)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

FOIII	55	•						<i></i> 、	2020
				527, or 4947(a)(1) of the Internal Renter social security numbers on this	•			ations)	Open to Public
		e Treasury		-	-		-		-
		e Service		www.irs.gov/Form990 for instruction					Inspection
_			year, or tax year begin		8-01 , <b>2020</b> ,a	and endi	ng		-31 ,2021
_	neck if ap			ENTER FOR CIVIC EDUCATION	N			D Employ	yer identification number
5	ddress ch	-	Doing business as						95-3546790
=	ame char	•		.O. box if mail is not delivered to street address)		Room/sui	te	E Teleph	one number
Ξ	itial returr		5115 DOUGLAS H						(818)591-9321
_ Fii	nal return	/terminated		ovince, country, and ZIP or foreign postal code				G Gross	
Ar	mended r	eturn	CALABASAS, CA					\$	2,128,588
Ap	oplication	pending	F Name and address of pr	incipal officer:			H(a) Is this a g	group return fo	
					_		H(b) Are all s	subordinates	s included? Yes No
Та	ax-exemp	ot status: X 50	01(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527		lf "No,"	attach a list	. See instructions
W	ebsite:		CED.ORG				H(c) Group e	exemption n	umber 🕨
		ganization: X Co	prporation Trust Ass	sociation 🔄 Other 🕨	L Year of formation	tion: <b>198</b>	80 м з	State of lega	I domicile: CA
Par	tl	Summary							
	1	Briefly describe	the organization's miss	sion or most significant activities: $\underline{T}$	HE CENTER	ISAN	ONPROFI	T, NON	PARTISAN
-		EDUCATION	L CORPORATION I	DEDICATED TO PROMOTING A	N ENLIGHTEI	CITI	ZENRY C	OMMITT	ED TO DEMOCRATIC
Activities & Governance	1	PRINCIPLES	AND ACTIVELY I	ENGAGED IN THE PRACTICE	OF DEMOCRAC	CY IN S	THE UNI	TED ST	ATES AND OTHER
nai		COUNTRIES.							
vel Vel	2	Check this box	▶ ☐ if the organizatio	n discontinued its operations or dispos	ed of more than	25% of i	ts net asset	ts.	
ő	3	Number of voti	ng members of the gove	erning body (Part VI, line 1a)				3	12
∞ŏ	4	Number of inde	ependent voting member	rs of the governing body (Part VI, line	1b)			4	12
tie				n calendar year 2020 (Part V, line 2a)	,				13
ίζi			f volunteers (estimate if	, , ,				-	
¥			,	Part VIII, column (C), line 12					0
				e from Form 990-T, Part I, line 11					0
							Prior Year	10	Current Year
	8	Contributions a	nd grapte (Part \/III_line	:1h)			1,512	E70	
a)			<b>0</b> (	,			1,512	,5/0	1,494,482
nu		0		e 2g)					0
Revenue				A), lines 3, 4, and 7d)				,568	49,443
Ř				nes 5, 6d, 8c, 9c, 10c, and 11e)				,760	482,336
				(must equal Part VIII, column (A), line			2,083	,906	2,026,261
			• •	IX, column (A), lines 1-3)					0
		•		X, column (A), line 4)					0
s				e benefits (Part IX, column (A), lines 5		·	1,480	,229	1,340,357
				column (A), line 11e)		·			0
Expense			ig expenses (Part IX, co		72,980	_			
Ш	17	Other expenses	s (Part IX, column (A), li	nes 11a-11d, 11f-24e)		•	747	,332	703,110
	18	Total expenses	. Add lines 13-17 (must	t equal Part IX, column (A), line 25)		•	2,227	,561	2,043,467
	19	Revenue less e	xpenses. Subtract line	18 from line 12			(143	,655)	(17,206
r si						Begir	nning of Curre	ent Year	End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)				3,578	,232	4,033,100
Ass d Ba	21	Total liabilities	(Part X, line 26)				753	,729	740,428
Fund	22	Net assets or f	und balances. Subtract	line 21 from line 20			2,824	,503	3,292,672
Par		Signature							
Under	penalties	s of perjury, I declar	e that I have examined this retu	urn, including accompanying schedules and state		t of my knov	vledge and bel	ief, it is	
true, c	orrect, ar	nd complete. Declar	ation of preparer (other than of	ficer) is based on all information of which prepare	r has any knowledge.				
	h	$\leq$	26-	>				4	/8/2022
Sign		Signature o	f officer	-				Date	9
lere	,	Christoph	er R. Riano, President					04/0	)8/2022
		· · · · ·	it name and title					0.10	
	)	Print/Type prepar		Preparer's signature	Date				PTIN
		Fille Type prepa	er s hame		Date		Check	L "	
Paid							self-em	ployed	
-	barer	Firm's name	<u>*</u>				irm's EIN 🕨		
se	Only	Firm's address	*			P	hone no.		
lay t	he IRS	discuss this re-	um with the preparer sh	nown above? (see instructions)					Yes 🗌 No
For P	aperwo	ork Reduction	Act Notice, see the se	eparate instructions.					Form <b>990</b> (202)

Form	n 990 (2020) CENTER FOR CIVIC EDUCATION	95-3546790	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	THE CENTER IS A NONPROFIT, NONPARTISAN EDUCATIONAL CORPORATION DEDICATED TO		
	ENLIGHTED CITIZENRY COMMITTED TO DEMOCRATIC PRINCIPLES AND ACTIVELY ENGAGED	IN THE PRACTI	CE OF
	DEMOCRACY IN THE UNITED STATES AND OTHER COUNTRIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ves 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?	Yes 🛛	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$714,517 including grants of \$) (Revenue		/
	THE PROJECT CITIZEN RESEARCH PROGRAM, A RESEARCH GRANT FROM THE U.S. DEPARTM		
	GIVEN THE CENTER FOR CIVIC EDUCATION AND ITS PARTNERS THE OPPORTUNITY TO OFF		SSIONAL
	DEVELOPMENT FOR MIDDLE AND HIGH SCHOOL TEACHERS NEW TO THE PROJECT CITIZEN C	URRICULUM.	
4b	(Code: ) (Expenses \$ 579,990 including grants of \$ ) (Revenue	\$ 482,	
40	LIST OF OTHER PROGRAMS: THE CENTER DISSEMINATES CURRICULAR MATERIALS FOR PUB	· · · · · · · · · · · · · · · · · · ·	· ·
	SCHOOLS AT THE ELEMENTARY, SECONDARY, AND POST-SECONDARY LEVELS, CONDUCTS PR		16
	DEVELOPMENT FOR EDUCATORS AND PROVIDES ONLINE RESOURCES TO ENHANCE STUDENTS'		
4c	(Code:) (Expenses \$434,267 including grants of \$) (Revenue	\$ 123,	253)
	WE THE PEOPLE: THE CITIZEN AND CONSTITUTION IS A NATIONALLY ACCLAIMED CIVIC	EDUCATION PRO	GRAM
	FOCUSING ON THE HISTORY AND PRINCIPLES OF THE U.S CONSTITUTION AND BILL OF R	IGHTS FOR UPP	ER
	ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS. THE PROGRAM IS ADMINISTERED WI	TH THE ASSIST	ANCE OF
	A NATIONAL NETWORK OF COORDINATORS IN STATES AND CONGRESSIONAL DISTRICTS ACR	OSS THE NATIO	Ν.
	PROJECT CITIZEN IS A CURRICULAR PROGRAM FOR MIDDLE AND HIGH SCHOOL STUDENTS	AND COMMUNITY	GROUPS
	THAT PROMOTES COMPETENT AND RESPONSIBLE PARTICIPATION IN LOCAL AND STATE GOV	ERNMENT. IT H	ELPS
	YOUNG PEOPLE LEARN HOW TO MONITOR AND INFLUENCE PUBLIC POLICY. IN THE PROCES	S, THEY DEVEL	OP
	SUPPORT FOR DEMOCRATIC VALUES AND PRINCIPLES, TOLERANCE, AND FEELINGS OF POL	ITICAL EFFICA	CY.
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 241,713 including grants of \$ ) (Revenue \$ 235,5)	822)	
4e	Total program service expenses  1,970,487		
EEA		Form 9	<b>990</b> (2020)

Form	990 (2020) CENTER FOR CIVIC EDUCATION 95-3546	790	F	Page 3
Pa	rt 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 See instructions?	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
44	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,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
a	complete Schedule D, Part VI.	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	Tia		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	x	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	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			<u> </u>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	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	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	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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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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 Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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 instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? 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	• • •	•••	
4			Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Form 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		v
		10		х

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Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	7c		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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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.			

Form **990** (2020)

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Pa	rt 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 in Schedule O. See instruction	IS.		
	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	_		
	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 in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-		
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the argenization have legal chapters, bronches, or offiliates?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	v	
11a հ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	TIA	x	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ	
C	describe in Schedule O how this was done.	12c	v	
13	Did the organization have a written whistleblower policy?	120	x x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	1-7	л	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed   California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAMES B HEREDIA (818)591-9321, 5115 DOUGLAS FIR RD STE J, CALABASAS, CA 91302			

Form 990 (2020	CENTER FOR CIVIC EDUCATION	95-3546790	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employee	es, and
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's ta	ax 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.

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

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

			-	(	C)					
					ition					
(A)	(B)			ck m	ore th	nan one		(D)	(E)	(F)
Name and title	Average hours					s both an /trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Unic		a uii	ecioi/	(ilusiee)		from the	from related	compensation
	(list any	2 5	-	o	x	ФI	Ţ	organization	organizations	from the
	hours for	r dire	stitu	Officer	ey e	mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	dual :	tiona		Key employee	yee	Ÿ			j
	organizations below	Individual trustee or director	Institutional trustee		yee	ompe				
	dotted line)	ee	stee			Highest compensated employee				
						ed				
(1) CHRISTOPHER RIANO	35.00									
PRESIDENT					x			125,000	0	18,750
(2) DANIEL WONG	1.00									
BOARD MEMBER		х						0	0	0
(3) HENRY CHAMBERS	1.00									
BOARD MEMBER		х						0	0	0
(4) DAVID B LADENBURG	1.00									
BOARD MEMBER		х						0	0	0
(5) KAREN MILTON	1.00									
BOARD MEMBER		х						0	0	0
(6) CHERYL COOK-KALLIO	1.00									
BOARD MEMBER		х						0	0	0
(7) VICKI ROSS-NORRIS	1.00									
BOARD MEMBER		х						0	0	0
(8) LIZA M PRENDERGAST	1.00									
BOARD MEMBER		х						0	0	0
(9) BENJAMIN_GLICKMAN	1.00									
BOARD MEMBER		х						0	0	0
(10)JONATHAN_D_VARAT	2.00									
VICE CHAIR		х		х				0	0	0
(11) CARMEN RAMIREZ	2.00									
TREASURER		x		х				0	0	0
(12) PAULINE WEAVER	2.00									
CHAIR		х		x				0	0	0
(13)CLARA_SLIFKIN	2.00									
SECRETARY		х		x				0	0	0
<u>(14)</u>										

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Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar		_	est Co	omp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m s per	son is	nan one s both ai /trustee)	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) mated an of othe ompensa from the	r tion
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	-	anization ed organi	and
(15)													
(17)													
(18)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal	•••••	•••	•••	•••			• •					
c d	Total from continuation sheets to Part VII, Sect         Total (add lines 1b and 1c)		•••					-	125,000		0	10	750
2	Total number of individuals (including but not limit										0	18,	750
	reportable compensation from the organization	•										Yes	1 No
3	Did the organization list any <b>former</b> officer, direc						-						
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum of re										. 3		x
	organization and related organizations greater th												
5	individual										. 4		x
Saati	for services rendered to the organization? If "Yes	s," complete	Sched	lule .	l for	suc	h pers	son			. 5		х
1	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	dent co	ontrac	ctors	that	t recei	ived	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with		nization's tax yea			
	(A) Name and business addres	s							(B) Description of servic	es	(C) Comper		
2	Total number of independent contractors (includin	-			e list	ted a	above	) wh	0				
	received more than \$100,000 of compensation fro	m the organi	zation	•	•								

received more than \$100,000 of compensation from the organization

Form 99	90 (20	20) <b>CENTE</b>	RF	OR CIVIC	EDI	JCATION			95-35467	90 Page 9
Part	<u>`</u>	Statement of Rev								
		Check if Schedule O co	ontair	is a respons	e or n	ote to any line in thi	is Part VIII	<u></u>	<u></u>	<u></u> [
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<b>6</b> 6	b	Membership dues			1b					
unts	С	Fundraising events			1c					
ũ Ū	d	0			1d					
Gifts ar ⊿	е	Government grants (conti			1e	1,187,737				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif	-							
outio		and similar amounts not i			1f	306,745				
giti	g	Noncash contributions inc			10	¢ 0.750				
Cor	h	lines 1a-1f			1g		1 404 402			
	- "	Total. Add lines ta-ti	••		• • •	Business Code	1,494,482			
	2a					Dusiness Code				
ice	b									
erv iue	С									
Program Service Revenue	d									
gra Re	е									
Pro	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f .								
	3	Investment income (includ								
		other similar amounts) .					49,443	49,443		
	4	Income from investment of			•					
	5	Royalties	· ·							
	6.	Cross ranta	6.	(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses Rental income or (loss)	6C							
		Net rental income or (loss)				· · · · · · ►				
		Gross amount from	' ·	(i) Securiti		(ii) Other				
	1a	sales of assets		()						
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses								
ven	1	Gain or (loss)								
Re		Net gain or (loss)			• • •	· · · · · · •				
Other Revenue	8a	Gross income from fundra	ising							
ō		events (not including \$			-					
		of contributions reported of								
	h	1c). See Part IV, line 18 Less: direct expenses .			8a 8b					
		Net income or (loss) from				′ <u> </u>				
		Gross income from gamin		aloing even	~ <u> </u>					
		activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
	c	Net income or (loss) from	gami	ng activities		<b>&gt;</b>				
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			1 <b>0</b> a					
		Less: cost of goods sold			10b					
	C	Net income or (loss) from	sales	of inventory	/		482,336	482,336		
	44-					Business Code				
ous le	11a									
enu	b c									
Miscellanous Revenue		All other revenue								
ž		Total. Add lines 11a-11d								
		Total revenue. See instru					2,026,261	531,779	0	0

## CENTER FOR CIVIC EDUCATION

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).

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Do ı	not include amounts reported on lines 6b, 7b,	(A) Total avpanage	(B)	(C)	(D)
8b, s	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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	984,497	800,092	164,326	20,07
8	Pension plan accruals and contributions (include	•			
	section 401(k) and 403(b) employer contributions)	144,831	112,741	29,182	2,90
9	Other employee benefits	130,732	101,495	26,579	2,65
10	Payroll taxes	80,297	59,206	19,224	1,86
11	Fees for services (nonemployees):				
а	Management				
b					
с		18,230		18,230	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	19,040		19,040	
15	Royalties	257010			
16		72,637	56,743	14,438	1,45
17		2,710	508	2,202	1,15
18	Payments of travel or entertainment expenses	27710	500	27202	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		7,844	7,844		
20 21	Payments to affiliates	/,014	/,014		
22	Depreciation, depletion, and amortization	1,334		1,334	
22 23		8,720		8,720	
24	Other expenses. Itemize expenses not covered	8,720		0,720	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
2	(A) amount, list line 24e expenses on Schedule O.) BANK AND CREDIT CARD FEES	0 450	7 400	48	1 00
a h		8,452	7,402	-	1,00
b	CONTRACTUAL SERVICES	105,725	50,610	37,115	18,00
c d	IN-KIND, CONSULTANT SERVICES	2,000	2,000		
d	IN-KIND, TRAVEL EXPENSES	750	750	(240, 420)	05 01
e	All other expenses	455,668	771,096	(340,438)	25,01
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,043,467	1,970,487	0	72,98
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				

Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	587,712	1	274,934
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	133,079	3	358,905
	4	Accounts receivable, net	124,820	4	171,772
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	181,824	8	138,549
As:	9	Prepaid expenses and deferred charges	9,921	9	14,580
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 115,102			
	b	Less: accumulated depreciation	2,117	10c	783
	11	Investments - publicly traded securities	2,538,759	11	3,073,577
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,578,232	16	4,033,100
	17	Accounts payable and accrued expenses	212,560	17	206,736
	18	Grants payable	70,447	18	37,587
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
ilitie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	387,634	24	417,030
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	83,088	25	79,075
	26	Total liabilities. Add lines 17 through 25	753,729	26	740,428
		Organizations that follow FASB ASC 958, check here 🛛 🕨 🔟			
ŝ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	2,824,503	27	3,292,672
3ala	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
۲.	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,824,503	32	3,292,672
	33	Total liabilities and net assets/fund balances	3,578,232	33	4,033,100
EEA					Form <b>990</b> (2020)

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CENTER FOR CIVIC EDUCATION

Form 990 (2020)

Form	990 (2020) CENTER FOR CIVIC EDUCATION 9	5-354679	0	Pa	age <b>12</b>
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	2,	026,	,261
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	043,	,467
3	Revenue less expenses. Subtract line 2 from line 1	3		(17,	,206)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	824,	,503
5	Net unrealized gains (losses) on investments	5		485,	,375
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	з,	292,	,672
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				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 O.				
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:				
	X 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 basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
EEA			Form	<b>990</b> (2	2020)

SCH	EDU	LE /	4
(Form	990 o	r 990	)-EZ)

# Public Charity Status and Public Support

OMB No. 1545-0047

**Open to Public** 

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EZ)	r abile charty status and r abile support	2020
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2020

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Int Na

(E)

000 for instructions and the latest infor

Intern	al Rev	enue Service F GO t	o www.irs.gov/Fo	rm990 for instructions	and the la	atest into	mation.	Inspection	
		e organization					Employer identification		
	rt I	YER FOR CIVIC EDUCATION       95-3546790         EDUCATION       95-3546790							
		<b>t I Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions. rganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or		•	•	,			
2		A school described in section 170(b)			• • •				
3	H	A hospital or a cooperative hospital s	•				(4)(A)(:::) Entar the		
4		A medical research organization ope		n with a hospital describ	eu in seci		(I)(A)(III). Enter the		
F		hospital's name, city, and state:		university owned or energy	tod by o o		tol unit described in		
5		An organization operated for the bene	•	iniversity owned or opera	ated by a g	jovernmen	tai unit described in		
•		section 170(b)(1)(A)(iv). (Complete							
6		A federal, state, or local government	•						
7	х	An organization that normally receive	•		/ernmental	unit or from	m the general public		
		described in section 170(b)(1)(A)(vi							
8	Ц	A community trust described in secti							
9	$\Box$	An agricultural research organization				•		je	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and stat	e of the college or		
		university:							
10		An organization that normally receives	. ,						
		receipts from activities related to its e	•			,			
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses		
		acquired by the organization after Ju	ne 30, 1975. See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)			
11		An organization organized and opera	ted exclusively to t	test for public safety. Se	e <b>section</b>	509(a)(4).			
12		An organization organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	;	
		of one or more publicly supported org	ganizations describ	ed in section 509(a)(1)	or sectior	n 509(a)(2)	). See <b>section 509(a)(</b> 3	3).	
		Check the box in lines 12a through 12	d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.	
	а	<b>Type I.</b> A supporting organization	n operated, supervi	ised, or controlled by its	supported	organizat	ion(s), typically by givir	ng	
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	lirectors or	trustees of the		
		supporting organization. You mu	st complete Part	IV, Sections A and B.					
	b	<b>Type II.</b> A supporting organizatio	n supervised or co	ntrolled in connection w	ith its supp	orted orga	anization(s), by having		
		control or management of the sup	porting organizatio	on vested in the same pe	rsons that o	control or r	nanage the supported		
		organization(s). You must comp	lete Part IV, Secti	ions A and C.					
	С	Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated wi	th,	
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	is A, D, ar	nd E.		
	d	Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	on with its	supported organizatio	n(s)	
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution r	equiremer	nt and an attentiveness		
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.			
	е								
		functionally integrated, or Type III non-functionally integrated supporting organization.							
	f Enter the number of supported organizations								
	g	Provide the following information about							
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10	listed in you	0 0	support (see	other support (see	
				above (see instructions))	docum	ient?	instructions)	instructions)	
					Yes	No			
(A)									
(-)									
(B)									
(C)									
(D)									

Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4			R CIVIC EDU		ons 170(b)(1	$\overline{(\Delta)(iv)}$ and	95-354679		
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)         Section A. Public Support         Calendar year (or fiscal year beginning in)- include any 'unusual grants.')       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tote and the second	Га								
Section A. Public Support         Calendar year (or fiscal year beginning in)         1 Gits, grants, contributions, and membership fees received. (Do not include any 'unusual grants')         2 Tax revenues levide for the organization sheneft and either paid to or expended on its behalf         3 The value of services or facilities furnished lines 1 through 3         4 Total. Add lines 1 through 3         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)         6 Public Support. Subtract line 5 form line 4         9 Net income from linetest, dividends, payments received on scurities longs, rents, royallies, and income from similar sources         3 The years. If the Stand sects (Explain in Part VI.)         10 Other income. Do not include gain or loss from the sale of capital sects (Explain in Part VI.)         11 Total support, dolt rate activities, etc. (see instructions)         12 Cher income. Comport proventage for 2020 (line 6, column (f), divided by line 11, column (f))         13 Trist five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         5 Tubic support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14         6 Total support, Add lines 7 through 10.       12         13 First five years. If the Form 990 is for the organization's first, second, thi									
Calendar year (or fiscal year beginning in)+ 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tota (c) 2018         1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       5, 222,002       4, 573,385       2,754,072       1, 512,578       1,494,482       15,556,         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       5, 222,002       4, 573,385       2,754,072       1, 512,578       1,494,482       15,556,         3 The value of services or facilities furnished by a governmental unit to the organization without charge       5, 222,002       4, 573,385       2,754,072       1, 512,578       1,494,482       15,556,         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)       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tota S, 222,002       4, 573,385       2, 754,072       1, 512,578       1, 494,482       15,556,         2 Calendar year (for stard year beginning in) h Similar sources       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tota         7       Amounts from line 4.	Sec				led below, ple	ease complet	er art m.)		
1 Gits, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         2 Tax revenues levied for the organization without charge       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         3 The value of services or facilities furnished by a governmental unit to the organization without charge       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         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, olumn (f)       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         Section B, Total Support.       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         Section B, Total Support.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (c) 2020       (f) Total 5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         Section B, Total Support.       Section B, Total Support.       37,287       44,816       53,229       52,568       49,443       237,         9 Net income from unrelated business is regularly			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
membership fees received. (Do not include any "unusual grants.")       5, 222,002       4, 573,385       2, 754,072       1, 512,578       1, 494,482       15,556,         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       5, 222,002       4, 573,385       2, 754,072       1, 512,578       1, 494,482       15,556,         3 The value of services or facilities furnished by a governmental unit to the organization without charge       5, 222,002       4, 573,385       2, 754,072       1, 512,578       1, 494,482       15,556,         5 The portion of total contributions by esch person (other than a governmental unit or publicly supported organization) included on line 11, column (f)       5, 222,002       4, 573,385       2, 754,072       1, 512,578       1, 494,482       15, 556,         Section B. Total Support       Calendar year (or fiscal support, Subtract line 5 from line 4       15, 556,         Section B. Total Support       Calendar year (or fiscal year beginning in)*       6, 2020       4, 573,385       2, 754,072       1, 512,578       1, 494,482       15, 556,         9 Net income from interest, dividends, imilar sources       37, 287       44, 816       53, 299       52, 568       49,443       237,         9 Net income from unrelated business is regularly carried on       551, 180       547, 872       520, 359       518, 760       482, 336       <			(4) 2010	(5) 2017	(0) 2010	<b>(u)</b> 2010	(0) 2020		
include any "unusual grants.")       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	•								
2       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       Image: Control of Control Control of Control Contecot Conte Control Contrecon on contrel control Contro			5,222,002	4,573,385	2.754.072	1.512.578	1,494,482	15.556.519	
organization's benefit and either paid to or expended on its behalf	2	· · ·	372227002	1,0,0,000	277517072	1,511,570	1/10/102	10,000,010	
or expended on its behalf	_								
3       The value of services or facilities furnished by a governmental unit to the organization without charge       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         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)       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         Section B. Total Support       Form line 4       15,556,       15,556,       15,556,         Calendar year (or fiscal year beginning in)- 7       7 Amounts from line 4       15,556,       (d) 2019       (e) 2020       (f) Total 5,222,002         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       37,287       44,816       53,299       52,568       49,443       237,         10       Other income. Do not include gain or loss from the sale of capital assets is regularly carried on .       37,287       44,816       53,299       518,760       482,336       2,620,         11       Total support. Add lines 7 through 10.       12       18,414,       18,414,       18,414,         12       Stript years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax yeara a section 501(c)((3) organization, check t									
furnished by a governmental unit to the organization without charge <ul> <li>Total. Add lines 1 through 3</li> <li>5,222,002</li> <li>4,573,385</li> <li>2,754,072</li> <li>1,512,578</li> <li>1,494,482</li> <li>15,556,</li> </ul> 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) <ul> <li>5,222,002</li> <li>4,573,385</li> <li>2,754,072</li> <li>1,512,578</li> <li>1,494,482</li> <li>15,556,</li> </ul> 6         Public support. Subtract line 5 from line 4 <ul> <li>15,556,</li> </ul> 7         Amounts from line 4. <ul> <li>15,556,</li> </ul> 8         Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources <ul> <li>37,287</li> <li>44,816</li> <li>53,229</li> <li>52,568</li> <li>49,443</li> <li>237,</li> </ul> 10         Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). <ul> <li>51,180</li> <li>547,877</li> <li>520,359</li> <li>518,760</li> <li>482,336</li> <li>2,620, organization, check this box and stop here</li> <li>16</li></ul>	3	-							
organization without charge       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,5         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 (1)       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,5         Section B. Total Support.       Subtract line 5 from line 4       15,556,5       15,556,5         Section B. Total Support       Subtract line 5 from line 4       15,556,5       15,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,5         Section B. Total Support       Subtract line 5 from line 4       15,556,5       15,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,7         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tota         7       Amounts from ine 4,       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,7         9       Net income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       37,287       44,816       53,299       52,568       49,443       237,97 <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	-								
4       Total. Add lines 1 through 3       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         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)       1       1       15,556,         6       Public support. Subtract line 5 from line 4       1       1       15,556,         7       Amounts from line 4       1       15,556,         7       Amounts from line 4       1       15,556,         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total support.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       37,287       44,816       53,299       52,568       49,443       237,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       551,180       547,872       520,359       518,760       482,336       2,620,         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       12       13       15,12,437         15									
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)       115,556,         6       Public support. Subtract line 5 from line 4       12,556,         7       Amounts from line 4,,, 6       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tote 5,222,002         7       Amounts from line 4,,, 7       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tote 5,222,002       (f) Tote 5,22,558       (f) Tote 5,22,558       (f) Tote 5,22,558       (f) Tote 5,22,558       (f) Tote 5,22,558       (f) Tote 5,22,558<	4		5,222,002	4,573,385	2,754,072	1,512,578	1,494,482	15,556,519	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						· · ·		<u> </u>	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).       15,556,         Public support. Subtract line 5 from line 4       15,556,         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tota         Calendar year (or fiscal year beginning in)> A mounts from line 4       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tota         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       37,287       44,816       53,299       52,568       49,443       237,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       37,287       44,816       53,299       518,760       482,336       2,620,         11       Total support. Add lines 7 through 10       551,180       547,872       520,359       518,760       482,336       2,620,         13       First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12       18,414,         14       Public support percentage from 2019       Schedule A, Part II, line 14       15       87.1         14       Public support percentage from 2		each person (other than a							
line 1 that exceeds 2% of the amount shown on line 11, column (1)		governmental unit or publicly							
shown on line 11, column (f)       ine 5 from line 4       15, 556,         Section B. Total Support       Calendar year (or fiscal year beginning in)>       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       5, 222, 002       4, 573, 385       2, 754, 072       1, 512, 578       1, 494, 482       15, 556,         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       37, 287       44, 816       53, 299       52, 568       49, 443       237,         9 Net income from unrelated business activities, whether or not the business is regularly carried on       37, 287       44, 816       53, 299       52, 568       49, 443       237,         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       551, 180       547, 872       520, 359       518, 760       482, 336       2, 620,         11 Total support. Add lines 7 through 10.       12       12       13       13       138, 414,       12       13       14       842, 336       2, 620,         14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       842, 336       2, 620,         15 Birst five years. If the Form 990 is for the organization did not check the box on line 13, and line 14		supported organization) included on							
6       Public support. Subtract line 5 from line 4       15,556,         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         7       Amounts from line 4		line 1 that exceeds 2% of the amount							
Section B. Total Support         Calendar year (or fiscal year beginning in) F         7 Amounts from line 4		shown on line 11, column (f)							
Calendar year (or fiscal year beginning in) Amounts from line 4	6	Public support. Subtract line 5 from line 4						15,556,519	
7       Amounts from line 4       5,222,002       4,573,385       2,754,072       1,512,578       1,494,482       15,556,         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       37,287       44,816       53,299       52,568       49,443       237,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       37,287       44,816       53,299       52,568       49,443       237,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       551,180       547,872       520,359       518,760       482,336       2,620,         11       Total support. Add lines 7 through 10.       18,414,       18,414,         12       Gross receipts from related activities, etc. (see instructions)       12       18,414,         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       84,4         15       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       84,4         15       erganization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, and line 1	See	ction B. Total Support							
<ul> <li>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li></ul>	Cal	endar year (or fiscal year beginning in)►	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total	
payments received on securities loans, rents, royalties, and income from similar sources       37,287       44,816       53,299       52,568       49,443       237,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       37,287       44,816       53,299       52,568       49,443       237,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       37,287       44,816       53,299       52,568       49,443       237,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       551,180       547,872       520,359       518,760       482,336       2,620,         11       Total support. Add lines 7 through 10.       12       13       18,414,         12       Gross receipts from related activities, etc. (see instructions)       14       18,414,         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here       15       87.2         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       84.4         15       043 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	7		5,222,002	4,573,385	2,754,072	1,512,578	1,494,482	15,556,519	
rents, royalties, and income from similar sources       37,287       44,816       53,299       52,568       49,443       237,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       37,287       44,816       53,299       52,568       49,443       237,         9       Net income from unrelated business activities, whether or not the business is regularly carried on       37,287       44,816       53,299       52,568       49,443       237,         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       551,180       547,872       520,359       518,760       482,336       2,620,         11       Total support. Add lines 7 through 10.       12       18,414,       18,414,         12       Gross receipts from related activities, etc. (see instructions)       12       18,414,         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here       18,414,         14       84,4.4       15       87,2.2       14       84,4.4         15       87,2.2       16a       31/3% support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       84,4.4         15       83	8								
similar sources       37,287       44,816       53,299       52,568       49,443       237,         9 Net income from unrelated business activities, whether or not the business is regularly carried on       1       1       237,         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       551,180       547,872       520,359       518,760       482,336       2,620,         11 Total support. Add lines 7 through 10.       18,414,       18,414,       18,414,         12 Gross receipts from related activities, etc. (see instructions)       12       18,414,         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       84.4.         15 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       84.4.         15 Public support percentage from 2019 Schedule A, Part II, line 14       15       87.2.         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       14         17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. The organization did not check a box									
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li></ul>		-							
activities, whether or not the business is regularly carried on			37,287	44,816	53,299	52,568	49,443	237,413	
<ul> <li>is regularly carried on</li></ul>	9								
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
loss from the sale of capital assets (Explain in Part VI.)       551,180       547,872       520,359       518,760       482,336       2,620,         11       Total support. Add lines 7 through 10       18,414,         12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       500,000         14       Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14         15       Public support percentage from 2019 Schedule A, Part II, line 14       15         16a       33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       53 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported									
(Explain in Part VI.)       551,180       547,872       520,359       518,760       482,336       2,620,         11       Total support. Add lines 7 through 10.       18,414,         12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       14         8       8         9       9         14       Public Support Percentage         14       Public support percentage from 2019 Schedule A, Part II, line 14         15       Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         16a       31/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	10								
<ul> <li>11 Total support. Add lines 7 through 10</li> <li>18,414,</li> <li>12 Gross receipts from related activities, etc. (see instructions)</li> <li>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))</li> <li>14 84.4</li> <li>15 Public support percentage from 2019 Schedule A, Part II, line 14</li> <li>16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>		•							
12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         Section C. Computation of Public Support Percentage       14       84.4         15       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       84.4         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       87.2         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       16         b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       17         17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported			551,180	547,872	520,359	518,760	482,336		
<ul> <li>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</li> <li>14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))</li> <li>14 84.4</li> <li>15 Public support percentage from 2019 Schedule A, Part II, line 14</li> <li>15 87.2</li> <li>16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization gualifies as a publicly supported organization.</li> </ul>								18,414,439	
organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       84.4         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       87.2         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization for the stop here.									
Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       84.4         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       87.2         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       15       87.2         b 33 1/3% support test - 2019. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       16       17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported state test.       17a organization state test the facts-and-circumstances test.       15 more, and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test.       14       14       14 more, and bine 14 is a publicly supported	13								
<ul> <li>14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))</li></ul>					•••••		••••	· · · · · ► 🗋	
<ul> <li>15 Public support percentage from 2019 Schedule A, Part II, line 14</li></ul>							4.4	<u> </u>	
<ul> <li>16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li></ul>									
<ul> <li>box and stop here. The organization qualifies as a publicly supported organization</li></ul>	-								
<ul> <li>b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li></ul>	104								
<ul> <li>this box and stop here. The organization qualifies as a publicly supported organization</li></ul>	F								
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported									
10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	17a								
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	170								
		5			•		• • • •		
<b>b 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	ŀ	-							
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain			-						
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported									
organization		5			•	•			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	18	•							
instructions		instructions	<u></u>	· · · · · · · ·	• • • • • • • • • •	<u>.</u> .	<u></u>	► <u> </u>	

Sche	dule A (Form 990 or 990-EZ) 2020 CENTER FO	R CIVIC ED	UCATION			95-3546	790 Page 3		
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	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.)								
Se	ction A. Public Support			· •	•	,			
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Gifts, grants, contributions, and membership fees	(0) = 0 + 0	(,	(0) = 0 = 0	(.,	(-,	(1) 1 2 10.		
-	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
Ŭ	unrelated trade or business under section 513.								
4	Tax revenues levied for the								
4									
	organization's benefit and either paid to								
-	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from								
Ŭ	line 6.)								
So	ction B. Total Support								
	endar year (or fiscal year beginning in)►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 6	(a) 2010	(b) 2017	(0) 2018	<b>(u)</b> 2019	(e) 2020			
108	Gross income from interest, dividends,								
	payments received on securities loans, rents,								
_	royalties, and income from similar sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on								
12	Other income. Do not include gain or								
-	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11,								
10	and 12.)								
11	First 5 years. If the Form 990 is for the orga	nization's first	accord third	fourth or fifth	tox yoor oo o o	action E01(a)	(2)		
14	-				-				
	organization, check this box and stop here						••••••		
	ction C. Computation of Public Suppor								
	Public support percentage for 2020 (line 8, c					15	%		
	Public support percentage from 2019 Sched					16	%		
Se	ction D. Computation of Investment Inc	come Perce	ntage						
17	Investment income percentage for 2020 (line					17	%		
18	Investment income percentage from 2019 So	chedule A, Pa	rt III, line 17 .			18	%		
19a	33 1/3% support tests - 2020. If the organiz	ation did not o	check the box o	on line 14, and	line 15 is more	than 33 1/3%	6, and line		
	17 is not more than 33 1/3%, check this box								
b	33 1/3% support tests - 2019. If the organiz	-	-	-		••••			
	line 18 is not more than 33 1/3%, check this								
20	Private foundation. If the organization did n	-	-	-	-		-		

(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 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 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 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

_	tule A (Form 990 or 990-EZ) 2020 CENTER FOR CIVIC EDUCATION 95-35467	90	P	age
Гd	rt IV Supporting Organizations (continued)		Vee	NL
	Les the experimetion eccentral a sitt or contribution from any of the following persons?		Yes	N
11				
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
	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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
e	ction B. Type I Supporting Organizations		14	
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
e	ction C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
e	ction D. All Type III Supporting Organizations		Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta			
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
2				
3	a cignificant voice in the organization's investment policies and in directing the use of the organization's			
3	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
3	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>	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 government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Drganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in in <b>Part VI</b> ). See
instructions. All other Type III non-functionally integrated supporting organ	nization	s must complete Sectio	ns A through E.
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	-	ated Type III supporting	organization
(see instructions).	,	71 ······	,
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CENTER FOR CIVIC EDUCATION

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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Page 6

Schedu	le A (Form 990 or 990-EZ) 2020 CENTER FOR CIVIC EDUCATIO			35467	7 <b>90</b> Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz	zations (continued	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u>     i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA			:	Schedul	e A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B

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

## Department of the Treasury

Internal Revenue Service

Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

2020

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

Employer identification number CENTER FOR CIVIC EDUCATION 95-3546790 Organization type (check one):

Filers of:	Section:			
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Fo	rm 990, 99	0-EZ, or 990	)-PF) (2020)
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Name of organization

CENTER FOR CIVIC EDUCATION

Employer identification number 95-3546790

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part Lif additional space is n	95-3540790
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON DC 20202	\$ <u>950,339</u>	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	T-MOBILE USA, INC 601 PENNSYLVANIA AVE NW, STE 800 WASHINGTON DC 20004	\$ <u>75,000</u>	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047		
(Form 990 or 990-EZ)						
	<ul> <li>Complete if the organization is described below.</li> <li>Attach to Form 990 or Form 990-EZ.</li> </ul>					
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990 for i			Open to Public Inspection	
<ul> <li>Section 501(c)(3) o</li> <li>Section 501(c) (oth</li> <li>Section 527 organiz</li> <li>If the organization answ</li> <li>Section 501(c)(3) o</li> <li>Section 501(c)(3) o</li> </ul>	rganizations: C er than section zations: Comple <b>vered "Yes," c</b> rganizations th rganizations th	on Form 990, Part IV, line 4, or Form 9 at have filed Form 5768 (election under at have NOT filed Form 5768 (election u	te Part I-C. ts I-A and C below. I 90-EZ, Part VI, line 4 section 501(h)): Con under section 501(h))	Do not complete Part I-B. <b>47 (Lobbying Activities), then</b> nplete Part II-A. Do not complet ): Complete Part II-B. Do not co	e Part II-B. mplete Part II-A.	
Tax) (see separate instr	ructions), then		(see separate insi	i uctions) of Form 990-EZ, Fa	rt v, line SSC (Floxy	
	5), or (6) orgar	nizations: Complete Part III.		<b>F</b> uenlessen identif		
Name of organization				Employer identif		
CENTER FOR CIVI		organization is exempt under	section 501(c)	95-354		
		nization's direct and indirect political can		-		
definition of "politic	•	•	.paigit deutiliee in t			
3 Volunteer hours for	political camp	aign activities (See instructions)				
Part I-B Comp	olete if the	organization is exempt under	section 501(c)	(3).		
		ix incurred by the organization under se				
		ix incurred by organization managers ur				
-		tion 4955 tax, did it file Form 4720 for thi	-			
					Ves No	
b If "Yes," describe in			<b>504</b> (-)			
		organization is exempt under		, except section 501(c)	3).	
		ed by the filing organization for section 5				
		anization's funds contributed to other or				
		es. Add lines 1 and 2. Enter here and on		· · · · · · · · · · · • • • •		
				► \$		
		rm 1120-POL for this year?				
		employer identification number (EIN) of				
		each organization listed, enter the amo		•	•	
-		ns received that were promptly and dire				
•		r a political action committee (PAC). If a				
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
For Paperwork Reduction Act	Notice, see the Ins	structions for Form 990 or 990-EZ.		Sche	dule C (Form 990 or 990-EZ) 2020	

Sche	dule C (Form 990 or 990-EZ) 2020 CENTER FOR CIV		95-35467	
Pa		s exempt under section 501(c)(3) and filed	Form 5768 (elect	tion under
_	section 501(h)).			
Α		affiliated group (and list in Part IV each affiliated group m	iember's name,	
_	address, EIN, expenses, and share of			
В		A and "limited control" provisions apply.		
	Limits on Lobbyir		(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opini	on (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c an	d 1d)		
f	Lobbying nontaxable amount. Enter the amount from	n the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f	)		
h	Subtract line 1g from line 1a. If zero or less, enter -0			
i	Subtract line 1f from line 1c. If zero or less, enter -0-	• • • • • • • • • • • • • • • • • • • •		
j	If there is an amount other than zero on either line 1h	n or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			🗌 Yes 🗌 No

4-Year Averaging Period Under section 501(h)

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) Total
2a	Lobbying nontaxable amount	418,464	325,875	261,378		1,005,717
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,508,576
с	Total lobbying expenditures	6,820	10,595	1,479		18,894
d	Grassroots nontaxable amount	104,616	81,469	65,345		251,430
e	Grassroots ceiling amount (150% of line 2d, column (e))					377,145
f	Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2020

Sched	lule C (Form 990 or 990-EZ) 2020 CENTER FOR CIVIC EDUCATION		3546		Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led F	orm 5	768		
	(election under section 501(h)).					
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(7	a)		(b)	
	cription of the lobbying activity.	Yes	No	Α	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), c	or sec	tion		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	• •		3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF	≀ (b) I	Part II	I-A, li	i <b>ne 3</b> ,	, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members	•••	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year	•••	2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political expenditure next year?						
5	Taxable amount of lobbying and political expenditures (See instructions)		5			
Pa	rt IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nes 1 a	and			

SCHEI	DULE D
(Form	990)

. . . . . . . . . .

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

2020
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Open to Public

•	hternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection				
Name	of the organization			Employer identificatio	n number
CEN	TER FOR CIVIC	E EDUCATION		95-354679	0
Pa	rt I Organiza	tions Maintaining Donor Advised Fu	Inds or Other Similar Funds or Acco	ounts.	
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	tend of year			
5	Did the organization	on inform all donors and donor advisors in w	riting that the assets held in donor advised		
	funds are the orga	nization's property, subject to the organization	on's exclusive legal control?		. 🗌 Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	ł	
	only for charitable	purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose		
	conferring impermi	ssible private benefit?			. 🗌 Yes 🗌 No
Pa		vation Easements.			
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organizatio	n (check all that apply).		
	Preservation of	f land for public use (e.g., recreation or edu	cation) Preservation o	f a historically impor	tant land area
	Protection of n	atural habitat	Preservation o	f a certified historic	structure
	Preservation of	f open space			
2	Complete lines 2a th	nrough 2d if the organization held a qualified	l conservation contribution in the form of a co	onservation	
	easement on the la	ast day of the tax year.		Held at	the End of the Tax Year
а	Total number of co	onservation easements			
b	Total acreage rest	ricted by conservation easements		2b	
С	Number of conserv	vation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired at	fter 7/25/06, and not on a		
	historic structure lis	sted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the	
	tax year				
4	Number of states v	where property subject to conservation ease	ement is located		
5	Does the organizat	tion have a written policy regarding the perio	odic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it h	olds?		. 🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easements durin	g the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation e	easements during th	e year
	▶ \$				
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			. 🗌 Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conservatio	n easements in its revenue and expense sta	tement and	
	balance sheet, and	include, if applicable, the text of the footnote	e to the organization's financial statements th	nat describes the	
		ounting for conservation easements.			
Pa		-	of Art, Historical Treasures, or C	Other Similar A	ssets.
	Complet	te if the organization answered "Yes" of	on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and b	palance sheet works	
			c exhibition, education, or research in furthe	rance of public	
	service, provide, in	Part XIII the text of the footnote to its finan	cial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 958	s, to report in its revenue statement and bala	nce sheet works of	
	art, historical treas	ures, or other similar assets held for public e	exhibition, education, or research in furtherar	nce of public service	3
	provide the following	ng amounts relating to these items:			
	.,			_	
2	If the organization	received or held works of art, historical treas	sures, or other similar assets for financial ga	in, provide the	
	following amounts	required to be reported under FASB ASC 9	58 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1		▶\$_	
b	Assets included in	Form 990, Part X		▶ \$	

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

Sched	ule D (Form 990) 2020 CENTER FOR CIVI	C EDUCATION				95-35467	90	Page 2
Pa	rt III Organizations Maintaining	<b>Collections of</b>	Art, Historio	cal Treasures,	or Ot	her Similar Ass	sets (cor	ntinued)
3	Using the organization's acquisition, accession	, and other records	, check any of th	e following that ma	ke signif	icant use of its		
	collection items (check all that apply):							
а	a Dublic exhibition d Loan or exchange programs							
b	Scholarly research		e 🗌 (	Other				
с	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain	how they further	r the organization's	exempt	purpose in Part		
	XIII.							
5	During the year, did the organization solicit or re-	eceive donations of	fart, historical tre	easures, or other si	imilar			
	assets to be sold to raise funds rather than to be	pe maintained as pa	art of the organiz	ation's collection?.			Yes	No
Pa	rt IV Escrow and Custodial Arran							
	Complete if the organization a	nswered "Yes"	on Form 990	), Part IV, line 9	9, or re	ported an amou	unt on Fo	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributio	ons or other assets	not			_
				•••••••			. Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:			1		
						Amo	unt	
С	Beginning balance			•••••••••	. <u>1</u> c			
d	Additions during the year			••••••••	. 1d			
е	Distributions during the year			••••••••				
f	Ending balance							
2a	Did the organization include an amount on Forr		-					No No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planation has be	en provided on Pa	rt XIII .			
Pa	rt V Endowment Funds.							
	Complete if the organization a	nswered "Yes"	on Form 990	), Part IV, line ?	10.		1	
	-	(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curren	•	(line 1g, column	(a)) held as:				
a	Board designated or quasi-endowment	%						
b	Permanent endowment >%							
С	Term endowment  %	1 1 1 0 0 0 (						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held	and administered	for the			
	organization by:							es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati			R?	• • • •	•••••	3b	
4	Describe in Part XIII the intended uses of the c		wment funds.					
гd	rt VI Land, Buildings, and Equipm		on Form 000	) Dart IV/ line (	110 0		ort Vilio	- 10
	Complete if the organization a							
	Description of property	(a) Cost or oth (investm		Cost or other basis (other)	• •	Accumulated	(d) Book v	alue
10	Land			(00.0.)	uc			
1а ь	Land							
b		•						
c d	Leasehold improvements	•		115 102		114 210		703
	Equipment	•		115,102		114,319		783
e Tota	Other	•   Journal Form 000 Po	rt X column (P)	line 10c )		<b></b>		703
ruta	$\cdot$ Aud lines ta unough te. (Column (a) must e	yuai i 01111 990, Pa	π л, сошти (В)	,	• • • •	••••		783

Schedule D (Form 990) 2020

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Part VII

**Investments - Other Securities.** 

#### Page 3

Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal incor	ne taxes	
(2)ACCRUED PA	AYROLL LIABILITIES	77,173
(3)DEFERRED H	REVENUE	1,902
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	ust equal Form 990. Part X. col. (B) line 25.) .	79,075

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

Sched	ule D (Form 990) 2020 CENTER FOR CIVIC EDUCATION	95-3546790	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	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	2,613,963
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	5	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	7	
е	Add lines 2a through 2d	2e	587,702
3	Subtract line 2e from line 1	3	2,026,261
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		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,026,261
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,145,794
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	7	
е	Add lines 2a through 2d	2e	102,327
3	Subtract line 2e from line 1	3	2,043,467
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		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,043,467
Pa	rt 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.

## Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

### CENTER FOR CIVIC EDUCATION

Employer identification number 95-3546790

#### 01. Form 990 governing body review (Part VI, line 11)

APPROVED BY CHIEF FISCAL OFFICER AND REVIEWED BY THE CENTER'S PRESIDENT AND THE BOARD

COMMITTEE BEFORE FILING.

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

ALL BOARD MEMBERS HAVE SIGNED A CONFLICT OF INTEREST POLICY COMPLIANCE AGREEMENT, AND DO

SO ANNUALLY. ALL BOARD MEMBERS ARE REMINDED OF THIS POLICY VIA EMAIL AS WELL AS AT BOARD

MEETINGS

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

THE COMPENSATION OF THE PRESIDENT IS SET AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

### 04. Other officer or key employee compensation (Part VI, line 15b

THE COMPENSATION OF TOP MANAGEMENT IS SET BY THE PRESIDENT. OTHER SENIOR STAFF

COMPENSATION IS SET BY THE PRESIDENT IN CONSULTATION WITH TOP MANAGEMENT. COMPENSATION IS

DETERMINED BY PERIODIC MARKET SURVEYS OF SIMILAR-SIZED NON-PROFIT ORGANIZATIONS

NATIONWIDE.

### 05. Governing documents, etc, available to public (Part VI, line 19)

THE CENTER CONDUCTS AN INDEPENDENT FINANCIAL AUDIT ANNUALLY. ADDITIONALLY, ITS GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.

#### 06. List of other expenses (Part IX, line 24e)

SEE THE ATTACHED OVERFLOW STATEMENT FOR DETAILED ALL OTHER EXEPENSES.

## Statement of Program Service Accomplishments

2020 PG01

Name(s) as shown on return

Your Social Security Number

95-3546790

Statement #4

CENTER FOR CIVIC EDUCATION

## FORM 990-PART III(A)

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$233822
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$233822

## EXPLANATION

THE PRESIDENTIAL ACADEMY FOR SECONDARY SCHOOL TEACHERS AND THE CONGRESSIONAL ACADEMY FOR HIGH-NEED HIGH SCHOOL STUDENTS PROVIDE HIGH-QUALITY EDUCATIONAL ENGAGEMENT IN AMERICAN HISTORY AND CIVICS. FIFTY-ONE TEACHERS AND 102 STUDENTS FROM THROUGHOUT THE COUNTRY PARTICIPATE EACH YEAR. BEGINNING WITH AN INTENSIVE TWO-WEEK SUMMER INSTITUTE AND CONTINUING WITH FOLLOW-UP ACTIVITIES DURING THE ENSUING ACADEMIC YEAR, PARTICIPANTS ARE IMMERSED IN THE STUDY OF CONSTITUTIONAL HISTORY AND PRINCIPLES FOLLOWING THE INTELLECTUAL FRAMEWORK OF THE WE THE PEOPLE: THE CITIZEN AND THE CONSTITUTION CURRICULUM.

	Statement of Program Service Accomplishments	2020 PG01
Name(s) as shown on return		Your Social Security Number
CENTER FOR CIVI	C EDUCATION	95-3546790
	FORM 990-PART III(B)	Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE EXPENSES	\$5891
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	<b>\$</b> 0

EXPLANATION

CIVITAS: AN INTERNATIONAL CIVIC EDUCATION EXCHANGE PROGRAM IS A COOPERATIVE PROJECT OF CIVIC EDUCATION ORGANIZATIONS IN MORE THAN 22 U.S STATES AND 30 COUNTRIES. THE GOAL OF THE PROJECT IS TO EXCHANGE IDEAS, EXPERIENCES, AND CURRICULAR PROGRAMS TO FURTHER DEVELOPMENT OF CIVIC COMPETENCE AND RESPONSIBILITY AMONG YOUTH IN EMERGING AND ESTABLISHED DEMOCRACIES.

## Statement of Program Service Accomplishments

2020 PG01 Your Social Security Number

95-3546790

Name(s) as shown on return

CENTER FOR CIVIC EDUCATION

FORM 990-PART III(C)

I(C) Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$2000
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$2000

### EXPLANATION

THE JAMES MADISON LEGACY PROJECT IS A MULTI-YEAR NATIONWIDE INITIATIVE OF THE CENTER FOR CIVIC EDUCATION THAT AIMS TO (1) INCREASE THE NUMBER OF HIGHLY EFFECTIVE TEACHERS OF HIGH-NEED STUDENTS THROUGH THE PROFESSIONAL DEVELOPMENT OF 2,025 TEACHERS, (2) INCREASE THE ACHIEVEMENT OF AT LEAST 202,500 STUDENTS IN ATTAINING STATE STANDARDS IN CIVICS AND GOVERNMENT, (3) SERVE THE SELF-IDENTIFIED PROFESSIONAL DEVELOPMENT NEEDS OF A MINIMUM OF 500 PARTICIPATING SCHOOLS WITH SIGNIFICANT CONCENTRATIONS OF HIGH-NEED STUDENTS THROUGHOUT THE UNITED STATES, AND (4) EVALUATE THE RELATIVE EFFECTIVENESS OF THE CENTER'S RESEARCH-VALIDATED TRADITIONAL WE THE PEOPLE: THE CITIZEN AND THE CONSTITUTION PROFESSIONAL DEVELOPMENT MODEL ENHANCED WITH ONLINE RESOURCES AND A NEW BLENDED-LEARNING VARIATION OF THE MODEL THAT ALSO USES SYNCHRONOUS AND ASYNCHRONOUS VIRTUAL PROGRAM FACILITATION.

Description		
		Amount
ALLOCATION OF INDIRECT COST	\$	341,888
EDUCATIONAL MATERIALS		20 702
LEADERSHIP & TRAINING WORKSHOP		280
MATERIALS DISTRIBUTION		
NATIONAL HEARINGS		
PARTICIPANT STIPENDS		
POSTAGE AND DELIVERY		
PROGRAM PROMOTIONS		16,742
RESEARCH & EVALUATION		15,429
SUBCONTRACT, NATIONAL		29,924
SUBCONTRACT, TEACHER TRAINING		274,107
SUPPLIES		764
TELEPHONE		858
Total	\$	771,096
MANAGEMENT SERVICE EXPENSES		
Description		Amount
ALLOCATION OF INDIRECT COST	\$	
POSTAGE AND DELIVERY		313
PRINTING AND PUBLICATION		
PROGRAM PROMOTIONS		0 01 1
SUPPLIES		2,035
TELEPHONE		8,897
TRAINING AND CONSULTING SERVICES		4,750
Total		
	°==	-340,438
FUNDRASING EXPENSES	· *	-340,438
		<u>-340,438</u> Amount
FUNDRASING EXPENSES	\$	Amount
FUNDRASING EXPENSES		Amount
FUNDRASING EXPENSES Description ALLOCATION OF INDIRECT COST		<b>Amount</b> 18,361
FUNDRASING EXPENSES Description ALLOCATION OF INDIRECT COST PRINTING AND PUBLICATION	\$	Amount 18,361 52 15 6,582

**Overflow Statement** 

## Name(s) as shown on return CENTER FOR CIVIC EDUCATION

990

95-3546790

2020 Page 1

FEIN

990	Overflow Statement		<b>2020</b> Page 2
Name(s) as shown on return		FEIN	
CENTER FOR CIVIC	EDUCATION		95-3546790
	SCHEDULE D, PART XI LINE 2D		
Description COST OF SALES		\$	Amount 102,32
	Tot	al: \$_	102,32
	SCHEDULE D, PART XII LINE 2D		
Description			Amount
COST OF SALES		\$	102,32
	Tot	al: \$_	102,32