Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	Foi	the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending			Inspection
В	Che	k if cable: C Name of organization			
		cable:	[D Employer identi	fication number
	A	driese ange INSTITUTE FOR CITIZENS AND SCHOLARS			
	N	ange Doing business as		01 0500	
	In re	tial Number and street (or D.O. how if well in a 1.1.1)		21-0703	
Ī	TF	nal 104 CARNEGER CONTROL (Room,	/suite E	Telephone numb	
	te			(609)452	
Γ	- A	City or town, state or province, country, and ZIP or foreign postal code PRINCETON, NJ 08540	-	Gross receipts \$	40,010,082.
Ī		F Name and address of principal officer: RAJIV VINNAKOTA	Н	l(a) Is this a group	
		104 CARNEGIE CENTER, SUITE 301, PRINCETON,		for subordinate	
ī	Tax		7	l(b) Are all subordinates	
J	Wel	exempt status: A 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or site: WWW.CITIZENSANDSCHOLARS.ORG	527	If "No," attach	a list. See instructions
K	Forn	of organization. V Composition	H	(c) Group exemption	on number
	art	Summary Summary Summary Association Other ▶ L	Year of fo	ormation: 1957	M State of legal domicile: NJ
-	T 1				
9	2	Briefly describe the organization's mission or most significant activities: DEDICATE OF EXCELLENCE IN EDUCATION.	ED TO	THE ENCO	URAGEMENT
ĝ	2	Check this box if the argenization discusting the			
Activities & Covernosco	3	Number of voting members of the assuration discontinued its operations or disposed of r			sets.
ć	4	Number of independent voting members of the governing body (Part VI, line 1a)	•••••	3	22
o.	5 5	Number of independent voting members of the governing body (Part VI, line 1b)		4	21
ě	6	Total number of voluntoers (setiments if year 2020 (Part V, line 2a)		5	31
į	7	Total number of volunteers (estimate if necessary) a Total unrelated husiness revenue from Port VIII.		6	21
Ā	:	and stated basiness revende from Fart VIII, Column (C), line 17		1	0.
-	T	b Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	7b	0.
_	8	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
Revenue	9	Dragram comiles	<u>7</u>	,634,786.	4,223,394.
Ş.	10	Investment income (Part VIII, line 2g)		410,619.	239,326.
Ä	11	(are viii, coldinii (A), lines 3, 4, and 7d)		343,323.	258,519.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
-	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,388,728.	, _ , _ , _ ,
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4	,533,844.	3,924,844.
/0	45	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	16:	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	,419,919.	4,179,285.
Den		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 794,196.		0.	0.
ŭ	17	Other expenses (Part IX, column (D), line 25) 794, 196.			
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 12 17 (must small Public A)	4	,096,514.	2,187,246.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		,050,277.	10,291,375.
or es		Action to 1655 expenses. Subtract line 18 from line 12		,661,549.	-5,570,136.
Net Assets or	20	Total assets (Part X, line 16)	Beginni	ng of Current Year	End of Year
Ass	21	Total liabilities (Part X, line 26)		,310,498.	19,002,536.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	2	,622,374.	2,198,100.
Pa	rt II	Signature Block	21	,688,124.	16,804,436.
Unde	er pen				
true.	corre	alties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, a	and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	arer has a	ny knowledge.	1
Sign		Signature of officer		1/34	2022
Here		1		Date	
		RAJIV VINNAKOTA, PRESIDENT Type or print name and title			
		21.5	15:		
Paid		PADUARI I CADIRINAT CAR I SPECIAL OF SIGNATURE	Date	Check if	PTIN
Prepa	arer	The state of the s	11/0	03/21 self-employed	
Use (Firm's name MERCADIEN, P.C. Firm's address P.O. BOX 7648		Firm's EIN ▶ 2	2-3271712
•					
May	the II	PRINCETON, NJ 08543-7648		Phone no. 6 0 9	-689-9700
02200	110 11	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PREPARES LEADERS AND ENGAGES NETWORKS OF PEOPLE AND ORGANIZATIONS TO MEET URGENT EDUCATION CHALLENGES. THE OVERARCHING GOAL IS TO SHAPE AN INFORMED, PRODUCTIVELY ENGAGED, AND HOPEFUL CITIZENRY.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$2,432,732.
4b	(Code:)(Expenses \$4,343,135. including grants of \$2,165,173.) (Revenue \$) TEACHING AND LEADERSHIP FELLOWSHIPS IS A MAJOR EFFORT TO RECRUIT, PREPARE, AND MENTOR CANDIDATES FOR SCHOOL LEADERSHIP AS WELL AS TEACHING IN HIGH-NEED SUBJECTS LIKE MATHEMATICS AND THE SCIENCES, TRANSFORM THEIR CLINICAL PREPARATION FOR TEACHING, AND SUPPORT THEIR COMMITMENT TO LONG-TERM CAREERS IN HIGH-NEED URBAN AND RURAL SCHOOLS.
4c	(Code:)(Expenses \$1,426,258. including grants of \$316,423.) (Revenue \$) 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 CITIZENSWITH A FOCUS ON 16-24 YEAR-OLDSARE 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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 8 , 202 , 125 . Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	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		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 Х 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 Х 25b 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% X

	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		L
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		L
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ı
	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			ı
	"Yes," complete Schedule L, Part IV	28a		L
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		L
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		L
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	L

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

contributions? |f "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

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	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
	If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance			
		e: All Form 990 filers are required to complete Schedule O	38	X	
38	Did th	the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and th	that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		l

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	126			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Form 990 (2020)

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30 31 Form 990 (2020) INSTITUTE FOR CITIZENS AND SCHOLARS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued).

	to accompliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4 a		
b	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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? Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Then the ground of recovery as head.			
C 1/10	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	1/10		Х
14a b	M. West Harris & Clark and Tools and the second of the sec	14a 14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	טדי		
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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.			
		Г	aan	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	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	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point 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) members, si	tockholders, or				
	persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			1		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х	
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? H	es," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	-			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	Il by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ , AK , AL , AR , C					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (Section 50	1(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	• •	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest police	cy, and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	oks and records				
	RAM CAPOOR - (609)452-7007					
	104 CARNEGIE CENTER, NO. 301, PRINCETON, NJ 08540				000	
032006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		99	n pen		(W-2/1099-MISC)		organization and related
	below	ndividual trustee or director	nstitutional trustee	L	Key employee	Highest compensated employee	_			organizations
	line)	ndivic	nstitu	Officer	(ey er	Lighe Implo	Former			0.ga _ a
(1) RAJIV VINNAKOTA	40.00	_	_		_	1 0				
PRESIDENT		Х		Х				444,235.	0.	55,494.
(2) BEVERLY SANFORD	40.00									
SECRETARY/VICE PRESIDENT				Х				265,646.	0.	34,920.
(3) LEANN BUNTROCK	40.00									
PROGRAM DIRECTOR, MBA IN E					Х			193,501.	0.	35,123.
(4) COLIN WINTER	40.00									
DEPUTY DIRECTOR, MBA IN EDUCATION PR						Х		186,419.	0.	40,634.
(5) SUSANNA CRAFTON	40.00									
CHIEF DEVELOPMENT OFFICER					Х			198,344.	0.	28,438.
(6) PATRICK RICCARDS	40.00									
VICE PRESIDENT COMMUNICATI					Х			206,525.	0.	15,307.
(7) AUDRA WATSON	40.00									
DIRECTOR OF TEACHING FELLOWSHIPS PRO						X		188,136.	0.	26,441.
(8) BERNARD LARYEA	40.00									
CHIEF NEW VENTURES AND TECHNOLOGY OF					Х			200,000.	0.	834.
(9) SYMEON BRAXTON	40.00									
DIRECTOR OF STRATEGIC PARTNERSHIPS						X		163,361.	0.	34,877.
(10) JAMIE BERG WRIGHT	40.00									
BUDGET OFFICER						X		130,946.	0.	19,532.
(11) JANE FORAN	40.00									
OPERATIONS MANAGER						X		117,490.	0.	13,372.
(12) RAM CAPOOR	40.00								_	
CHIEF FINANCIAL OFFICER				Х				113,298.	0.	16,602.
(13) JANE PHILLIPS DONALDSON	1.00									_
CHAIR		Х						0.	0.	0.
(14) THOMAS C HUDNUT	1.00									_
TRUSTEE/CHAIR EMERITUS		Х						0.	0.	0.
(15) RHIAN EVANS ALLVIN	1.00									
TRUSTEE	1 00	Х	_			_		0.	0.	0.
(16) KIM BOTTOMLY	1.00	l								_
TRUSTEE	1 00	Х	_		_	_		0.	0.	0.
(17) BROOKE COBURN	1.00									_
TRUSTEE		X						0.	0.	990 (2020)

032007 12-23-20 Form **990** (2020)

Form 990 (2020) INSTITUT	E FOR CI	ΤI	ZE	NS	A	ND	S	CHOLARS	21-0703	075	Pa	age 8
Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(A) (B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c		ition more		one	Reportable	Reportable	Es	stimate	∌d
	hours per	box	, unle: cer ar	ss pei	rson i	s both	an	compensation	compensation	an	mount	
	week (list any		T an		1 0010	174445		from	from related		other	
	hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	1	npensa rom the	
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	l	ganizati	
	organizations	truste	al tru:		yee	ım per		(** 2/ : 55555)		ı -	d relate	
	below	Individual trustee or director	Institutional trustee	ie.	Key employee	Highest compensated employee	ıer			orga	anizatio	ons
	line)	Indi	Insti	Officer	Key	High	Former					
(18) JEFFREY GOLDSTEIN	1.00	1						_	_			
TRUSTEE		Х						0.	0.	<u> </u>		0.
(19) ROBERT JOHNSTON	1.00	J										
TRUSTEE		Х						0.	0.			0.
(20) MARTHA J. KANTER	1.00	J										
TRUSTEE		Х						0.	0.	<u> </u>		0.
(21) JOHN KATZMAN	1.00								•			^
TRUSTEE	1 00	Х				_		0.	0.			0.
(22) WILLIAM KEATING	1.00	٠,,							0			^
TRUSTEE (23) HOLLY KUZMICH	1.00	Х						0.	0.			0.
	1.00	Х						0.	0.			Λ
TRUSTEE (24) GLEN LEWY	1.00	^						0.	0.	\vdash		0.
TRUSTEE	1.00	Х						0.	0.			0.
(25) LAUREN MADDOX	1.00								0.			<u> </u>
TRUSTEE	1.00	X						0.	0.			0.
(26) ANITA MANWANI	1.00								•			
TRUSTEE		x						0.	0.			0.
1b Subtotal								2,407,901.	0.	32	1,5	
c Total from continuation sheets to Part V							•	0.	0.			0.
d Total (add lines 1b and 1c)							•	2,407,901.	0.	32	1,5	74.
2 Total number of individuals (including but r) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												12
											Yes	No
3 Did the organization list any former officer	, director, trusto	ee, k	кеу е	empl	loye	e, or	higl	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3	oxdot	X
4 For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	ensa	tion	and	oth	er compensation from t	ne organization			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4	X	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	<u>nplete Schedule</u>	e J f	or sı	ıch į	oers	on .				5		X
Section B. Independent Contractors		_										
1 Complete this table for your five highest co	•	•							•	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T	the organization's tax y	ear.			

the organization. Report compensation for the calendar year ending with or within		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
LUCIANO CENTINI		
1155 GROVEPARK LANE, EARLYSVILLE, VA 22936	PROGRAM CONSULTING	545,502.
ABT. ASSOCIATES		
P.O. BOX 84-5586, BOSTON, MA 02284	PROGRAM CONSULTING	239,595.
NON PROFIT ACCOUNTING SOLUTIONS LLC		
2360 ROUTE 33, ROBBINSVILLE, NJ 08691	ACCOUNTING SERVICES	120,561.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

\$100,000 of compensation from the organization ► 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

orm 990 INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075					3075					
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
								(F)		
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization
	related	ustee	trust		99	ubeus				and related organizations
	organizations below	dual tr	tional	١.	n ploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN RICE	1.00									
TRUSTEE		Х						0.	0.	0.
(28) STEFANIE SANFORD	1.00							-	-	-
TRUSTEE		Х						0.	0.	0.
(29) DAVID N. SHANE	1.00							•	•	
TRUSTEE		х						0.	0.	0.
(30) JOHN L.S. SIMPKINS	1.00		\vdash	\vdash		\vdash				`
TRUSTEE	1.00	Х						0.	0.	0.
(31) KIM SMITH	1.00							· ·	· ·	3.
TRUSTEE		Х						0.	0.	0.
(32) JAY P. URWITZ	1.00								-	-
TRUSTEE		Х						0.	0.	0.
(33) MARK WALSH	1.00									
TRUSTEE		Х						0.	0.	0.
									-	-
		-								
			-							
		ŀ								
		ł								
				<u> </u>						
Total to Doub VIII. Occident A. Pros. 4										
Total to Part VII, Section A, line 1c								l	l	

Form 990 (2020) INSTITU
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4	- Fadanatad assessinas da					00000010 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
g on		Membership dues 1b					
s, An		Fundraising events 1c					
를 돌	(d Related organizations1d					
ini	•	e Government grants (contributions) 1e	796,326.				
Ρ̈́S	1	f All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	3,427,068.				
달	9	Noncash contributions included in lines 1a-1f 1g \$	32,700.				
a S	1	Total. Add lines 1a-1f	•	4,223,394.			
			Business Code				
σ.	2 :	service fees	900099	239,326.	239,326.		
į.		•		,	,		
še							
Me C		C					
gra Be		d					
Program Service Revenue		•					
ъ.		f All other program service revenue		222 225			
		Total. Add lines 2a-2f		239,326.			
	3	Investment income (including dividends, intere					
		other similar amounts)		140,902.			140,902.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′ '	assets other than inventory 7a 35, 406, 460.	(", " : : : : :				
		b Less: cost or other basis					
ø.	'						
ther Revenue							
eye		. ,	•	117 617			117 617
ĕ		d Net gain or (loss)	P	117,617.			117,617.
the the	8 8	a Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ı	b Less: direct expenses8b					
	(Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	1	b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		Net income of (loss) from sales of inventory	Business Code				
ns	44.	•	Buomess souc				
Miscellaneous Revenue	11 6						
ila Ven							
Sce		d All other revenue					
Ξ		d All other revenue					
	12	Total savanue See instructions		4,721,239.	239,326.	0.	258,519.
	14	Total revenue. See instructions		-, ' ,	1 227,220.	ı .	, 200,019.

Form 990 (2020) INSTITUTE FOR Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	r organizations must con	nolete column (A)	
0000	Check if Schedule O contains a respon			ipiete eoiamii (r.y.	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	968,699.	968,699.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,956,145.	2,956,145.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,402,470.	743,274.	266,290.	392,906.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,204,276.	1,573,072.	442,619.	188,585.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	326,511.	247,181.	34,380.	44,950.
10	Payroll taxes	246,028.	166,076.	31,695.	48,257.
11	Fees for services (nonemployees):	210,0201	200,0101	3270331	10,20,1
	Management	9,627.	1,661.	7,966.	
	Legal	152,001.	127,430.	20,351.	4,220.
	Accounting	132,001	127, 430.	20,331.	4,220.
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	17,460.	2,762.	12,964.	1,734.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,434,462.	1,208,995.	185,377.	40,090.
12 13	Advertising and promotion Office expenses	507,644.	155,098.	281,089.	71,457.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	58,802.	51,732.	5,073.	1,997.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,250.		7,250.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses	10 001 000	0.000.105	1 005 054	704 106
<u>25</u>	Total functional expenses. Add lines 1 through 24e	10,291,375.	8,202,125.	1,295,054.	794,196.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2020)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
	Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	619,563.	1	705,809.		
	2	Savings and temporary cash investments			956,073.	2	1,506,306.
	3	Pledges and grants receivable, net	6,827,049.	3	5,757,084.		
	4	Accounts receivable, net	76,923.	4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sui	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			145,290.	9	101,498.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	96,820. 15,070.			
	b	Less: accumulated depreciation	10b	15,070.	52,750.		81,750.
	11	Investments - publicly traded securities			15,632,850.	11	10,850,089.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			04 010 400	15	10 000 506
	16	Total assets. Add lines 1 through 15 (must e			24,310,498.	16	19,002,536.
	17	Accounts payable and accrued expenses			775,055.		468,350.
	18	Grants payable			1,713,250.	18	1,729,750.
	19	Deferred revenue			42,500.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				-00	
<u> ia</u>		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr				23 24	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin of Schedule D			91,569.	25	0.
	26	Total liabilities. Add lines 17 through 25			2,622,374.	26	2,198,100.
	20	Organizations that follow FASB ASC 958, or	heck he	e X	2,022,071	20	2,230,2000
es		and complete lines 27, 28, 32, and 33.	TICON TIC				
ğ	27				3,694,879.	27	4,280,470.
3ali	28				17,993,245.	28	12,523,966.
둳		Organizations that do not follow FASB ASC			,		, ,
Ξ		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	_ :			21,688,124.	32	16,804,436.
~	33	Total liabilities and net assets/fund balances			24,310,498.	33	19,002,536.
					•	_	Form 990 (2020)

Form **990** (2020)

I OIII	1000 (2020)		0,00	• • •	ıα	<u>gc</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,29		
3	Revenue less expenses. Subtract line 2 from line 1	3		,57		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,68		
5	Net unrealized gains (losses) on investments	5		00	0,4	48.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				_
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16	,80	4,4	36.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<u> </u>			Yes	No
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			Za		- 25
	separate basis, consolidated basis, or both:	ona				
	Separate basis, Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	buolo,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit				
•	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing					
Ju	Act and OMB Circular A-133?	-	•	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			
						1

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number

21-0703075 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16084992.	30549914.	7454384.	7634786.	4223394.	65947470.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16084992.	30549914.	7454384.	7634786.	4223394.	65947470.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16289567.
6	Public support. Subtract line 5 from line 4.						49657903.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	16084992.	30549914.	7454384.	7634786.	4223394.	65947470.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	276,693.	339,516.	456,824.	407,590.	140,902.	1621525.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						67568995.
	Gross receipts from related activities,	•	,			•	,637,400.
13	First 5 years. If the Form 990 is for the	-		•			
<u></u>	organization, check this box and sto						>
	ction C. Computation of Publi			. (5)			72 40
	Public support percentage for 2020 (I					14	73.49 % 77.87 %
	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the	•		•		•	
17-	and stop here. The organization qual						
ı/a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the fact			=	•	_	▶ □
Į.	meets the facts-and-circumstances to	-	•	• • •	-	70 and line 15 in	
O	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the				-		ightharpoonup
10	organization meets the facts-and-circ						.
ΙŎ	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 100, 178, 01 170	, check this box at	iu see iristruction	S

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.)

Section A. Public	Support	now, piedee comp	note i uit ii.j				
Calendar year (or fiscal y		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, cont membership fees include any "unus	received. (Do not						
2 Gross receipts fro merchandise sold formed, or facilitie any activity that is organization's tax	or services per- es furnished in related to the						
3 Gross receipts fro are not an unrelat- iness under section	ed trade or bus-						
4 Tax revenues levie ization's benefit al or expended on it	nd either paid to						
5 The value of service furnished by a government the organization was a service of the control o	ces or facilities vernmental unit to						
6 Total. Add lines 1	through 5						
7a Amounts included 3 received from di	on lines 1, 2, and squalified persons						
b Amounts included on lin from other than disqualit exceed the greater of \$5 amount on line 13 for the	fied persons that						
c Add lines 7a and	7b						
8 Public support. (Section B. Total S							
Calendar year (or fiscal y	rear beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 10a Gross income fror dividends, payme securities loans, re	e 6 m interest, nts received on	(1)	12/2	(2)	(1)	(7)	(7)
b Unrelated business t	taxable income kes) from businesses						
c Add lines 10a and 11 Net income from u activities not inclu whether or not the regularly carried o	unrelated business ided in line 10b, business is						
12 Other income. Do or loss from the sa	not include gain						
13 Total support. (Add I						1	
14 First 5 years. If th		•		•	•	. , . ,	. —
check this box an Section C. Comp	d stop here						>
				(0)		145	
15 Public support pe	•		•	.,,		15	<u>%</u>
16 Public support pe Section D. Comp			•			16	%
				ing 12 galuman (f)\		47	0/
17 Investment incom						17	%
18 Investment incom	•			on line 14, and line		18 23 1/3% and line 1	% %
19a 33 1/3% support						42	▶ □
b 33 1/3% support	%, check this box and tests - 2019. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	e than 33 1/3%, chec						>
20 Private foundation	n If the organization	a did not check a	hox on line 14 19	a or 19h check th	nie hay and see ing	structions	

Van Na

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b n 990 or 99	0-EZ\	2020
	,	

га	Gontinued)			
			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 in lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
	and 21 type i capper and cigaminations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
	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.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Sec	tion D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	, , , , , , , , , , , , , , , , , , , ,			
	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	21-		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
ა a				
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		Ju		
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_				

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number

21-0703075

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

INSTITUTE FOR CITIZENS AND SCHOLARS

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
1	GERALDINE R. DODGE FOUNDATION 14 MAPLE AVENUE #400 MORRISTOWN, NJ 07960	\$ 309,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE CHARLOTTE W. NEWCOMBE FOUNDATION 15 PARK PLACE PRINCETON, NJ 08542	\$ 841,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMBINED JEWISH PHILANTHROPIES KRAFT FAMILY BUILDING, 126 HIGH STREET BOSTON, MA 02110	\$ 200,000.	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	THE JENESIS GROUP 130 E. JOHN CARPENTER FRWY, SUITE 400 IRVING, TX 75062	\$\$	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
5	HIGH MEADOWS FOUNDATION 160 COMMONWEALTH AVENUE, SUITE L5 BOSTON, MA 02116	\$ 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
6	ROBERT F. JOHNSTON 155 LAMBERT DRIVE PRINCETON, NJ 08540	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		Cabadula B (Farra	990 990-F7 or 990-PF\(2020\)

Name of organization Employer identification number

INSTITUTE FOR CITIZENS AND SCHOLARS

21-0703075

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

Schedule D (Form 990) 2020

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

			re for citi						03075	
Par	t III	Organizations Maintaining C	ollections of Art	t, Historical T	reasures, c	r Other	Similar	Assets	(continue	d)
3	_	g the organization's acquisition, accession	on, and other records	s, check any of th	e following tha	ıt make sigi	nificant u	ise of its		
	collec	ction items (check all that apply):								
а	Щ	Public exhibition	d		xchange progr					
b	Н	Scholarly research	е	Other						
С		Preservation for future generations								
4		de a description of the organization's co						se in Part	XIII.	
5		g the year, did the organization solicit o							- r	
D		sold to raise funds rather than to be ma							Yes	No
Par	t IV	Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organiza	tion answered	"Yes" on F	orm 990	, Part IV, I	ine 9, or	
1a	Is the	organization an agent, trustee, custodi	an or other intermedi	ary for contribution	ons or other as	sets not in	cluded			
		orm 990, Part X?		•					Yes	No
b		es," explain the arrangement in Part XIII								
			·	· ·					Amount	
С	Begir	nning balance					1c			
	-	ions during the year					1d			
		butions during the year					1e			
f		ng balance					1f			
2a		ne organization include an amount on Fo					/?		Yes [No
b	If "Ye	es," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on	Part XIII			[
Par	t V	Endowment Funds. Complete it	f the organization an	swered "Yes" on	Form 990, Par	t IV, line 10).			
			(a) Current year	(b) Prior year	(c) Two yea	ars back (d	d) Three y	ears back	(e) Four yea	ars back
1a	Begir	nning of year balance	1,596,603.	1,596,603	1,62	9,695.	1,6	29,695.	1,62	9,695.
b	Cont	ributions								
		nvestment earnings, gains, and losses	378,242.	93,484	1. 11	4,571.	1	05,511.	11	9,128.
d	Gran	ts or scholarships								
е	Othe	r expenditures for facilities								
	and p	programs	378,242.	93,484	1. 14	7,663.	1	05,511.	11	9,128.
f	Admi	nistrative expenses								
g	End o	of year balance	1,596,603.	1,596,603	1,59	6,603.	1,6	29,695.	1,62	9,695.
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held as:					
а	Board	d designated or quasi-endowment		_%						
b	Perm	anent endowment 100	%							
С	Term	endowment >	%							
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are th	nere endowment funds not in the posses	ssion of the organiza	tion that are held	and administe	red for the	organiza	ation		
	by:								Ye	
	(i) L	Inrelated organizations							3a(i)	X
		Related organizations							3a(ii)	X
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R	?				3b	\perp
4		ribe in Part XIII the intended uses of the		wment funds.						
Par	t VI	Land, Buildings, and Equipm								
		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	See Form 990	D, Part X, lir	ne 10.			
		Description of property	(a) Cost or o	` '	st or other	1 ' '	cumulate	ed	(d) Book va	alue
			basis (investn	nent) bas	is (other)	depr	reciation			
1a	Land									
		ings								
С	Lease	ehold improvements								

Schedule D (Form 990) 2020

81,750.

81,750.

e Other

d Equipment

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

15,070.

96,820.

	OR CITIZENS AN	ND SCHOLARS	21-0703075 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	I1h See Form 990 Part Y lir	ne 12
(a) Description of Security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives	(2) 2001. 12.20	(c) mounds or raidanton	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1d. See Form 990. Part X. lir	ne 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 900 Part IV line 1	110 or 11f Soo Form 990 Da	art V lino 25
() 5	On Fait IV, IIIIE I	rie or i ii. oee Fullii 990, Pa	(b) Book value
(1) Federal income taxes			(S) Book value
(2)			
(3)			
(4)			

(5) (6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

X

0110GG10 D (1	01111 000)	,						
Part XI	Recond	ciliation of	Revenue per	Audited	Financial St	atements	s With Revenue pe	r Retu

-	The state of the s				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,390,227.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	686,448.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	686,448.
3	Subtract line 2e from line 1			3	4,703,779.
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	. 4a	17,460.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	17,460.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	4,721,239.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	10,273,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	10,273,915.
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	. 4a	17,460.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	17,460.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,291,375.

Part XIII Supplemental Information.

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

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

FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN

UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE FOUNDATION'S

TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH THE PROVISIONS OF THIS GUIDANCE.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	INSTITUTE	FOR	CITIZENS	AND	SCHOLARS	21-0703075	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Inform	nation (continued)					
	,						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INSTITUTE	FOR CITI	ZENS AND SC	HOLARS				Employer identification number 21-0703075
Part I General Information on Grants a							22 0,000,0
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						on X Yes No
Part II Grants and Other Assistance to	Domestic Organia	zations and Domesti	c Governments. C	complete if the orga	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.	(C) Mathemalias		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INDIANA STATE UNIVERSITY FOUNDATION - 200 NORTH SEVENTH STREET - TERRE HAUTE, IN 46266	35-6045550	501(C)(3)	160,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL, ROOM 1 PHILADELPHIA, PA 19104-6376	23-1352685	501(C)(3)	113,911.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
MERCER UNIVERSITY 1501 MERCER UNIVERSITY DR MACON, GA 31207	58-0566212	501(C)(3)	50,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
SAINT JOSEPH'S UNIVERSITY 5600 CITY AVE PHILADELPHIA, PA 19131	23-1352674	501(C)(3)	10,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
PIEDMONT UNIVERSITY 420 S BROAD ST WINSTON-SALEM, NC 27101	56-0594591	501(C)(3)	26,000.	0.			TEACHING & LEARNING FELLOWSHIPS
RUTGERS UNIVERSITY - CAMDEN 303 COOPER ST CAMDEN, NJ 08102 2 Enter total number of section 501(c)(3) a	22-6001086		6,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS

Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other	er Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLLEGE OF NEW JERSEY 2000 PENNINGTON RD EWING TOWNSHIP, NJ 08618	22-2448189	501(C)(3)	6,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
WILLIAM PATERSON UNIVERSITY 300 POMPTON RD WAYNE, NJ 07470	22-2781603	501(C)(3)	6,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
COLUMBUS STATE UNIVERSITY 4225 UNIVERSITY AVE COLUMBUS, GA 31907	58-6011208	501(C)(3)	16,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
GEORGIA STATE UNIVERSITY P.O. BOX 3965 ATLANTA, GA 30302	58-1845423	501(C)(3)	68,445.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
EDUCATION WRITERS ASSOCIATION 1825 K STREET NW, SUITE 200 WASHINGTON, DC 20006	23-7439790	501(C)(3)	25,000.	0.			всмс
SPRINGFIELD EMPOWERMENT ZONE PARTNERSHIP - 1550 MAIN ST - SPRINGFIELD, MA 01115	37-1770485	501(C)(3)	25,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
TENNESSEE BOARD OF REGENTS 1 BRIDGESTONE PARK NASHVILLE, TN 37214	62-0877872	501(C)(3)	25,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
IVY TECH COMMUNITY COLLEGE 50 WALNUT ST INDIANAPOLIS, IN 46208	35-1180631	501(c)(3)	25,000.	0.			TEACHING & LEADERSHIP FELLOWSHIPS
STUDENT VOICE 8 THE GREEN ST 5682 DOVER, DE 19901	46-2636244	501(C)(3)	13,000.	0.			CIVICS EDUCATION

Part II Continuation of Grants and Other	er Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL GOOD FUND							
12651 SAN PABLO AVE							
RICHMOND, CA 94805	46-1323531	501(C)(3)	60,000.	0.			CIVICS EDUCATION
GROUNDWORK ELIZABETH							
205 1ST ST							
ELIZABETHPORT, NJ 07206	56-2397106	501(C)(3)	53,626.	0.			CIVICS EDUCATION
KINSTON TEENS							
327 N QUEEN ST 111							
KINSTON, NC 28502	47-2645211	501(C)(3)	49,400.	0.			CIVICS EDUCATION
YOUTHPRISE							
3001 BROADWAY ST NE SUITE 330							
MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	90,000.	0.			CIVICS EDUCATION
MONTCLAIR STATE UNIVERSITY							
1 NORMAL AVE							TEACHING & LEADERSHIP
MONTCLAIR, NJ 07043	22-2912682	501(C)(3)	36,400.	0.			FELLOWSHIPS
ROWAN UNIVERSITY							
201 MULLICA HILL RD							TEACHING & LEADERSHIP
GLASSBORO, NJ 08028	22-2764819	501(C)(3)	8,000.	0.			FELLOWSHIPS
,			, -	-			
DUQUESNE UNIVERSITY							
600 FORBES AVE							TEACHING & LEADERSHIP
PITTSBURGH, PA 15282	25-1035663	501(C)(3)	95,917.	0.			FELLOWSHIPS

Schedule I (Form 990) 2020 INSTITUTE FOR C	TTIZENS A	AND SCHOLA	RS		21-0703075	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
CHARLOTTE NEWCOMBE DISSERTATION FELLOWSHIPS	20	605,000.	0.			
WOMEN'S STUDIES FELLOWSHIPS	8	40,000.	0.			
TEACHING FELLOWSHIPS	42	1,418,249.	0.			
MELLON FDN DISSERTATION/RESEARCH/TRAVEL AND CAREER	40	600,000				
ENHANCEMENT FELLOWSHIPS	49	690,000.	0.			
MELLON EMERGING LEADERS	11	192,500.	0.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
RECIPIENTS FOR ALL GRANTS AND FELL	OWSHIPS A	RE SELECTE	ED FROM A P	OOL OF		
QUALIFIED APPLICANTS BY SELECTION	COMMITTEE	S ACCORDIN	NG TO THE P	ROGRAM		
CRITERIA. RECIPIENTS ARE MONITORED	THROUGHO	OUT THE TEF	RM OF THE G	RANT OR		
FELLOWSHIP BY FOUNDATION STAFF TO	ENSURE TH	IAT THEY CO	ONTINUE TO	MEET THE		
ELIGIBILITY CRITERIA SPECIFIC TO T	HEIR GRAN	IT OR FELLO	OWSHIP PROG	RAM.		

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)											
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
EDUCATION MBA	1.	10,396.	0.								

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

21-0703075

Internal Revenue Service Name of the organization

Department of the Treasury

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number

OMB No. 1545-0047

Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any	y of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any re	levant 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 organizatio	n follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described a	bove? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing				
		egarding the items checked on line 1a?	2	Х	
	,				
3	Indicate which, if any, of the following the organization used to	o establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check ar	•			
	establish compensation of the CEO/Executive Director, but ex				
	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, S	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		Х
b	Participate in or receive payment from a supplemental nonqua				Х
С	Participate in or receive payment from an equity-based compe				Х
	If "Yes" to any of lines 4a-c, list the persons and provide the a				
		•			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, di				
	contingent on the revenues of:				
а			5a		Х
			5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		Х
	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, di	d the organization provide any nonfixed payments			
			7		Х
8	Were any amounts reported on Form 990, Part VII, paid or acc				
	initial contract exception described in Regulations section 53.		. 8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttab	ole presumption procedure described in			

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990		
(1) RAJIV VINNAKOTA	(i)	444,235.	0.	0.	39,000.	16,494.	499,729.	0.		
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) BEVERLY SANFORD	(i)	265,646.	0.	0.	26,789.	8,131.	300,566.	0.		
SECRETARY/VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) LEANN BUNTROCK	(i)	193,501.	0.	0.	19,901.	15,222.	228,624.	0.		
PROGRAM DIRECTOR, MBA IN E	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) COLIN WINTER	(i)	186,419.	0.	0.	19,696.	20,938.	227,053.	0.		
DEPUTY DIRECTOR, MBA IN EDUCATION PR	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) SUSANNA CRAFTON	(i)	198,344.	0.	0.	13,417.	15,021.	226,782.	0.		
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) PATRICK RICCARDS	(i)	206,525.	0.	0.	9,064.	6,243.	221,832.	0.		
VICE PRESIDENT COMMUNICATI	(ii)	0.	0.	0.	0.	0.	0.	0.		
(7) AUDRA WATSON	(i)	188,136.	0.	0.	19,500.	6,941.	214,577.	0.		
DIRECTOR OF TEACHING FELLOWSHIPS PRO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(8) BERNARD LARYEA	(i)	200,000.	0.	0.	0.	834.	200,834.	0.		
CHIEF NEW VENTURES AND TECHNOLOGY OF	(ii)	0.	0.	0.	0.	0.	0.	0.		
(9) SYMEON BRAXTON	(i)	163,361.	0.	0.	16,995.	17,882.	198,238.	0.		
DIRECTOR OF STRATEGIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(10) JAMIE BERG WRIGHT	(i)	130,946.	0.	0.	13,211.	6,321.	150,478.	0.		
BUDGET OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization INSTITUTE FOR CITIZENS AND SCHOLARS Employer identification number 21-0703075

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termin	_	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	32,700.	FAIR MARKET	VAI	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties							
h	contributions?					32a		Х
	If "Yes," describe in Part II.	aluman /a\ f-	o tuno of many	for which columns (s) is also	also d			
33	If the organization didn't report an amount in c				reu,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

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

DRAFT OF FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR ITS REVIEW. A

FINAL COPY OF THE 990 IS MADE AVAILABLE TO THE FULL BOARD PRIOR TO FILING

WITH THE IRS.

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

THE ORGANIZATION SENDS ALL BOARD MEMBERS AND KEY EMPLOYEES AN ANNUAL

CONFLICT OF INTEREST POLICY CERTIFICATION, IN ADDITION ALL BOARD MEMBERS

AND KEY EMPLOYEES ARE SENT AN ANNUAL FORM 990 DISCLOSURE, WHICH REQUESTS

DISCLOSURE OF ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS.

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

COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND THE

ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE EXECUTIVE

COMMITTEE OF THE BOARD, BASED ON A BENCHMARKING STUDY PROVIDED TO THE

COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NJ,AK,AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MN,MS,NH,NY,NC,ND,OK,OR,PA,RI

SC,TN,UT,VA,WV,WI,NM

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization INSTITUTE FOR CITIZENS AND SCHOLARS	Employer identification number 21-0703075
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,208,995.
MANAGEMENT AND GENERAL EXPENSES	185,377.
FUNDRAISING EXPENSES	40,090.
TOTAL EXPENSES	1,434,462.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,434,462.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSI	BILITY FOR
THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT.
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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 latest information.

ΑI	For the	2020 calendar year, or tax year beginning $$ JUL $1,$ 2020 $$ and ending	JUN 30, 2021						
В	Check if applicable	C Name of organization	D Employer identif	ication number					
	Addres								
	Name change		21-07030	75					
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/si	· ·						
	Final return/	104 CARNEGIE CENTER 301	(609)452						
	termin- ated ☐Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	G Gross receipts \$ 40,010,082.					
L	return	PRINCEION, NO 08540		H(a) Is this a group return					
	tion pendin	F Name and address of principal officer: RAO I V VINNARO I A		for subordinates? Yes X No					
_		104 CARNEGIE CENTER, SUITE 301, PRINCETON,	— 1 1 1						
				a list. See instructions					
		e: ► WWW.CITIZENSANDSCHOLARS.ORG organization: X Corporation Trust Association Other ► L y	H(c) Group exemption						
		organization: X Corporation Trust Association Other ► L Y Summary	rear of formation: 1937	M State of legal domicile: NJ					
		Briefly describe the organization's mission or most significant activities: DEDICATE.	ח יים יים דאורה	IID A C E M E N TT					
e S	1	DF EXCELLENCE IN EDUCATION.	D TO THE ENCO	ORAGEMENI					
Jan	2	Check this box if the organization discontinued its operations or disposed of m	oro than 25% of its not as	ente					
Governance	3	Number of voting members of the governing body (Part VI, line 1a)	1 _	1					
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)		 					
∞ ∞	1	Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)							
i <u>t</u> ie		Fotal number of volunteers (estimate if necessary)							
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12							
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11		i					
			Prior Year	Current Year					
d)	8	Contributions and grants (Part VIII, line 1h)	7,634,786.	4,223,394.					
ž	9	Program service revenue (Part VIII, line 2g)	410,619.	239,326.					
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	343,323.	258,519.					
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.						
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,388,728.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,533,844.	3,924,844.					
		Benefits paid to or for members (Part IX, column (A), line 4)	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,419,919.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
ğ	. b	Fotal fundraising expenses (Part IX, column (D), line 25) 794,196.	4 006 514	0.107.046					
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,096,514.						
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,050,277.	10,291,375.					
		Revenue less expenses. Subtract line 18 from line 12	-4,661,549.						
ts or		Fatal accords (Dart V. Pros. 40)	Beginning of Current Year	End of Year					
Net Assets	20	Fotal assets (Part X, line 16)	24,310,498. 2,622,374.	19,002,536. 2,198,100.					
let /	21 22	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	21,688,124.	16,804,436.					
	art II	Signature Block	21,000,124.	10,004,450.					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of m	v knowledge and belief, it is					
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y mionicage and zonen, mio					
	,								
Sig	n	Signature of officer	Date						
Her		RAJIV VINNAKOTA, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid	i l		, 11/03/21 if self-emplo						
Pre	parer	Firm's name MERCADIEN, P.C.	Firm's EIN ▶	22-3271712					
Use	Only	Firm's address P.O. BOX 7648							
		PRINCETON, NJ 08543-7648	Phone no. 6 C	<u> 19-689-9700</u>					
May	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No					

The field yeaching the organization's mission: PREPARES LEADERS AND ENGAGES NETWORKS OF PEOPLE AND ORGANIZATIONS TO MEET URGENT EDUCATION CHALLENGES. THE OVERARCHING GOAL IS TO SHAPE AN INFORMED, PRODUCTIVELY ENGAGED, AND HOPEFUL CITIZENRY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 500 r990427 2 If "Yes," describe these new services on Schodule O. 8 If "Yes," describe these new services on Schodule O. 9 If "Yes," describe these changes on Schodule O. 10 If "Yes," describe these changes on Schodule O. 11 Yes," describe these changes on Schodule O. 12 Pees the the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 13 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ascention 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ascention 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ascention 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ascention 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ascention 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ascention 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ascenting 501(c)(4) organization are required to report the amount of grants and allocations to others, the total expenses, ascenting 501(c) organization and 501(c)(c) organization are required to report 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(Pai	Statement of Program Service Accomplishments
PREPARES LEADERS AND ENGAGES NETWORKS OF PEOPLE AND ORGANIZATIONS TO MERT URGENT EDUCATION CHALLENGES. THE OVERARCHING GOAL IS TO SHAPE AN INFORMED, PRODUCTIVELY ENGAGED, AND HOPEFUL CITIZENRY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 E2? Yes		Check if Schedule O contains a response or note to any line in this Part III
MEET URGENT EDUCATION CHALLENGES. THE OVERARCHING GOAL IS TO SHAPE AN INFORMED, PRODUCTIVELY ENGAGED, AND HOPEFUL CITIZENRY. Did the organization undertake any significant program services during the year which were not listed on the proof form 990 or 990 E27 If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. By the organization cases conducting, or make significant changes in how it conducts, any program services as measured by expenses. Section 501c(3) and 501c(3) or organization for organization services portions are required to report the amount of grafts and allocations to others, the total expenses, and revenue, if any, for each program service seported. Section 501c(3) and 501c(3) organizations are required to report the amount of grafts and allocations to others, the total expenses, and revenue, if any, for each program service reported. Higher EDUCATION FELLOWSHIPS INCLIDE A SUITE OF FELLOWSHIPS THAT SUPPORT TIED EVELOPMENTS IN THESE PROGRAMS SUPPORT YOUNG FAULTY IN CONTINUING THEIR CARRENS, STRENGTHEN THE REPRESENTATION OF DIVERSE GROUPS IN THE PROPESSORIATE AND DEVELOP LEADERS IN SUCH AREAS AS GENDER STUDIES AND ETHICS. 4b [Code	1	
TINFORMED, PRODUCTIVELY ENGAGED, AND HOPEFUL CITIZENRY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-E27		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 10 the the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, "describe these changes on Schedule O. 10 the the organization or program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(e)3) and 501(e)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service spords. 10 Section 501(e)3) and 501(e)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service spords. 11 A 43, 249. (percent 2)		
prior Form 980 or 980 c27		INFORMED, PRODUCTIVELY ENGAGED, AND HOPEFUL CITIZENRY.
prior Form 980 or 980 c27		
If 'Yes,' describe these news envices on Schedule O.	2	
Teaching and Ethics. Code		
H *Yes,* describe the enganization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50*(c)(5) and 50*(c)(6) regarizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (code) (*Converse 2, 432,732. **robuling parities of 3 1,443,249.) (*Perentus 239,326.) HIGHER EDUCATION FELLOWSHIPS INCLUDE A SUITE OF FELLOWSHIPS THAT SUPPORT THE DEVELOPMENT OF PUTURE LEADERS AT A VARIETY OF CARRER STAGES IN SEVERAL CRITICAL FIELDS. THESE PROGRAMS SUPPORT YOUNG FACULTY IN CONTINUING THEIR CARRERS, STRENGTHEN THE REPRESENTATION OF DIVERSE GROUPS IN THE PROFESSORIATE AND DEVELOP LEADERS IN SUCH AREAS AS GENDER STUDIES AND ETHICS. 4b (code) (*Course 1 Continuing Theory of the Continuing analysis of 3 2,165,173.) (*Perentus 5 2) 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 CARRERS IN HIGH-NEED URBAN AND RURAL SCHOOLS. 4c (code) (*Course 5 1,426,258. **robusing parities of 5 316,423.) (*Perentus 5 2) CIVIC LEARNING INITIATIVES AIM TO PRIORITIZE DEVELOPING PRODUCTIVE, ENGAGED CITIZENS AS A CORE SCIETAL RESPONSIBILITY THAT HAS BEEN MINIMIZED FOR TOO LONG, AND FOR WHICH WE ARE PAYING THE COST IN OUR RUPTURING CIVIL SOCIETY. CSS SEEKS TO ENSURE THAT CITIZENSWITH A FOCUS ON 16-24 YEAR-OLDSARE CIVICALLY WELL-INFORMED, PRODUCTIVE; ENGAGED FOR THE COMMON GOOD, AND HOPPIUL 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. 4d Other program services (Describe on Schedule O.) **robusing parities of 5 2, 202, 125.*		
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if sith, for each program service reported. 4a (coos) (responses 2 2,432,732. Including grants of 5 1,443,249.) (revenue 2 239,326.) HIGHER EDUCATION FELLOWSHIPS INCLUDE A SUITE OF PELLOWSHIPS THAT SUBPORT THE DEVELOPMENT OF FUTURE LEADERS AT A VARIETY OF CAREER STAGES IN SUPPORT THE DEVELOPMENT OF FUTURE LEADERS AT A VARIETY OF CAREER STAGES IN 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 (coos) (Copenies 4 , 343,135. Including grants of 5 2,165,173.) (Movement STUDIES AND ETHICS. 4c (coos) (Copenies 4 , 343,135. Including grants of 5 2,165,173.) (Movement STUDIES AND ETHICS. 4c (coos) (Copenies 5 1,426,258. Including grants of 5 316,423.) (Movement STUDIES AND ETHICS.) 4c (coos) (Copenies 5 1,426,258. Including grants of 5 316,423.) (Movement STUDIES AND ETHICS) (Commitment TO LONG-TERM CAREERS IN HIGH-NEED URBAN AND RURAL SCHOOLS. 4c (coos) (Copenies 5 1,426,258. Including grants of 5 316,423.) (Movement STUDIES AND ETHICS) (Commitment TO LONG-TERM CAREERS IN HIGH-NEED URBAN AND RURAL SCHOOLS. 4c (coos) (Copenies 5 1,426,258. Including grants of 5 316,423.) (Movement STUDIES AND ETHICS) (Commitment TO LONG-TERM CAREERS IN HIGH-NEED URBAN AND RURAL SCHOOLS. 4d (coos) (Copenies 5 1,426,258. Including grants of 5 316,423.) (Movement STUDIES AND ETHICS) (Coos TITIZENS AND 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. 4d Other program service expenses 8,202,125.	3	· · · · · · · · · · · · · · · · · · ·
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Form 990 (2020) INSTITUTE FOR CITIZENS AND SCHOLARS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		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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Form **990** (2020)

Form 990 (2020) INSTITUTE FOR CITI Part IV Checklist of Required Schedules (continued)

	- (sortings)		V	NI -
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	٥		v
00	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0,		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			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 in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2020) INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Page 5

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

	The state of the s				
20	Entar the number of employees reported an Earm W.2. Transmitted of Wage and Tay Statements			Yes	No
Za	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 31			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions				
За		,,	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?	is required	70		Х
d		7d	7c		21
e	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 or	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	11b	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		100		
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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see 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.			000	
			Farm	990	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	2						
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1 1								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	<u>L</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with an	y other							
	officer, director, trustee, or key employee?			2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3						
4	3 3 3 3									
5										
6	Did the organization have members or stockholders?			6		<u>X</u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint or	e or							
	more members of the governing body?			7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhold	ers, or							
	persons other than the governing body?			7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the f	ollowing:							
	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 real									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, a	affiliates,	10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	v					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Δ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "	,		40-	x					
40	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13 14	X					
14 15	Did the organization have a written document retention and destruction policy?			14	Λ					
15	Did the process for determining compensation of the following persons include a review and approve	al by inde	pendent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х					
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	X					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130	-2					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with	n a							
iva	taxable entity during the year?			16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			154						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev	-	-							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			,						
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ, AK, AL, AR, C	CA,CT	,FL,GA,H	,IL	,KS,	KY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a									
	for public inspection. Indicate how you made these available. Check all that apply.			. ,,						
	Own website Another's website X Upon request Other (explain	n on Sch	edule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd financ	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and ı	records >							
	RAM CAPOOR - (609)452-7007									
	104 CARNEGIE CENTER, NO. 301, PRINCETON, NJ 08540									
032006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2020)				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	T	inzu		<u> </u>	iperi	out	(D)	(E)	(F)
Name and title	Average	(do			osition ck more than one			Reportable	Reportable	Estimated
	hours per week					s both		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	istee c	truste		a)	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com	_			and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) RAJIV VINNAKOTA	40.00		_							
PRESIDENT		Х		Х				444,235.	0.	55,494.
(2) BEVERLY SANFORD	40.00									
SECRETARY/VICE PRESIDENT				Х				265,646.	0.	34,920.
(3) LEANN BUNTROCK	40.00									
PROGRAM DIRECTOR, MBA IN E					Х			193,501.	0.	35,123.
(4) COLIN WINTER	40.00									
DEPUTY DIRECTOR, MBA IN EDUCATION PR						X		186,419.	0.	40,634.
(5) SUSANNA CRAFTON	40.00	1							_	
CHIEF DEVELOPMENT OFFICER					Х			198,344.	0.	28,438.
(6) PATRICK RICCARDS	40.00	-						225 -25		4- 00-
VICE PRESIDENT COMMUNICATI	40.00				Х			206,525.	0.	15,307.
(7) AUDRA WATSON	40.00	-						100 106	•	06 441
DIRECTOR OF TEACHING FELLOWSHIPS PRO	40.00					Х		188,136.	0.	26,441.
(8) BERNARD LARYEA	40.00	-			٠,,			200 000	0	024
CHIEF NEW VENTURES AND TECHNOLOGY OF	40.00				Х			200,000.	0.	834.
(9) SYMEON BRAXTON DIRECTOR OF STRATEGIC PARTNERSHIPS	40.00	1				x		162 261	0.	21 077
(10) JAMIE BERG WRIGHT	40.00					^		163,361.	0.	34,877.
BUDGET OFFICER	40.00	1				x		130,946.	0.	19,532.
(11) JANE FORAN	40.00					^		130,940.	0.	19,332.
OPERATIONS MANAGER	40.00	1				x		117,490.	0.	13,372.
(12) RAM CAPOOR	40.00							117,4500	•	13,372.
CHIEF FINANCIAL OFFICER	1000	1		х				113,298.	0.	16,602.
(13) JANE PHILLIPS DONALDSON	1.00								•	
CHAIR		Х						0.	0.	0.
(14) THOMAS C HUDNUT	1.00									
TRUSTEE/CHAIR EMERITUS		Х						0.	0.	0.
(15) RHIAN EVANS ALLVIN	1.00									
TRUSTEE		Х						0.	0.	0.
(16) KIM BOTTOMLY	1.00									
TRUSTEE		Х						0.	0.	0.
(17) BROOKE COBURN	1.00									
TRUSTEE		X						0.	0.	0.
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Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)					(D)	(E)		(F)				
Name and title	Average	(do no			itior		one	Reportable	Reportable	e	Es	stimate	ed De
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	on	an	nount	of
	week	-	cer an	id a di	irecto	or/trus	tee)	from	from relate			other	
	(list any	director						the	organization			pensa	
	hours for related	or di	, e			ated		organization	(W-2/1099-MI	SC)		om th	
	organizations	ustee	trust		92	bens		(W-2/1099-MISC)			_	anizat d relat	
	below	ual tr	tional		ploye	t con	_					u reiai anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ailizati	JI 13
(18) JEFFREY GOLDSTEIN	1.00		_		<u>×</u>	1	Ī						
TRUSTEE		Х						0.		0.			0.
(19) ROBERT JOHNSTON	1.00												
TRUSTEE		Х						0.		0.			0.
(20) MARTHA J. KANTER	1.00												
TRUSTEE		Х						0.		0.			0.
(21) JOHN KATZMAN	1.00												
TRUSTEE	1 22	Х				<u> </u>		0.		0.			0.
(22) WILLIAM KEATING	1.00	ļ											•
TRUSTEE	1 00	Х				├		0.		0.			0.
(23) HOLLY KUZMICH	1.00	.,								_			^
TRUSTEE	1 00	Х				┢		0.		0.			0.
(24) GLEN LEWY TRUSTEE	1.00	.								0.			^
(25) LAUREN MADDOX	1.00	Х				┢		0.		0.			0.
TRUSTEE	1.00	Х						0.		0.			0.
(26) ANITA MANWANI	1.00	Λ				\vdash		0.		•			<u> </u>
TRUSTEE	1.00	x						0.		0.			0.
1b Subtotal					<u> </u>		—	2,407,901.		0.	32	1,5	
c Total from continuation sheets to Part VI							•	0.		0.			0.
d Total (add lines 1b and 1c)							•	2,407,901.		0.	32	1,5	74.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportabl	<u> </u>		-	
compensation from the organization													12
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for se	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a					•			•					
rendered to the organization? If "Yes." com	plete Schedule	e J f	or st	ıch r	oers	on					5		X
Section B. Independent Contractors								t t t t t	100.000 - 1				
Complete this table for your five highest con the organization Report componential for the organization f	•	•							•	pensat	ion tro	om	
the organization. Report compensation for t	ne calendar ye	Jai E	i iuii	ıg w	ili i	۷۷۱ ار	u III I	the organization's tax y	cai.		((<u>:)</u>	
Name and business	address							Description of s	ervices	С		رر nsatio	n
LUCIANO CENTINI													
	VCVITT T		777	2	20	26	- 1	DDOCDAM CONC	TT MTMO		E 1	E	Λ 2

(A) Name and business address	(B) Description of services	(C) Compensation
LUCIANO CENTINI		
1155 GROVEPARK LANE, EARLYSVILLE, VA 22936	PROGRAM CONSULTING	545,502.
ABT. ASSOCIATES		
P.O. BOX 84-5586, BOSTON, MA 02284	PROGRAM CONSULTING	239,595.
NON PROFIT ACCOUNTING SOLUTIONS LLC		
2360 ROUTE 33, ROBBINSVILLE, NJ 08691	ACCOUNTING SERVICES	120,561.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

Form 990 INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075										
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization
	related	ustee	trust		99	ubeus				and related organizations
	organizations below	dual tr	tional	١.	n ploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN RICE	1.00									
TRUSTEE		Х						0.	0.	0.
(28) STEFANIE SANFORD	1.00							-	-	-
TRUSTEE		Х						0.	0.	0.
(29) DAVID N. SHANE	1.00							•	•	
TRUSTEE		х						0.	0.	0.
(30) JOHN L.S. SIMPKINS	1.00		\vdash	\vdash		\vdash				`
TRUSTEE	1.00	Х						0.	0.	0.
(31) KIM SMITH	1.00							· ·	· ·	3.
TRUSTEE		Х						0.	0.	0.
(32) JAY P. URWITZ	1.00								-	-
TRUSTEE		Х						0.	0.	0.
(33) MARK WALSH	1.00									
TRUSTEE		Х						0.	0.	0.
									-	-
		-								
			_							
		ŀ								
		ł								
				<u> </u>						
Total to Double Occident A. Paris										
Total to Part VII, Section A, line 1c								l	l	

Form 990 (2020) INSTITU
Part VIII Statement of Revenue

			Check if Schedule O contain	ns a response	or note to any lin	e in this Part VIII			
					o	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1.1					30000013 3 12 3 14
nts			Federated campaigns						
3ra Iou			Membership dues						
S, (Fundraising events						
aif		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contribution	ns) 1e	796,326.				
ion		f	All other contributions, gifts, grants	, and					
the			similar amounts not included above	1f	3,427,068.				
ÖË		g	Noncash contributions included in lines 1a-	-1f 1g \$	32,700.				
Col		h	Total. Add lines 1a-1f			4,223,394.			
					Business Code				
•	2	а	SERVICE FEES		900099	239,326.	239,326.		
ķ		b	_			,	, -		
Ser									
m S		C							
gra Re		d							
Program Service Revenue		e							
ъ.			All other program service revenue			222 226			
-		g	Total. Add lines 2a-2f			239,326.			
	3		Investment income (including di						
			other similar amounts)			140,902.			140,902.
	4		Income from investment of tax-	exempt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
				35,406,460.					
		h	Less: cost or other basis	, ,					
ø		~	and sales expenses 7b	35 288 843.					
n		_	Gain or (loss) 7c	117,617.					
eve				•		117,617.			117,617.
her Revenue			Net gain or (loss)			117,017.			117,017.
	0	a							
Ò			including \$						
			contributions reported on line 1	´ I					
		_	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundra		D				
	9	а	Gross income from gaming activ	I					
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gamin	g activities					
	10	а	Gross sales of inventory, less re	turns					
			and allowances	10a					
		b	Less: cost of goods sold						
_			Net income or (loss) from sales		>				
					Business Code				
snc	11	а							
ine Due		b							
elle eve		С							
Miscellaneous Revenue			All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			4,721,239.	239,326.	0.	258,519.

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 response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 968,699. 968,699. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,956,145. 2,956,145. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 743,274. 1,402,470. 266,290. 392,906. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,204,276. 1,573,072. 442,619. 188,585. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 326,511. 247,181. 34,380. 44,950. Other employee benefits 9 246,028. 166,076. 31,695. 48,257. 10 Payroll taxes Fees for services (nonemployees): Management 9,627. 1,661. 7,966. Legal 127,430. 152,001. 20,351. 4,220. Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,762. 12,964. 1,734. 17,460. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,434,462 1,208,995. 40,090. 185,377. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 507,644. 155,098. 281,089. 71,457. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 58,802. 51,732. 5,073. 1,997. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 7,250. 7,250. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 10,291,375. 8,202,125. 1,295,054. 794,196. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	619,563.	1	705,809.		
	2	Savings and temporary cash investments			956,073.	2	1,506,306.
	3	Pledges and grants receivable, net			6,827,049.	3	5,757,084.
	4	Accounts receivable, net	76,923.	4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sui	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			145,290.	9	101,498.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	96,820. 15,070.			
	b	Less: accumulated depreciation	10b	15,070.	52,750.		81,750.
	11	Investments - publicly traded securities	15,632,850.	11	10,850,089.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			04 010 400	15	10 000 506
	16	Total assets. Add lines 1 through 15 (must e			24,310,498.	16	19,002,536.
	17	Accounts payable and accrued expenses			775,055.		468,350.
	18	Grants payable			1,713,250.	18	1,729,750.
	19	Deferred revenue			42,500.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				-00	
<u> ia</u>		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr				23 24	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin of Schedule D			91,569.	25	0.
	26	Total liabilities. Add lines 17 through 25			2,622,374.	26	2,198,100.
	20	Organizations that follow FASB ASC 958, or	heck he	e X	2,022,071	20	2,230,2000
es		and complete lines 27, 28, 32, and 33.	TICON TIC				
ğ	27				3,694,879.	27	4,280,470.
3ali	28				17,993,245.	28	12,523,966.
둳		Organizations that do not follow FASB ASC			,		, ,
Ξ		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	<u>-</u>			21,688,124.	32	16,804,436.
~	33	Total liabilities and net assets/fund balances			24,310,498.	33	19,002,536.
					•	_	Form 990 (2020)

Form **990** (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	, 29	1,3	75.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	,57	0,1	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	,68	8,1	24.
5	Net unrealized gains (losses) on investments	5		68	6,4	48.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	,80	4,4	36.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		I			
	Act and OMB Circular A-133?			За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service **Employer identification number** Name of the organization INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16084992.	30549914.	7454384.	7634786.	4223394.	65947470.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16084992.	30549914.	7454384.	7634786.	4223394.	65947470.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16289567.
	Public support. Subtract line 5 from line 4.						49657903.
Sec	tion B. Total Support	_					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	16084992.	30549914.	7454384.	7634786.	4223394.	65947470.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	276,693.	339,516.	456,824.	407,590.	140,902.	1621525.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						67568995.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	<u>,637,400.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	p here					
Sec	tion C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2020 (I		•	***		14	73.49 %
	Public support percentage from 2019					15	77 . 87 %
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received					+	_
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . , .	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Pa	Supporting Organizations (continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting 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			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		NI-
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			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
Ŋ	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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b		Ja		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	The supported of garineanors. If the testing in the first the fole played by the organization in this regard.			

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

INSTITUTE FOR CITIZENS AND SCHOLARS

OMB No. 1545-0047

Name of the organization

Employer identification number

21-0703075

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

INSTITUTE FOR CITIZENS AND SCHOLARS

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
1		\$ 309,500.	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
2		\$841,375.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 200,000.	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
5		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 210,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

INSTITUTE FOR CITIZENS AND SCHOLARS

21-0703075

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20	 	990-F7 or 990-PF) (2020)

Name of organization **Employer identification number** INSTITUTE FOR CITIZENS AND SCHOLARS 21-0703075 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

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

		Ollections of Art			ther S		ZI-U/ r Assets			ige Z
3	Tt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
3										
а	collection items (check all that apply): Public exhibition d Loan or exchange program									
b	Scholarly research	e	Other	nange program						
C	Preservation for future generations	Č								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's	evemn	t nurno	sa in Part	XIII		
5	During the year, did the organization solicit of						oc iiii ait	ZIII.		
Ū	to be sold to raise funds rather than to be ma		•	•	ar ac			Yes		No
Par	t IV Escrow and Custodial Arran									,
	reported an amount on Form 990, Pa		o. ga _ a				,	0, 0.		
	Is the organization an agent, trustee, custod		arv for contribution	s or other assets	not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII							_	•	•
	•	·	· ·					Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F					?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete	if the organization and	swered "Yes" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,596,603.	1,596,603.	1,629,6	95.	1,6	29,695.	1,	1,629,695.	
b	Contributions									
С	Net investment earnings, gains, and losses	378,242.	93,484.	114,5	71.	1	05,511.	. 119,128		128.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	378,242.	93,484.	147,6	63.	1	05,511.	. 119,1		,128.
f	Administrative expenses									
g	End of year balance	1,596,603.	1,596,603.		03.	1,6	29,695.	1,	629,	695.
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a))) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 100	%								
С		<u>%</u>								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered	for the o	organiza	ation	Г	. 1	
	by:								Yes	No X
	(i) Unrelated organizations							3a(i)		X
L	(ii) Related organizations	stions listed as require	nd on Cobodula DO					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the							3b		
Par	t VI Land, Buildings, and Equipm		vinient iunus.							
	Complete if the organization answere		Part IV line 11a S	See Form 990 Pa	art X lin	e 10				
	Description of property	(a) Cost or ot			(c) Acc		2d	(d) Book	value	
	bescription of property	basis (investm	, , ,	(other)		eciation		(a) B 000	value	•
	Land	· · · · · · · · · · · · · · · · · · ·	,	. ,						
b	Buildings									
c	Leasehold improvements									
d	Equipment	I	9	6,820.	1	L5,0	70.	81	.,75	50.
	Other					-			-	
	. Add lines 1a through 1e. (Column (d) must e		Column (B) line 1	0c.)			•	81	.,75	50.

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020 INSTITUTE F	OR CITIZENS AI	ND SCHOLARS	21-0703075 Page
Part VII Investments - Other Securities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, I	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, I	ine 15.
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.))
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, P	art X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

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

Schedule D (Form 990) 2020

oricadic D	(1 01111 000) 202				~	
Dart YI	Reconcilia	tion of Revenue no	r Audited Fins	ncial Stateme	nte With Revenue	nor

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemen	nts With I	Revenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	5,390,227.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a	686,448.		
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	686,448.
3	Subtra	ct line 2e from line 1			3	4,703,779.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	17,460.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	17,460.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,721,239.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	10,273,915.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	osses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	10,273,915.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	17,460.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	17,460.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,291,375.
Pa	rt XIII	Supplemental Information.				
⊃rov	ide the (descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line 4;	Part >	K, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inform	nation.		

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 FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Schedule D (Form 990) 2020

Schedule D) (Form 990) 2020	INSTIT	UTE	FOR	CITIZENS	AND	SCHOLARS	21-0703075	Page 5
Part XIII	(Form 990) 2020 Supplemental Inform	nation (as	الممديمة						
	Теаррісіненая інген	(60)	nunuea)	1					
_									

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization							Employer identification number		
		ZENS AND SC	HOLARS				21-0703075		
Part I General Information on Grants a	nd Assistance								
_	The state of the s								
criteria used to award the grants or assis							X Yes No		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
recipient that received more than \$			1		(f) Method of	T			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
TANDANA GRAND HAVINDOGONA									
INDIANA STATE UNIVERSITY FOUNDATION - 200 NORTH SEVENTH							TEACHING & LEADERSHIP		
STREET - TERRE HAUTE, IN 46266	35-6045550	501(C)(3)	160,000.	0.			FELLOWSHIPS		
TIRELI TERRE HAUTE, IN 40200	33 0043330	501(0)(5)	100,000.	٠.			FEDDOWSHITS		
UNIVERSITY OF PENNSYLVANIA									
1 COLLEGE HALL, ROOM 1							TEACHING & LEADERSHIP		
PHILADELPHIA PA 19104-6376	23-1352685	501(C)(3)	113,911.	0.			FELLOWSHIPS		
· ·			, ,						
MERCER UNIVERSITY									
1501 MERCER UNIVERSITY DR							TEACHING & LEADERSHIP		
MACON, GA 31207	58-0566212	501(C)(3)	50,000.	0.			FELLOWSHIPS		
SAINT JOSEPH'S UNIVERSITY									
5600 CITY AVE							TEACHING & LEADERSHIP		
PHILADELPHIA, PA 19131	23-1352674	501(C)(3)	10,000.	0.			FELLOWSHIPS		
PIEDMONT UNIVERSITY									
420 S BROAD ST							TEACHING & LEARNING		
WINSTON-SALEM, NC 27101	56-0594591	501(C)(3)	26,000.	0.			FELLOWSHIPS		
RUTGERS UNIVERSITY - CAMDEN									
303 COOPER ST							TEACHING & LEADERSHIP		
CAMDEN, NJ 08102	22-6001086	501(C)(3)	6,000.	0.			FELLOWSHIPS		
2 Enter total number of section 501(c)(3) a	nd government ord	ganizations listed in th	e line 1 table			1	▶ 22.		
3 Enter total number of other organizations	-	•					·		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLLEGE OF NEW JERSEY							
2000 PENNINGTON RD							TEACHING & LEADERSHIP
EWING TOWNSHIP, NJ 08618	22-2448189	501(C)(3)	6,000.	0.		1	FELLOWSHIPS
,			1				
WILLIAM PATERSON UNIVERSITY							
300 POMPTON RD							TEACHING & LEADERSHIP
WAYNE, NJ 07470	22-2781603	501(C)(3)	6,000.	0.			 FELLOWSHIPS
			,				
COLUMBUS STATE UNIVERSITY							
4225 UNIVERSITY AVE							 TEACHING & LEADERSHIF
COLUMBUS, GA 31907	58-6011208	501(C)(3)	16,000.	0.			 FELLOWSHIPS
·			,				
GEORGIA STATE UNIVERSITY							
P.O. BOX 3965							TEACHING & LEADERSHIE
ATLANTA, GA 30302	58-1845423	501(C)(3)	68,445.	0.			FELLOWSHIPS
·							
EDUCATION WRITERS ASSOCIATION							
1825 K STREET NW, SUITE 200							
WASHINGTON, DC 20006	23-7439790	501(C)(3)	25,000.	0.			ECMC
			,				
SPRINGFIELD EMPOWERMENT ZONE							
PARTNERSHIP - 1550 MAIN ST -							 TEACHING & LEADERSHIF
SPRINGFIELD, MA 01115	37-1770485	501(C)(3)	25,000.	0.			 FELLOWSHIPS
,			,				
TENNESSEE BOARD OF REGENTS							
1 BRIDGESTONE PARK							TEACHING & LEADERSHIE
NASHVILLE, TN 37214	62-0877872	501(C)(3)	25,000.	0.			 FELLOWSHIPS
IVY TECH COMMUNITY COLLEGE							
50 WALNUT ST							TEACHING & LEADERSHIE
INDIANAPOLIS, IN 46208	35-1180631	501(C)(3)	25,000.	0.			 FELLOWSHIPS
•			, ,				
STUDENT VOICE							
8 THE GREEN ST 5682							
DOVER, DE 19901	46-2636244	501(C)(3)	13,000.	0.			CIVICS EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other	er Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL GOOD FUND							
12651 SAN PABLO AVE							
RICHMOND, CA 94805	46-1323531	501(C)(3)	60,000.	0.			CIVICS EDUCATION
GROUNDWORK ELIZABETH							
205 1ST ST							
ELIZABETHPORT, NJ 07206	56-2397106	501(C)(3)	53,626.	0.			CIVICS EDUCATION
KINSTON TEENS							
327 N QUEEN ST 111							
KINSTON, NC 28502	47-2645211	501(C)(3)	49,400.	0.			CIVICS EDUCATION
YOUTHPRISE							
3001 BROADWAY ST NE SUITE 330							
MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	90,000.	0.			CIVICS EDUCATION
MONTCLAIR STATE UNIVERSITY							
1 NORMAL AVE							TEACHING & LEADERSHIP
MONTCLAIR, NJ 07043	22-2912682	501(C)(3)	36,400.	0.			FELLOWSHIPS
ROWAN UNIVERSITY							
201 MULLICA HILL RD							TEACHING & LEADERSHIP
GLASSBORO, NJ 08028	22-2764819	501(C)(3)	8,000.	0.			FELLOWSHIPS
	22 27 0 2025		3,000.				
DUQUESNE UNIVERSITY							
600 FORBES AVE							TEACHING & LEADERSHIP
PITTSBURGH, PA 15282	25-1035663	501(C)(3)	95,917.	0.			FELLOWSHIPS
							<u> </u>

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
CHARLOTTE NEWCOMBE DISSERTATION FELLOWSHIPS	20	605,000.	0.				
WOMEN'S STUDIES FELLOWSHIPS	8	40,000.	0.				
TEACHING FELLOWSHIPS	42	1,418,249.	0.				
MELLON FDN DISSERTATION/RESEARCH/TRAVEL AND CAREER ENHANCEMENT FELLOWSHIPS	49	690,000.	0.				
MELLON EMERGING LEADERS	11	192,500.	0.				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.			
PART I, LINE 2:							
RECIPIENTS FOR ALL GRANTS AND FELLO	OWSHIPS A	RE SELECTE	ED FROM A P	OOL OF			
QUALIFIED APPLICANTS BY SELECTION (COMMITTEE	S ACCORDIN	IG TO THE P	ROGRAM			
CRITERIA. RECIPIENTS ARE MONITORED	THROUGHO	OUT THE TER	RM OF THE G	RANT OR			
FELLOWSHIP BY FOUNDATION STAFF TO	ENSURE TH	IAT THEY CO	ONTINUE TO	MEET THE			
ELIGIBILITY CRITERIA SPECIFIC TO THEIR GRANT OR FELLOWSHIP PROGRAM.							

Part III Continuation of Grants and Other Assistance to Domes	Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
EDUCATION MBA	1.	10,396.	0.						

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

			Yes	No
1 a	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			
	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 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	Х	
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 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	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	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		<u> X</u>
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		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)(0)	reported as deferred on prior Form 990	
(1) RAJIV VINNAKOTA	(i)	444,235.	0.	0.	39,000.	16,494.	499,729.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BEVERLY SANFORD	(i)	265,646.	0.	0.	26,789.	8,131.	300,566.	0.	
SECRETARY/VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LEANN BUNTROCK	(i)	193,501.	0.	0.	19,901.	15,222.	228,624.	0.	
PROGRAM DIRECTOR, MBA IN E	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) COLIN WINTER	(i)	186,419.	0.	0.	19,696.	20,938.	227,053.	0.	
DEPUTY DIRECTOR, MBA IN EDUCATION PR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) SUSANNA CRAFTON	(i)	198,344.	0.	0.	13,417.	15,021.	226,782.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) PATRICK RICCARDS	(i)	206,525.	0.	0.	9,064.	6,243.	221,832.	0.	
VICE PRESIDENT COMMUNICATI	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) AUDRA WATSON	(i)	188,136.	0.	0.	19,500.	6,941.	214,577.	0.	
DIRECTOR OF TEACHING FELLOWSHIPS PRO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) BERNARD LARYEA	(i)	200,000.	0.	0.	0.	834.	200,834.	0.	
CHIEF NEW VENTURES AND TECHNOLOGY OF	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) SYMEON BRAXTON	(i)	163,361.	0.	0.	16,995.	17,882.	198,238.	0.	
DIRECTOR OF STRATEGIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JAMIE BERG WRIGHT	(i)	130,946.	0.	0.	13,211.	6,321.	150,478.	0.	
BUDGET OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Employer identification number

	INSTITUTE FOR CITIZENS AND SCHOLARS						075	
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	Method of noncash contri			s
1 .	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded	X	2	32,700	FAIR MARKE	T VA	LUE	
	Securities - Closely held stock							
	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
	Qualified conservation contribution -							
	Historic structures							
	Qualified conservation contribution - Other							
	Real estate - Residential							
	Real estate - Commercial							
	Real estate - Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other							
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	ised for			
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribu	ıtions?	. 31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash	l			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

40

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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-E7

 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INSTITUTE FOR CITIZENS AND SCHOLARS

Employer identification number 21-0703075

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

DRAFT OF FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR ITS REVIEW. A

FINAL COPY OF THE 990 IS MADE AVAILABLE TO THE FULL BOARD PRIOR TO FILING
WITH THE IRS.

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

THE ORGANIZATION SENDS ALL BOARD MEMBERS AND KEY EMPLOYEES AN ANNUAL

CONFLICT OF INTEREST POLICY CERTIFICATION, IN ADDITION ALL BOARD MEMBERS

AND KEY EMPLOYEES ARE SENT AN ANNUAL FORM 990 DISCLOSURE, WHICH REQUESTS

DISCLOSURE OF ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS.

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

COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND THE

ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE EXECUTIVE

COMMITTEE OF THE BOARD, BASED ON A BENCHMARKING STUDY PROVIDED TO THE

COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NJ,AK,AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MN,MS,NH,NY,NC,ND,OK,OR,PA,RI

SC,TN,UT,VA,WV,WI,NM

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization INSTITUTE FOR CITIZENS AND SCHOLARS	Employer identification number 21-0703075
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,208,995.
MANAGEMENT AND GENERAL EXPENSES	185,377.
FUNDRAISING EXPENSES	40,090.
TOTAL EXPENSES	1,434,462.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,434,462.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSE	BILITY FOR
THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT.
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

032212 11-20-20