines 2 4 and 7		• • • • • •	·		,785.		25,65
11	Other rever	income (Part VIII, column	lines 5, 4, and 7	a)	• • • • • •	·	1,590,	974.	-87	72,95
12	Total reven	ue (Part VIII, column (A),	1 (must sound Dart)	Uc, and 11e)				NONE		NO
13	Grants and	ie - add lines 8 through 1	t IX column (A) lines	III, column (A), line 12)		-	10,248,		6,81	L1,59
14	Benefits pa	similar amounts paid (Part	IX, column (A), lines	, 1-3)	• • • • • •		3,254,	216.	2,46	53,890
φ 15	Salaries, of	d to or for members (Part er compensation, employ	vee benefits (Port IV)	• • • • • •			NONE		NO
16	a Professiona	fundraising fees (Part IX,	column (A) line 14.	column (A), lines 5-10)			4,014,	943.	4,83	35,592
15 16	b Total fundra	ising expenses (Part IX, co	Olumn (D) line 25)	1 100 540	• • • • • •			NONE		NO:
17	Other exper	ses (Part IX column (A)	Julii (D), little 25)	1,193,540.						
18	Total expens	ses (Part IX, column (A), l	ntes ila-ilu, ili-24	e)	• • • • • •		2,177,		3,84	2,041
19	Revenue les	es. Add lines 13-17 (mus	18 from line 12	nn (A), line 25)	• • • • • •		9,447,		11,14	1,523
20 21 22 22 22 21 22 22 22 22 22 22 22 22		s expenses. Subtract line	10 HOHI line 12				801,		-4,32	9,927
20	Total assets	(Part X, line 16)					ng of Curre		End of Y	'ear
21		es (Part X, line 26)	• • • • • • • • • •			1	7,317,	706.	14,61	7,998
22	Net assets of	r fund balances. Subtract	line 24 from the OC				1,890,	The second secon	3,26	3,028
art II	Signatu	e Block	line 21 from line 20.		<u></u>	1	5,427,	451.	11,35	4,970
nder pe	enalties of periu	/ I declare that I have	nined this return includ	ling cocons and its						
ue, corr	rect, and comple	y, I declare that I have exame. Declaration of preparer (ot	her than officer) is base	ed on all information of which	les and stater th preparer ha	nents, and is any kno	to the best	of my k	nowledge and	belief, it
		1 m	/					/	1200	
gn	Signature of o	icer					11	114	12023	
ere		1 Katin >	/ lanakita	Preside	+		Date			
	Type or print n	ame and title	1 . 1 1 forten Con	1 Lezions	_~					
	Print/Type pr		Preparer's sign	nature	D-1-					
d	BRIAN F				Date		Check	if P	ΓIN	
parer	Eirm's name		BRIAN E	BENDER	11/02	/2023	self-emple	oyed E	0130546	7
Only	Firm's address	WITHUMSMITH+I				Fi	irm's EIN	22	-2027092)
		this return with the pre	HWY 900 BETHESDA,	MD 20814-3423		P	hone no.	30	1-272-60	00
v the	TIKE UIECHIEF									

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. X
1	riefly describe the organization's mission:	_ [21]
-	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	id the organization undertake any significant program services during the year which were not listed on the	_
	rior Form 990 or 990-EZ? Yes	X No
	"Yes," describe these new services on Schedule O.	
3	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?	X No
	"Yes," describe these changes on Schedule O.	
4	rescribe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ne total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 2,277,274. including grants of \$ 1,435,112.) (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:	
	TEACHING AND LEADERSHIP FELLOWSHIPS IS A MAJOR EFFORT TO RECRUIT,	
	PREPARE, AND MENTOR CANDIDATES FOR SCHOOL LEADERSHIP AS WELL AS	
	TEACHING IN HIGH-NEED SUBJECTS LIKE MATHEMATICS AND THE SCIENCES,	
	TRANSFORM THEIR CLINICAL PREPARATION FOR TEACHING, AND SUPPORT	
	THEIR COMMITMENT TO LONG-TERM CAREERS IN HIGH-NEED URBAN AND RURAL	
	SCHOOLS.	
4c	Code:) (Expenses \$ 2,135,747. including grants of \$ 315,477.) (Revenue \$)	
	EE SCHEDULE O	
_		
4d	ther program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)	
4e	otal program service expenses 6,937,968.	

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Par	Checklist of Required Schedules			
		$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		37
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	3.7	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII.	124	Λ	
D	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	_	
	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 IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
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		v
0.7		20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
27		30		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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?	5с		
	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		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		
8	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			
	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
_	The original control of the control			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		-22
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

21-0703075

Form	990	(20	122)
Da	.4 \/		$\overline{}$

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

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	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
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 re	ached at			
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	١	<u>X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	emai	Revenue	Code.	Yes	No
				100	163	
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		-	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	па	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			124	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests			12b	х	
_	rise to conflicts?			120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-		12c	Х	
40	describe on Schedule O how this was done			13	X	
13				14	X	
14	Did the organization have a written document retention and destruction policy?				21	
15	Did the process for determining compensation of the following persons include a review ar		- 1			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official			15a	Х	
a b	Other officers or key employees of the organization			15b	Х	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a		r arra	ngement			
104	with a taxable entity during the year?		-	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization					
~	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990.	and 990-T	(sect	ion 5	01(c)
-	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that ap			, , , , , ,	3	(-)
	Own website Another's website X Upon request Other (explain on Sc		<i>→</i> O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the organization made its governing do	nents.	conflict of	inter	est p	olicv.
	and financial statements available to the public during the tax year.	1				,
20	State the name, address, and telephone number of the person who possesses the organization's l	oooks	and record	S		
	ANN ZAWARTKAY 104 CARNEGIE CENTER, NO. 301 PRINCETON, NJ 08540					

609-452-7007

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RAJIV VINNAKOTA	40.00									
PRESIDENT	NONE	X		X				467,639.	NONE	70,711.
(2) BEVERLY SANFORD	40.00	21		25				107,035.	INOINE	70,711.
SECRETARY/VICE PRESIDENT	NONE			x				278,160.	NONE	40,578.
(3) SUSANNA CRAFTON	40.00							27071001	1,01,1	10/3/01
MANAGING DIRECTOR, DEVELOPMENT	NONE				X			220,371.	NONE	57,611.
(4) BERNARD LARYEA	40.00							, , , , , ,	_	,
CHIEF NEW VENTURES AND TECHNOL	NONE	1		Х				231,150.	NONE	23,913.
(5) AUDRA WATSON	40.00									
DIRECTOR OF TEACHING FELLOWSH	NONE				X			199,735.	NONE	32,528.
(6) JAMES GENESKE	40.00									
CHIEF COMMUNICATIONS AND ENGA	NONE				X			175,640.	NONE	37,247.
(7) RAM CAPOOR	30.00									
CHIEF FINANCIAL OFFICER	NONE			Х				172,640.	NONE	18,484.
(8) JAMIE BERG WRIGHT	40.00									
BUDGET OFFICER	NONE					Х		132,042.	NONE	21,476.
(9) JANE FORAN	40.00									
OPERATIONS MANAGER	NONE					Х		124,074.	NONE	14,022.
(10) STEVEN HADDAD	40.00									
CHEIF DEVELOPMENT OFFICER	NONE			Х				112,401.	NONE	16,384.
(11) INDIRA LAR-MOORE	40.00									
CHIEF OF STAFF	NONE					X		107,500.	NONE	12,239.
(12) JANE PHILLIPS DONALDSON	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(13) RHIAN EVANS ALLVIN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) JEFFREY A. GOLDSTEIN	1.00									
VICE CHAIR (AS OF 2/8/23)	NONE	X		Х				NONE	NONE	NONE

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	oye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe d a c	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) ROBERT F. JOHNSTON	1.00									
VICE CHAIR (THRU 2/8/23)	NONE	X		Х				NONE	NONE	NONE
(16) JOHN KATZMAN	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(17) WILLIAM W. KEATING	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(18) HOLLY KUZMICH	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(19) GLEN LEWY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(20) LAUREN MADDOX	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(21) STEFANIE SANFORD	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(22) DAVID N. SHANE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(23) KIM SMITH	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(24) JAY P. URWITZ	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(25) MARK WALSH	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
1b Sub-total								2,221,352.	NONE	345,193.
c Total from continuation sheets to Part VII,					• •		•	NONE	NONE	NONE
d Total (add lines 1b and 1c)	_						•	2,221,352.	NONE	345,193.
Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose	liste	ed a	bov	e) who	re		\$100,000 of	
										Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3
4 For any individual listed on line 1a, is the organization and related organizations g	sum of represents	oortab 1 \$15	ole (com	per	nsatior f <i>"Ye</i> s	n aı	nd other compens	sation from the le J for such	
individual										4
5 Did any person listed on line 1a receive o for services rendered to the organization? If "										5

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 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 listed above) who received more than \$100,000 in compensation from the organization ▶

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do l box, office or dire	not ch unles	Pos neck s pe	sition more	than or this than or the state of the state	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-M	from	Est amo o comp fro orga and	(F) imated ount of ther ensatior m the nization related nizations	
26) KENT MCGUIRE TRUSTEE AS OF 10/12/22	1.00 NONE	X						NONE) }	IONE		N	ONE
		-											
Sub-total C Total from continuation sheets to Part VII, Section described by the state of the state	Section A					 	> re	eceived more than	\$100,000 of				
reportable compensation from the organization													
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represents	oortab	ole c 50,00	om 00?	pen	sation "Yes	n aı	nd other compens	sation from th	ne	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		Х
Section B. Independent Contractors Complete this table for your five highest concompensation from the organization. Report year.													
SEE SCHEDULE O Name and business ad	dress							(B) Description of se	ervices	Co	(C) ompens	ation	
							+						
							+						_
2 Total number of independent contractors (includina bi	ut no	t lim	ite	d to	thos	⊥ se li	isted above) who	received				

2

JSA 2E1055 1.000

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more than \$100,000 in compensation from the organization ▶

21-0703075

Form 990 (2022) INS Part VIII Statement of Revenue

Pal	t VIII	Check if Schedule O conta	ins a re	esnor	se or note to an	ov line in this Part V	/ III		
		Oncok ii Concadio C Conta	ino a re	зоро і	isc of floto to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
č, š	1a	Federated campaigns		1a	3,548.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		1b					
يَ ق	C	Fundraising events		1c					
rs, A	d	Related organizations		1d					
≘ق	e	Government grants (contributions		1e					
ns, Sir	f	All other contributions, gifts, gran	' Г						
e ë	-	and similar amounts not included abo		1f	6,755,348.				
혈美	g	Noncash contributions included i							
뒫	5	lines 1a-1f		1a S	\$				
ಕ್ಟ	h	Total. Add lines 1a-1f	_			6,758,896.			
					Business Code				
Se	2a	SERVICE FEES			900099	925,656.	925,656.		
Program Service Revenue	b								
S Z	C								
eve	d								
99 R	e								
7	f	All other program service revenue	е						
	g	Total. Add lines 2a-2f				925,656.			
	3	Investment income (including	divide	nds,	interest, and				
		other similar amounts)			228,000.			228,000.	
	4	Income from investment of tax-	bond	proceeds .	NONE				
	5	Royalties				NONE			
			(i) Rea	l	(ii) Personal				
	6a	Gross rents 6a							
	b	Less: rental expenses 6b							
	С	Rental income or (loss) 6c		NONE	NONE				
	d	Net rental income or (loss)				NONE			
	7a	Gross amount from	i) Securit	ies	(ii) Other				
		sales of assets							
		other than inventory 7a	2,636	,187.					
ne	b	Less: cost or other basis							
evenue		and sales expenses 7b	2,637	,143.	1,100,000.				
	С	Gain or (loss)		-956.	-1,100,000.				
er	d	Net gain or (loss)				-1,100,956.			-1,100,956.
Other R	8a	Gross income from funda	raising						
J		events (not including \$							
		of contributions reported on							
		1c). See Part IV, line 18		8a	NONE				
	b	Less: direct expenses		8b	NONE				
	С	Net income or (loss) from fundra	_ [vents		NONE			
	9a		aming	0-	NONE				
		activities. See Part IV, line 19		9a	NONE				
	b	Less: direct expenses		9b		NONE			
	C	Net income or (loss) from gamin	ا	/IIIES .		NOTAE			
	10a	Gross sales of inventory, returns and allowances		100	NONE				
					NONE				
	b	Less: cost of goods sold Net income or (loss) from sales of				NONE			
···	Ť	(1000) 110111 00100 0		, • •	Business Code	HOME			
Miscellaneous Revenue	11-								
scellaneo Revenue	11a								
eli ∛e	b								
် နှ	C d	All other revenue							
Σ	e	Total. Add lines 11a-11d				NONE			
	12	Total revenue. See instructions				6,811,596.	925,656.		-872,956.

21-0703075

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	nclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gran	ats and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21	572,113.	572,113.		
2 Gran	nts and other assistance to domestic				
indi	viduals. See Part IV, line 22	1,891,777.	1,891,777.		
3 Gran	nts and other assistance to foreign				
orga	anizations, foreign governments, and				
	ign individuals. See Part IV, lines 15 and 16	NONE			
4 Ben	efits paid to or for members	NONE			
	npensation of current officers, directors,				
trus	tees, and key employees	2,277,770.	1,368,961.	244,658.	664,151
	pensation not included above to disqualified				
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)	NONE			
	er salaries and wages	2,000,529.	1,294,022.	538,716.	167,791
	sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions)	233,274.	153,961.	53,653.	25,660
	er employee benefits	66,145.	43,656.	15,213.	7,276
	roll taxes	257,874.	159,882.	48,996.	48,996
•	s for services (nonemployees):			20,777	
	nagement	NONE			
	al	18,178.		18,178.	
	ounting	49,059.		49,059.	
	bying	NONE			
	essional fundraising services. See Part IV, line 17	NONE			
	estment management fees	43,055.		43,055.	
	er. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	amount, list line 11g expenses on Schedule O.)	1,309,235.	898,621.	236,484.	174,130
	ertising and promotion	35,135.	23,189.	6,676.	5,270
	ce expenses	288,726.	18,612.	234,627.	35,487
14 Info	rmation technology	65,907.	945.	63,146.	1,816
15 Roy	alties	NONE			
16 Occ	upancy	286,399.	4,108.	274,400.	7,891
17 Trav	/el	580,985.	422,693.	111,624.	46,668
	ments of travel or entertainment expenses				
for a	any federal, state, or local public officials	NONE			
19 Con	ferences, conventions, and meetings	109,007.	85,025.	16,352.	7,630
20 Inte	rest	NONE			
21 Pay	ments to affiliates	NONE			
	reciation, depletion, and amortization	28,250.		28,250.	
	ırance	28,105.	403.	26,928.	774
	er expenses. Itemize expenses not covered				
	ve. (List miscellaneous expenses on line 24e. If				
	24e amount exceeds 10% of line 25, column				
	amount, list line 24e expenses on Schedule O.)	1 000 000		1 000 000	
	D DEBT EXPENSE	1,000,000.		1,000,000.	
d					
	other expenses	11 1/1 500	6 027 060	2 010 015	1 102 540
	If functional expenses. Add lines 1 through 24e at costs. Complete this line only if the	11,141,523.	6,937,968.	3,010,015.	1,193,540
orga	nization reported in column (B) joint costs				
	n a combined educational campaign and draising solicitation. Check here if				
	wing SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the	is Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,197,205.	1	1,926,069.
	2	Savings and temporary cash investments	1,256,760.	2	1,775,438.
	3	Pledges and grants receivable, net	5,099,992.	3	2,599,350.
	4	Accounts receivable, net	179,034.	4	NONE
	5	Loans and other receivables from any current or former officer, director	or,		
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as define	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	NONE
ts	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use		8	NONE
A	9	Prepaid expenses and deferred charges SEE SCHEDULE .O		9	20,038.
	_	Land, buildings, and equipment: cost or other	,		·
		basis. Complete Part VI of Schedule D 10a 201,8	20.		
	b	Less: accumulated depreciation		10c	151,250.
	11	Investments - publicly traded securities SEE SCHEDULE .O		11	6,304,138.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11			NONE
	14	Intangible assets			NONE
	15	Other assets. See Part IV, line 11		15	1,841,715.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	14,617,998.
	17	Accounts payable and accrued expenses.		17	609,583.
	18	Grants payable		18	867,800.
	19	Deferred revenue			NONE
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			NONE
Ś	22	Loans and other payables to any current or former officer, director			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35			
ig		controlled entity or family member of any of these persons		22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties			NONE
	25	Other liabilities (including federal income tax, payables to related thi			
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D		25	1,785,645.
	26	Total liabilities. Add lines 17 through 25		26	3,263,028.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	2,648,892.	27	1,313,275.
Ba	28	Net assets with donor restrictions.		28	10,041,695.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	, .,,,,,,		.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances		32	11,354,970.
ž	33	Total liabilities and net assets/fund balances		33	14,617,998.
					Form 990 (2022)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	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		6,8	11,	<u> 596</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,1	41,	<u>523</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>927</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	5,4	27,	<u>451</u>
5	Net unrealized gains (losses) on investments	5		2	57,	446
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	1,3	54,	<u>970</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>			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 con	npiled	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	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	φ	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
h	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			3b		

SCHEDULE 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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	of t	he organization						Employer identifi	cation number
INS	TI'	TUTE FOR CITIZENS AI	ND SCHOLARS					21-0	703075
Pa	τl	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) S	ee instructior	is.
The	org	anization is not a private fou		,	_	•		•	
1		A church, convention of chu					70(b)(1)(A)(i).	
2		A school described in secti			-				
3		A hospital or a cooperative	-	-				-	
4		A medical research organiz	=	conjunction with a hos	spital des	scribed ir	sectio	n 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and st							
5		An organization operated to		a college or universit	ty owner	d or ope	rated b	y a governme	intal unit described in
•		section 170(b)(1)(A)(iv). (C				470/			
6		A federal, state, or local go	_			-			46
7	X	An organization that norma	-	· · · · · · · · · · · · · · · · · · ·	ірроп по	om a go	vernme	ntal unit of ire	om the general public
0		described in section 170(b) A community trust describe		·	Dort II \				
8 9	\vdash	An agricultural research org				noratod	in coni	unction with a	land-grant college
9		or university or a non-land-	=			-	-		
		university:	grant concess of ag	griculture (See instruct	.iorio). Li	iter the i	iarrio, o	ity, and state o	Title college of
10 11		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509 (ertain ex able incc (a)(2). (C	ceptions me (less complete	; and (2 s section Part III.	2) no more thar n 511 tax) from)	n 331/3 % of its
12		An organization organized a		-	-				ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	509(a)(1)	or sect i	on 509	(a)(2). See se c	ction 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and co	mplete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted o	rganization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the dire	ectors or truste	es of the
	_	_ supporting organization.	You must complet	e Part IV, Sections A	and B.				
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	suppor	ted organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that o	ontrol or man	age the supported
		organization(s). You must	=						
С	L	Type III functionally integ							ly integrated with,
_		its supported organization		-					
d	L	Type III non-functionally			-				= ::
		that is not functionally inte	-	-	-			-	an attentiveness
	Г	requirement (see instruct	•	•					II. Turno III
е	_	Check this box if the organization or functionally integrated or						i Type I, Type I	т, туре ш
f	Fn	functionally integrated, or ter the number of supported				nyanizai	ЮП.		
g		ovide the following information							
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you docur	organization ur governing ment?	, sı	ount of monetary upport (see structions)	(vi) Amount of other support (see instructions)
					Yes	No			
(A)									
(D)									
(B)									
(C)									
(C)									
(D)									
, , ,									
(E)									

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,454,384.	7,634,786.	4,223,394.	8,037,199.	6,758,896.	34,108,659.
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	7,454,384.	7,634,786.	4,223,394.	8,037,199.	6,758,896.	34,108,659.
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						
6	shown on line 11, column (f)						11,867,359.
6	Public support. Subtract line 5 from line 4 tion B. Total Support						22,241,300.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(e) 2022	(f) Total
_	, , , , ,	(a) 2018	(b) 2019	(c) 2020 4,223,394.	(d) 2021 8,037,199.	6,758,896.	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	456,824.	407,590.	140,902.	114,561.	228,000.	1,347,877.
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						35,456,536.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	3,183,191.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2022 (lin		-			14	62.73 %
15	Public support percentage from 2021					15	65.59 %
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			•	•	• •	
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organization most					-	•
	in Part VI how the organization meets			•	•		
10	organization. Private foundation. If the organization						
18							
	instructions						<u></u>

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	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6		. ,	. ,		, ,	
	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13							
4.4	and 12.)	the organizati	on's first seem	d third fourth	or fifth toy yo	 	tion F01(a)(2)
14		_					
<u></u>	organization, check this box and stop here.						
	tion C. Computation of Public Support Public Support percentage for 2022 (line 8,		•	ımn (f))		45	0/
15						15	<u>%</u>
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment			40		47	
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021 S					18	%
19 a	331/3% support tests - 2022. If the or	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		-	•	•		· —
20	Private foundation If the organization of	aid not chack	a nov on line	ואו זעם הר 10h	cnack this ho	v and caa in	etriictione

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No." describe in Part VI how the supported organizations are designated. If designated is class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic 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 bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
us,	1		
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er	3a		
nd he	21-		
B)	3b		
If	3с		
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or ty	7		
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re	ð		
ns	9a		
ch	9b		
fit	9c		
on ed			
to	10a		
	10b	orm 990	J) 2022

Part	Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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		
Secti	on 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 ins	structi	ons).	
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	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
J.	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		i .

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	=	• • • •	

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 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) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				

Schedule A (Form 990) 2022

5

6

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$865,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$868,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for

Name of organization INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--------	----------------------------------	--------------------------------	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$136,802.	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.)

Name of organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number

Page 3

2.1	-0	77	121	7	5

art II	Noncash Property	(see instructions).	Use duplicate	copies of Part II if	additional space is ne	eeded.
		`	•	•		

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	rganization			Employer identification number	
	INSTITUTE FOR CITIZEN			21-0703075	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any one ons completing Part III, e e year. (Enter this inform	contributor. Co	Complete columns (a) through (e) are of exclusively religious, charitable, et	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of	_	ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation			

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

, or 12b.

Department of the Treasury Internal Revenue Service

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name	e of the organization		Employer identification number
INS	TITUTE FOR CITIZENS AND SCHOLARS		21-0703075
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, a	9	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes . No
Pa	rt II Conservation Easements.	IIV II F 000 P (IV. I' 7	
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	`,	
	Preservation of land for public use (for example		n of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
2	Preservation of open space	ald a qualified conservation contribution i	n the form of a conservation
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaimed conservation contribution i	Held at the End of the Tax Year
_	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c)		
u	a historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra		
	tax year	g	gg
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy reg		ction, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re		·
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme	=	inancial statements that describes the
Pa	rt III Organizations Maintaining Collections		er Similar Assets
	Complete if the organization answered		5. Ommar 7.000.01
1a			up statement and halance sheet works
ıa	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse	is held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describes	these items.
b	If the organization elected, as permitted under Fart, historical treasures, or other similar assets he provide the following amounts relating to these items	ld for public exhibition, education, or resease.	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		assets for financial gain, provide the
	following amounts required to be reported under F		
a	Revenue included on Form 990, Part VIII, line 1.		
<u>b</u>	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 TNS	TITUTE FOR CI	TIZENS AND	SCHOLARS	21-0)703075 Page 2
	rt III Organizations Maintaini					
3	Using the organization's acquisitio	_ 			<u>'</u>	
	collection items (check all that apply	y):				
а	Public exhibition		d L	oan or exchange prog	am	
b	Scholarly research			ther		
C	Preservation for future gener	ations				
4	Provide a description of the organ		and avalain h	ow they further the	organization's evemn	t nurnose in Part
7	XIII.	iizations collection	and explain in	ow they faither the t	organizations exemp	t puipose iii i ait
5	During the year, did the organizatio	n colicit or receive	donations of ort	historical tracquires	r other similar	
3	assets to be sold to raise funds rath					Yes No
Da	rt IV Escrow and Custodial A		allieu as part of	the organizations cor	ection:	165 140
Га	Complete if the organiza 990, Part X, line 21.		es" on Form 99	90, Part IV, line 9, or	reported an amou	nt on Form
1 a	Is the organization an agent, trust					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the followir	ng table:		
					Amount	t
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an ame	ount on Form 990,	Part X, line 21,	for escrow or custodi	al account liability?	Yes No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the explan	ation has been provide	d on Part XIII	
Pa	rt V Endowment Funds.					
	Complete if the organiza	tion answered "Ye	es" on Form 9	90, Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back 1,629,695.
1a b	Beginning of year balance Contributions	.,,	, ,		1 , ,	
b	Contributions	.,,	, ,	3. 1,596,603.	1,596,603.	1,629,695.
_	Contributions	.,,	, ,	3. 1,596,603. 378,242.	1,596,603.	1,629,695.
b	Contributions	1,385,073.	1,596,60	3. 1,596,603. 378,242.	1,596,603.	1,629,695.
b c d	Contributions	1,385,073.	1,596,60	3. 1,596,603. 378,242.	1,596,603.	1,629,695.
b	Contributions	1,385,073.	1,596,60	3. 1,596,603. 378,242.	1,596,603.	1,629,695.
b c d	Contributions	1,385,073.	1,596,60	3. 1,596,603. 378,242.	1,596,603.	1,629,695.
b c d	Contributions	1,385,073.	1,596,60	3. 1,596,603. 378,242.	1,596,603.	1,629,695.
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	1,385,073. 134,243. 31,184. 1,488,132.	1,596,60 -211,53	3. 1,596,603. 378,242. 30. 378,242. 3. 1,596,603.	1,596,603. 93,484. 93,484. 1,596,603.	1,629,695. 114,571. 147,663.
b c d e f g	Contributions	1,385,073. 134,243. 31,184. 1,488,132. of the current year	1,596,60 -211,53 1,385,07 end balance (lin	3. 1,596,603. 378,242. 30. 378,242. 3. 1,596,603.	1,596,603. 93,484. 93,484. 1,596,603.	1,629,695. 114,571. 147,663.
b c d e f g 2 a	Contributions	1,385,073. 134,243. 31,184. 1,488,132. of the current year ent	1,596,60 -211,53	3. 1,596,603. 378,242. 30. 378,242. 3. 1,596,603.	1,596,603. 93,484. 93,484. 1,596,603.	1,629,695. 114,571. 147,663.
b c d e f g	Contributions	1,385,073. 134,243. 31,184. 1,488,132. of the current year	1,596,60 -211,53 1,385,07 end balance (lin	3. 1,596,603. 378,242. 30. 378,242. 3. 1,596,603.	1,596,603. 93,484. 93,484. 1,596,603.	1,629,695. 114,571. 147,663.
b c d e f g 2 a b	Contributions	31,184. 1,488,132. of the current year ent%	1,596,60 -211,53 1,385,07 end balance (lin%	3. 1,596,603. 378,242. 30. 378,242. 3. 1,596,603.	1,596,603. 93,484. 93,484. 1,596,603.	1,629,695. 114,571. 147,663.
b c d e f g 2 a b c	Contributions	1,385,073. 134,243. 31,184. 1,488,132. of the current year ent ent % nd 2c should equal	1,596,60 -211,53 1,385,07 end balance (lin%	378,242. 378,242. 378,242. 3, 1,596,603. 40. 378,242. 3, 1,596,603. 40. 40.	1,596,603. 93,484. 93,484. 1,596,603.	1,629,695. 114,571. 147,663.
b c d e f g 2 a b c	Contributions	1,385,073. 134,243. 31,184. 1,488,132. of the current year ent ent % nd 2c should equal	1,596,60 -211,53 1,385,07 end balance (lin%	378,242. 378,242. 378,242. 3, 1,596,603. 40. 378,242. 3, 1,596,603. 40. 40.	1,596,603. 93,484. 93,484. 1,596,603.	1,629,695. 114,571. 147,663.
b c d e f g 2 a b c	Contributions	31,184. 31,184. 1,488,132. of the current year ent % and 2c should equal the possession of the current the current the possession of the current the curr	1,596,60 -211,53 1,385,07 end balance (lin %	3. 1,596,603. 378,242. 30. 378,242. 3. 1,596,603. e 1g, column (a)) held at	1,596,603. 93,484. 93,484. 1,596,603. as:	1,629,695. 114,571. 147,663. 1,596,603.
b c d e f g 2 a b c	Contributions	31,184. 31,184. 1,488,132. of the current year ent	1,596,60 -211,53 1,385,07 end balance (lin%	378,242. 378,242. 378,242. 31,596,603. 378,242. 31,596,603. 41,596,603. 41,596,603. 42,596,603. 43,596,603. 44,596,603. 45,596,603. 46,596,603. 47,596,603. 48,603. 49,603. 40	1,596,603. 93,484. 93,484. 1,596,603. as:	1,629,695. 114,571. 147,663. 1,596,603. Yes No
b c d e f g 2 a b c 3a	Contributions	31,184. 1,488,132. of the current year ent	1,596,60 -211,53 1,385,07 end balance (lin%	378,242. 378,242. 378,242. 31,596,603. 378,242. 32. 378,242. 33. 378,242. 34. 378,242. 35. 378,242. 378,242. 38. 378,242. 38. 378,242. 39. 378,242.	1,596,603. 93,484. 93,484. 1,596,603. as:	1,629,695. 114,571. 147,663. 1,596,603. Yes No 3a(i) 3a(ii)
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Term endowment When the percentages on lines 2a, 2b, and are there endowment funds not in the organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related	1,385,073. 134,243. 31,184. 1,488,132. of the current year ent ent % nd 2c should equal the possession of the pos	1,596,60 -211,53 1,385,07 end balance (lin %	378,242. 378,242. 378,242. 3. 1,596,603. e 1g, column (a)) held and administration of the column and administration.	1,596,603. 93,484. 93,484. 1,596,603. as:	1,629,695. 114,571. 147,663. 1,596,603. Yes No
b c d e f g 2 a b c 3 a b 4	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment Term endowment	31,184. 31,184. 1,488,132. of the current year ent % nd 2c should equal the possession of the possession of the current state of the current state of the current state of the organizations lister is easy of the organization that is the current.	1,596,60 -211,53 1,385,07 end balance (lin% 100%. the organization ad as required or	378,242. 378,242. 378,242. 378,242. 3. 1,596,603. e 1g, column (a)) held and administration and administration and administration.	1,596,603. 93,484. 93,484. 1,596,603. as:	1,629,695. 114,571. 147,663. 1,596,603. Yes No 3a(i) 3a(ii) 3b
b c d e f g 2 a b c 3 a b 4	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Term endowment When the percentages on lines 2a, 2b, and are there endowment funds not in the organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended under the same and the	1,385,073. 134,243. 31,184. 1,488,132. of the current year ent	1,596,60 -211,53 1,385,07 end balance (ling) 100%. the organization ad as required or thion's endowmer es" on Form 9 rother basis (b)	378,242. 378,242. 3. 1,596,603. 4.7596,603. 4.7596,603. 5. 1,596,603. 5. 1,596,603. 6. 1g, column (a)) held and administration of the second o	1,596,603. 93,484. 93,484. 1,596,603. as: See Form 990, Paccumulated (6	1,629,695. 114,571. 147,663. 1,596,603. Yes No 3a(i) 3a(ii) 3b
b c d e f g 2 a b c 3a b 4 Pa	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment Term endowment	31,184. 31,184. 1,488,132. of the current year ent	1,596,60 -211,53 1,385,07 end balance (lin % 100%. he organization ed as required or ation's endowme	378,242. 378,242. 3. 1,596,603. 4.596,603. 4.596,603. 5. 1,596,603. 6. 1g, column (a)) held and administration of the second sec	93,484. 93,484. 1,596,603. 93,484. 1,596,603. as:	1,629,695. 114,571. 147,663. 1,596,603. Yes No 3a(i) 3a(ii) 3b
b c d e f g 2 a b c c 3a b 4 Pa	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endown Permanent endowment Term endowment Term endowment	31,184. 1,488,132. of the current year ent	1,596,60 -211,53 1,385,07 end balance (ling) 100%. the organization ad as required or thion's endowmer es" on Form 9 rother basis (b)	378,242. 378,242. 3. 1,596,603. 4.7596,603. 4.7596,603. 5. 1,596,603. 5. 1,596,603. 6. 1g, column (a)) held and administration of the second o	1,596,603. 93,484. 93,484. 1,596,603. as: See Form 990, Paccumulated (6	1,629,695. 114,571. 147,663. 1,596,603. Yes No 3a(i) 3a(ii) 3b
b c d e f g 2 a b c 3a b 4 Pa	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment Term endowment	1,385,073. 134,243. 31,184. 1,488,132. of the current year ent ent % and 2c should equal the possession of the po	1,596,60 -211,53 1,385,07 end balance (ling) 100%. the organization ad as required or thion's endowmer es" on Form 9 rother basis (b)	378,242. 378,242. 3. 1,596,603. 4.7596,603. 4.7596,603. 5. 1,596,603. 5. 1,596,603. 6. 1g, column (a)) held and administration of the second o	1,596,603. 93,484. 93,484. 1,596,603. as: See Form 990, Paccumulated (6	1,629,695. 114,571. 147,663. 1,596,603. Yes No 3a(i) 3a(ii) 3b art X, line 10.

201,820.

50,570

151,250. Schedule D (Form 990) 2022

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

d Equipment.....

151,250.

Part VII Investments - Other Securities.			L-0703075 Page (
Complete if the organization answered (a) Description of security or category	(b) Book value	0, Part IV, line 11b. See Form 990, (c) Method of valuat	
(including name of security)	(b) Book value	Cost or end-of-year mark	
(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.)			
Part VIII Investments - Program Related. Complete if the organization answered	I "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	
, ,		Cost or end-of-year mark	
(1)			
(2)			
(3)			
_(4)			
<u>(5)</u>			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 99	0 Part IV line 11d See Form 990	Part X line 15
	scription	o, raitiv, interra. Gee roini 330,	(b) Book value
(1)RECOVERABLE DEPOSITS	Comption		68,163.
(2)RIGHT OF USE ASSET			1,773,552.
(3)			17.7070021
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15.)		1,841,715.
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes	otion of hability		(b) Book value
(2)RIGHT OF USE LIABILITY - LEASE			1,785,645.
(3)			1,703,013.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			1,785,645.

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	7,025,987.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	257,446.
3	Subtract line 2e from line 1	3	6,768,541.
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.)		
С	Add lines 4a and 4b	4c	43,055.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,811,596.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	11,098,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,098,468.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	43,055.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,141,523.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

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 YEARS ENDED JUNE 30, 2023 AND 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 STATEMENTS OF FINANCIAL POSITION AS OF

JUNE 30, 2023 AND 2022, OR IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES

FOR THE YEARS 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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
INSTITUTE FOR CITIZENS AND SCHOLAR	RS					21-0703075	Ò
Part I General Information on Grants and		e					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to 	ts or assistand dures for mor comestic Or	ee? nitoring the use ganizations a	of grant funds in the	e United States.	nplete if the organiz	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HIGH RESOLVES							
2521 VAN NESS AVE, NO 2	82-2740156	501(C)(3)	100,000.				CIVICS EDUCATION
(2) EARTH CARE INTERNATIONAL							
6600 VALENTINE WAY BUILDING A	33-1017279	501(C)(3)	12,500.				CIVICS EDUCATION
(3) SCHOOL DISTRICT OF PHILADELPHIA							
440 N BROAD ST. PHILADELPHIA, PA 19130	99-9999999	501(C)(3)	25,500.				TEACHING & LEADERSH
(4) CULTIVATE THE KARASS							
2415 N LINCOLN ST. ARLINGTON, VA 22207	36-4854682	501(C)(3)	8,000.				BREWER CROSS PARTIS
(5) DUQUESNE UNIVERSITY							
600 FORBES AVE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	147,987.				TEACHING & LEADERSH
(6) NEW ORLEANS EDUCATIONAL TELECOMMUNICATIONS							
2045 LAKESHORE DRIVE NEW ORLEANS, LA 70122	72-1044950	501(C)(3)	25,000.				TEACHING & LEADERSH
(7) NEW HAMPSHIRE HIGHER EDUCATION LOAN CORPORA							
4 BARRELL COURT PO BOX 2111	02-0368776	501(C)(3)	25,000.				TEACHING & LEADERSH
(8) MERCER UNIVERSITY							
1501 MERCER UNIVERSITY DR MACON, GA 31207	58-0566167	501(C)(3)	12,000.				TEACHING & LEADERSH
(9) UNIVERSITY OF MINNESOTA							
213 MAIN AVE N BAGLEY, MN 56621	41-6007513	501(C)(3)	25,000.				TEACHING & LEADERSH
(10) SAINT JOSEPH'S UNIVERSITY							
5600 CITY AVE PHILADELPHIA, PA 19131	23-1352674	501(C)(3)	28,000.				TEACHING & LEADERSH
(11) UNIVERSITY OF PENNSYLVANIA							
1 COLLEGE HALL, ROOM 1	23-1352685	501(C)(3)	52,000.				TEACHING & LEADERSH
(12) WEST CHESTER UNIVERSITY OF PENNSYLVANIA							
700 S HIGH ST WEST CHESTER, PA 19383	23-2417773	501(C)(3)	106,126.				TEACHING & LEADERSH
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			12
3 Enter total number of other organizations lis	ted in the line	1 table					1

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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		
1 CHARLOTTE NEWCOMBE DISSERTATION FELLOWSHIPS	22	680,000.					
2 MELLON FDN DISSERTATION/RESEARCH/TRAVEL AND CAREER	65	700,100.					
3 WOMEN'S STUDIES	8	40,000.					
4CIVICS EDUCATION FELLOWSHIPS	88	206,577.					
5 TEACHING FELLOWSHIPS	4	40,600.					
6 EDUCATION MBA	10	49,500.					
7mellon emerging leaders	10	175,000.					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

RECIPIENTS FOR ALL GRANTS AND FELLOWSHIPS ARE SELECTED FROM A POOL OF QUALIFIED APPLICANTS BY SELECTION COMMITTEES ACCORDING TO THE PROGRAM CRITERIA. RECIPIENTS ARE MONITORED THROUGHOUT THE TERM OF THE GRANT OR FELLOWSHIP BY FOUNDATION STAFF TO ENSURE THAT THEY CONTINUE TO MEET THE ELIGIBILITY CRITERIA SPECIFIC TO THEIR GRANT OR FELLOWSHIP PROGRAM.

Page 2

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form						
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment						
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	46					
2	explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
•		2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a						
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee X Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	 b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 						
С							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
_	compensation contingent on the revenues of:	5a		Х			
a b	The organization?	5b		X			
b	Any related organization?						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
·	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
-	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/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)	467,639.			45,481.	25,230.	538,350.	
1 PRESIDENT	(ii)							
BEVERLY SANFORD	(i)	278,160.			28,225.	12,353.	318,738.	
2 SECRETARY/VICE PRESIDENT	(ii)							
SUSANNA CRAFTON	(i)	220,371.			23,389.	34,222.	277,982.	
3 MANAGING DIRECTOR, DEVELOPMENT	(ii)							
BERNARD LARYEA	(i)	231,150.			23,072.	841.	255,063.	
4 CHIEF NEW VENTURES AND TECHNOL	(ii)							
JAMIE BERG WRIGHT	(i)	132,042.			12,717.	8,759.	153,518.	
5 BUDGET OFFICER	(ii)							
RAM CAPOOR	(i)	172,640.			16,858.	1,626.	191,124.	
6 CHIEF FINANCIAL OFFICER	(ii)							
AUDRA WATSON	(i)	199,735.			20,545.	11,983.	232,263.	
7 DIRECTOR OF TEACHING FELLOWSH	(ii)							
JAMES GENESKE	(i)	175,640.			18,130.	19,117.	212,887.	
8 CHIEF COMMUNICATIONS AND ENGA	(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)							

21-0703075

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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.

Name of the organization

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.

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number
21-0703075

FORM 990, PART VI, LINE 17 - STATES

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

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number
21-0703075

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

ABT. ASSOCIATES P.O. BOX 84-5586

BOSTON, MA 02284 PROGRAM CONSULTING 139,304.

NON-PROFIT ACCOUNTING SOLUTIONS LLC

2360 ROUTE 33

ROBBINSVILLE, NJ 08691 ACCOUNTING SERVICES 127,500.

Name of the organization	Employer identification	Employer identification number				
INSTITUTE FOR CITIZENS	AND SCHOLARS		21-0703075			
				_		
FORM 990, PART IX - OTHER FEES	}					
=======================================	:					
	(A)	(B)	(C)	(D)		
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING		
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES		
CONSULTING	760,703.	499,605.	152,931.	108,167.		
EVALUATION FEES	366,025.	241,577.	69,545.	54,903.		
HONORARIA	108,775.	108,775.				
PROFESSIONAL FEES - MENTO	48,025.	31,697.	9,124.	7,204.		
OUTSIDE SERVICES	25,707.	16,967.	4,884.	3,856.		
TOTALS						
	1,309,235.	898,621.	236,484.	174,130.		

==========

20,038.

=========

TOTALS

ENDING

COST

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number
21-0703075

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

PUBLICLY TRADED SECURITY 6,304,138.

TOTALS ------ 6,304,138.