Public Inspection Copy

Department of the Treasury Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

Α_	For t	he 2009 calendar year, or tax year beginning $$ JUL $1,$ 2009	JUN 30, 2010	
В	Check applica		D Employer identifi	
[]	Add char	100		
F	char	Doing Business As		796793
	Tern	nin- Specific Instruc- 600 New Jersey Ave, NW		er 662-9880
	lretu	city or town, state or country, and ZIP + 4	G Gross receipts \$	867,589.
100	App tion pend	Washington, DC 20001	H(a) Is this a group r	
	pen	F Name and address of principal officer: AD1ga11 B. Taylor	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates inc	cluded? Yes No
		xempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
_		ite: ▶ www.icivics.org	H(c) Group exemption	on number >
		of organization: X Corporation Trust Association Other Ly	ear of formation: 2009	M State of legal domicile: DE
製廠	T	Summary		
Ge	1	Briefly describe the organization's mission or most significant activities: To teach	students civ	rics and
Activities & Governance	١.	inspire them to be active participants in ou	r democracy.	
Veri	2	Check this box I if the organization discontinued its operations or disposed of its		
တိ	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
ళ	5	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
itie	6	Total number of employees (Part V, line 2a)	5	3 88
₹	-	Total gross uprolated business revenue from Part VIII. as least (O) II.	6	
ĕ	h	Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		0.
-	Ť	Not difficiated business taxable income from Form 990-1, line 34		
•	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year 867,589.
Revenue	9	Program service revenue (Part VIII, line 2g)		001,303.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	***************************************	867,589.
24 . 30	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		007,0051
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
89	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		160,024.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D); line 25) 9,364.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		301,588.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		461,612.
- 10	19	Revenue less expenses. Subtract line 18 from line 12		405,977.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	9.	503,482.
etA		Total liabilities (Part X, line 26)		97,496.
지구 IDS	22 rt 11	Net assets or fund balances. Subtract line 21 from line 20	9.	405,986.
	ERSI	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled dge.	ge and belief, it is true, correct,
C:		Atul w	13/14/	11
Sign		Signature of officer	Date	11
пеге	,	Abigail B. Taylor, Executive Director	Date	
		Type or print name and title		
		Preparer's Date	Check if Prepar	er's identifying number
Paid		signature Number (PA 3/10/1	self- employed ▶ [(see in:	structions)
	arer's	Firm's name (or yours if Kositzka, Wicks and Company	EIN ►	
Use (Jilly	self-employed), 5500 Cherokee Ave, Suite 400		-
		Alexandria, Virginia 22312	Phone no. ► (703) 642-2700
Мау	the If	RS discuss this return with the preparer shown above? (see instructions)	1	Yes No
	1 02-0		instructions.	Form 990 (2009)

Pai	rt III Statement of F	Program Service							_
1	Briefly describe the organ	nization's mission:		edule O f tive, web			esiane	ed to	
	teach and eng	race studer	ts in c	ivics thr	ough re	alistic si	mulat:	ions of	-
	government ar	ed to provi	de voun	g neonle	civic e	ducation	to en	TOUR OF	_
	young people								_
	 						s and	to their	_
2	Did the organization under		program servi	ces during the yea	ar which were	not listed on			
	the prior Form 990 or 990)-EZ?						Yes X No	
	If "Yes," describe these n	new services on Sche	edule O.						
3	Did the organization ceas	se conducting, or ma	ke significant c	hanges in how it o	conducts, any	program services?		Yes X No	
	If "Yes," describe these c			3	, ,				
4	Describe the exempt purp	-		organization's thre	a largest pro	aram aanilaaa bu aya	0000		
4									
	Section 501(c)(3) and 501				· ·	•	rants and		
	allocations to others, the	total expenses, and	revenue, if any	, for each progran	n service repo	rted.			
4a	(Code:) (Expenses \$	417,921	 including grant 	s of \$) (Rev	enue \$)
	Web-based edu					students c	ivics	and	•
	inspire them								-
	THEFTIC CHEM	to be deel	ve pare	TCTPAIRCE	III Our	democracy.			_
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4b	(Codo:) (Expenses \$		including grant	c of ¢) (Po)	/enue \$		<u>_</u>
40	(Code:) (Expenses ϕ		including grant	S 01 Φ) (nev	/enue φ		,
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4c	(Code:) (Expenses \$		including grant	s of \$) (Rev	enue \$)
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4d	Other program services. ((Describe in Schedul	e O.)						_
	(Expenses \$		g grants of \$) (Revenue	\$	١		
4 -			417,	921) (neveriue	Ψ	J		-
4e	Total program service e	xpenses 🚩 \$	41/,	<i>74</i> 1•				- 000	_
								Form 990 (2009))

Part IV Checklist of Required Schedules

			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?								
	If "Yes," complete Schedule A	1	X						
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х					
7									
8									
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8		X					
_	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X								
	as applicable	11		Х					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.								
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total								
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.								
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total								
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.								
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in								
	Part X, line 16? If "Yes," complete Schedule D, Part IX.								
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.								
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.								
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete								
	Schedule D, Parts XI, XII, and XIII.	12	X						
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X								
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X					
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,								
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			37					
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X					
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals									
47	located outside the United States? If "Yes," complete Schedule F, Part III	16		X					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х					
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17							
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>					
13	complete Schedule G, Part III	19		х					
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X					

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25	24a		х
b		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) and 501(c)(4) 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			٠,,
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		1
21	contributor, or a grant selection committee member, or to a person related to such an individual? 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			7,7
	Note. All Form 990 filers are required to complete Schedule O.	_38_	000 /	X

oog) iCivics, Inc. Statements Regarding Other IRS Filings and Tax Compliance 38-3796793 Form 990 (2009)

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1		
L	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 4	7		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		1		
·	(gambling) winnings to prize winners?		1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Za	filed for the calendar year ending with or within the year covered by this return	2a	3		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see		20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	•	За		х
	26.00	a by this return:	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		05		
·u	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
b	If "Yes," enter the name of the foreign country:	accounty			
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.	Dann and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		"		
-	Tax Shelter Transaction?	~	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?	,	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			
	benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	ess business holdings			
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a		
h	If "Vos." onter the amount of tax exempt interest received or accrued during the year	10h			

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		11		
b	Enter the number of voting members that are independent	1b		11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			з		Х
4	Did the organization make any significant changes to its organizational documents since the prior Fo					X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		X
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me					
	governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year			
	by the following:					
а	The governing body?			8a		
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)			
				_	Yes	
	Does the organization have local chapters, branches, or affiliates?			10	1	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such					
						+
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling ti	ne form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	X	+
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	uld gr	/e rise	121	x l	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	describe			
	in Schedule O how this is done			120		
13	Does the organization have a written whistleblower policy?				+	
14	Does 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 approve	-	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15	 ₹	+
b	Other officers or key employees of the organization			151	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?			16:		x
h	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva				1	+**
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?			161	,	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) avail	able for		
	public inspection. Indicate how you make these available. Check all that apply.	-	•			
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest polic	y, and fi	nancia	l
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd re	cords of the orga	ınization:	▶_	
	The Organization - 202-662-9880					
	600 New Jersey Ave, NW, Washington, DC 20001					
				_	^^	(0000)

Form **990** (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)					(D)	(E)	(F)
Name and Title	Average			Pos			Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	neckitutional trustee	officer Officer		Highest compensated do employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sandra Day O'Connor									
Chair	1.00	Х					0.	0.	0.
Christopher Cerf									
Director	1.00	Х					0.	0.	0.
Meryl Chertoff									
Director	1.00	Х					0.	0.	0.
James Forman, Jr.									
Director	1.00	Х					0.	0.	0.
Christine Garvey									
Director	1.00	Х					0.	0.	0.
James Paul Gee									
Director	1.00	Х					0.	0.	0.
Lee Hamilton									
Director	1.00	X					0.	0.	0.
Walter Isaacson									
Director	1.00	Х					0.	0.	0.
Julie O'Sullivan									
Director	1.00	Х					0.	0.	0.
Kathleen Smalley									
Director	1.00	Х					0.	0.	0.
Larry Thompson									
Director	1.00	Х					0.	0.	0.
Abigail B. Taylor									
President	40.00			Х			15,385.	0.	1,678.
Jeffrey J. Curley									
Treasurer/Secretary	40.00			Х			12,500.	0.	1,678.
		l				1			

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(A) (B)							(D)	(E)			(F)	
	Name and title	Average hours	(6		Pos		n : app	de A	Reportable compensation	Reportable compensation	n		timate nount	
		per	Η.	lecr	l	liiai		, (Vir	from	from related			other	Oi
		week	directo				P		the	organizations			pensa	
			stee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MIS	·C)		om the anizati	
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(** 2/ 1000 1/1100)			_	d relate	
			Julividu	ıstituti	Officer	ey em	lighest mploy	Former				orga	anizatio	ons
			 -	-		×	Τ ω	ь.						
							\vdash							
1b	Total					<u></u>		_	27,885.		0.		3,3	56
2	Total number of individuals (including but n					bove	e) wl	ho r	eceived more than \$100	0,000 in reportable	 e			
	compensation from the organization													(
_	5.1.1										1		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s			e, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on		3		Х
4	For any individual listed on line 1a, is the su			 amc	 ensa	 atior	 n and	d ot	her compensation from	the organization		3		
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a	•			rom	any	y uni	relat	ted organization for serv	ices rendered to				
<u> </u>	the organization? If "Yes," complete Sched	lule J for such	pers	on .								5		X
	tion B. Independent Contractors Complete this table for your five highest co	mnoncated in	done	ando	nt o	ont	roote	ara t	that received more than	\$100,000 of com		otion f		
	the organization. NONE	impensateu in	uepe	ende	ent C	OHL	racii	JIS 1		\$100,000 of com	pens			
	(A) Name and business	address							(B) Description of s	services	С	(C Comper	;) nsatio	n
	Total number of independent contractors (i	including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 in compensation from the organic						0						000 (

Pa	rt VII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
gran	b	Membership dues	1b					
ts, g	С	Fundraising events	1c					
<u>la</u>	d	Related organizations	1d					
in,		Government grants (contributions)	1e					
er tio	f	All other contributions, gifts, grants, and		065 500				
흕딂			1f	867,589.				
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines 1a-1f: \$		275.	067 500			
- "	h	Total. Add lines 1a-1f			867,589.			
	0.0			Business Code				
ķ	2 a							
Ser	b c							
ye ye	d							
Program Service Revenue	e							
Pr		All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividend						
		other similar amounts)		>				
	4	Income from investment of tax-exempt						
	5	Royalties		>				
		(i) R	eal	(ii) Personal				
		Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	<i>r</i> a	Gross amount from sales of (i) Sec	urities	(ii) Other				
	L	assets other than inventory Less: cost or other basis						
	b	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
Other Revenue		Gross income from fundraising events including \$	(not					
e e		contributions reported on line 1c). See						
Ä.		Part IV, line 18						
the	b	Less: direct expenses						
0		Net income or (loss) from fundraising e						
	9 a	Gross income from gaming activities. S	See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming activ	ities	····· •				
	10 a	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold						
H	С	Net income or (loss) from sales of inver						
	11 -	Miscellaneous Revenue		Business Code				
	11 a b							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		>	867,589.	0.	0.	0.
93200 02-04				F	-		•	Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	107 256	00 057	10 240	0 150
_	trustees, and key employees	107,356.	80,957.	18,240.	8,159.
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		37,161.	35,303.	1,858.	
7 8	Other salaries and wages	51,101.	33,303.	1,000.	
0	and section 403(b) employer contributions)				
9	Other employee benefits	3,547.	2,854.	493.	200.
10	Payroll taxes	11,960.	9,637.	1,657.	666.
11	Fees for services (non-employees):		2,0010		
	Management				
	Legal				
	Accounting	8,900.		8,900.	
d		,			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		31,249.	31,249.		
12	Advertising and promotion	8,147.	8,147.		
13	Office expenses	3,107.	1,348.	1,759.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	18,790.	18,790.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2 121	2 40 4		
22	Depreciation, depletion, and amortization	3,494.	3,494.	1 007	
23	Insurance	1,207.		1,207.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Web development and ser	128,983.	128,683.		300.
b		80,000.	80,000.		
С	Meals and entertainment	4,896.	4,896.		
d		3,400.	3,400.		
е	Printing and reproducti	2,729.	2,729.		
f	All other expenses	6,686.	6,434.	213.	39.
25	Total functional expenses. Add lines 1 through 24f	461,612.	417,921.	34,327.	9,364.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)

Balance Sheet Part X (B) (A) End of year Beginning of year 352,634. 9. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 2,542. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 148,306. 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 <u>9.</u> 503,482. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 97.496. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25 0. 97,496. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 9. 391,875. Unrestricted net assets 27 27 14,111. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 405,986. Total net assets or fund balances 33 33 9. 503,482. 34 Total liabilities and net assets/fund balances 34

	I manda datements and reporting			
			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
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	За		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 in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

e organization

iCivics, Inc.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he orga	nization is not a	a private foundation	because it is: (For lines 1	1 through ⁻	11, check	only one b	ox.)					
1 📙	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	′0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ıe,
	city, and stat											
5 📖	An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(I)(A)(v).					
7 🖳	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed i	in
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8 X	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, and	d gross red	eipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support f	rom gross	invest	ment
			axable income (less sect									
	See section	509(a)(2). (Complete	e Part III.)									
10 🗀	An organizati	ion organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11 🗀	1		perated exclusively for th						y out the p	ourposes o	f one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 509(a)(3). Ched	ck the box	that	
			organization and comple									
	a Type I		7			tionally in	egrated		d 🗀	Type III - C	Other	
е 🗀	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	เท
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the o	organization accepted ar									
_	(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons of	lescribed	in (ii) and (iii) below,		Yes	No
			upported organization?							11g(i)		
			n described in (i) above?									
			person described in (i) o									
h			about the supported or									
		-										
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) Am	ount o	 of
` '	ganization	(, =	organization (described on lines 1-9		sted in your			organizátio (i) organiz	ed in the	sup		
			above or IRC section	governing	document?	(i) of you	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
-												
-												
-												
otal												
11A Fa.	Drivesy Ast so	d Danamuauk Dadi	ation Ast Notice ass t	ha laatu:	tions for			Cabadul	о A /Гакто	000 ~* 00	0 EZ	2000

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					867,589.	867,589.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					867,589.	867,589.
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)						189,240.
6	Public support. Subtract line 5 from line 4.						678,349.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					867,589.	867,589.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						867,589.
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stor	here			•		▶ X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				•
	Public support percentage for 2009 (column (f))		14	%
	Public support percentage from 2008		•			15	%
	33 1/3% support test - 2009.If the o					nore, check this bo	x and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2008.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	· ·	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	•	,	***************************************	

Schedule A (Form 990 or 990-EZ) 2009

Pa	art III Support Schedule for (Organizations	Described in	Section 509(a	1)(2) (Complete onl	v if you checked the h	ox on line 9 of Part I			
	ction A. Public Support	<u> </u>			- /(/ (complete only	y ii you cheekeu the b	ox on line 3 or r are i.			
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,	, ,							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
b	3 received from disqualified persons 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 Add lines 7a and 7b									
	Public support (Subtract line 7c from line 6.)									
Sec	ction B. Total Support									
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 6									
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)									
	First five years. If the Form 990 is for	r the organization	s first, second, thi	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organi	zation,			
	check this box and stop here	-			•					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2009 (15	%			
	Public support percentage from 2008					16	%			
	ction D. Computation of Inve					147 1	0.4			
	Investment income percentage for 20					17	%			
	Investment income percentage from					33 1/3% and line	17 is not			
	19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
-	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization									

Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year	Paı	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	Is or Accounts. Complete if the
Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assests held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No No Part IV Inter-Property of conservation Easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of a conservation easement or preservation of public use (e.g., recreation or pleasure) Preservation of a conservation easement or preservation of open space Preservation of open space Preservation of open space Preservation of conservation easements Preservation of a conservation easement or a conservation easements 2a Preservation of conservation easements 2b Preservation of a conservation easements 2b Preservation of a conservation easements 2b Preservation of a conservation easement 2b Preservation of a conservation easement 2b Preservation of a conservation easement 2b Preservation 2b Preserv				·
2 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors, subject to the organization is properly, subject to the organization is exclusive legal control?		, ,		(b) Funds and other accounts
2 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors, subject to the organization is properly, subject to the organization is exclusive legal control?	1	Total number at end of year		
3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 9 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purposels of conservation easements held by the organization (check all that gapo). □ Preservation of land for public use (e.g., recreation or pleasure) □ Preservation of an historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 Total number of conservation easements 2 Number of conservation easements included in (c) acquired after 8/17/06 2 Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Ves 1 Noos the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements funding the periodic monitoring, inspection, and enforcing tonservation easements during the year 2 Noos the organization have a written policy regarding the periodic monitoring, inspection, and enforcing tonservation easements during the year 3 Noos and enforcement of the conservation easement protect on line 2(d) above satisfy the requirements of section 17				
4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantices, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring present of the donor or donor advisors, or for any other purpose conferring to the purpose conferring the purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring the purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring the purpose and not for the purpose conferring the purpose and not for the purpose conferring the purpose and the purpose conferring the purpose and the purpose conferring the purpose confer				
to the organization informal il donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Ves				
are the organization's property, subject to the organization's exclusive legal control?				ised funds
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit?	_	~	_	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Ves No	6			
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	_			
Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that pply). Preservation of land for public use (e.g., recreation or pleasure)				
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (a) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements it holds? So be see organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements during the year No staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No and section 170(h)(4)(B)(ii) Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year No in Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and incurred in monitoring, inspecting, and enforcing conservation easements during the year No in Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and incurred in easements and expenses incurred in easements in the statement of public expenses incurred in easements. Total in Part XIV, describe how the organization answered "Yes" to Form 990, Part IV, line 8. If the organizat	Paı			
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Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year			•	
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	2			
		the following amounts required to be reported under SFAS 116	6 relating to these items:	
b Assets included in Form 990, Part X	а	Revenues included in Form 990, Part VIII, line 1		> \$
· · · · · · · · · · · · · · · · · · ·	b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{932051}_{02\text{-}01\text{-}10}$

Schedule D (Form 990) 2009

_	dule D (Form 990) 2009 1C1V1CS	•								19619		
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Oth	er S	imila	ar Asse	ets (con	tinued)
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	at are a s	signifi	cant ı	use of its	collection	n iten	าร
	(check all that apply):											
а	Public exhibition d Loan or exchange programs											
b	Scholarly research e Other											
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	he organizati	ion's exe	empt i	purpo	se in Pa	rt XIV.		
5												
•	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pai	t IV Escrow and Custodial Arran											_ 110
	reported an amount on Form 990, Pa		CIC II OIQ	jainzation a	iisworda io	3 10 101	1111 55	υ, ι α	it iv, iii c	. J, Oi		
10	Is the organization an agent, trustee, custod		dian, for	contribution	an or other or	nooto no	t inclu	ıdad				
Id										Yes		□No
	on Form 990, Part X?								└	⊥ res		⊔ NO
D	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:			г					
							⊢	_		Amour	ıt	
	Beginning balance							1c				
	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	form 990, Part X, line	21?						L	_ Yes		⊔ No
	If "Yes," explain the arrangement in Part XIV											
Pai	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.											
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) [⊤]	hree y	ears back	(e) Fou	r years	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the year		as:									
	Board designated or quasi-endowment		%									
	Permanent endowment											
	Are there endowment funds not in the posse	· -	ation the	at are hold a	and administs	arad for	tha ar	aaniz	ration			
Ja	· ·	ession of the organiz	ation the	at are rielu a	ina administ	sied ioi	li ie oi	gariiz	ation		Yes	No
	by:									3a(i)	163	NO
	(i) unrelated organizations											_
	(ii) related organizations	- 13-41								3a(ii)		
	If "Yes" to 3a(ii), are the related organization:									3b	<u> </u>	Ь
Bar	Describe in Part XIV the intended uses of the				Doub V line	10						
rai	t VI Investments - Land, Building			i					, 1	/ N 5		
	Description of investment	(a) Cost or o			t or other		ccum		d	(d) Boo	k valu	e
		basis (investi	nent)	Dasis	(other)	de	preci	auon				
	Land											
	Buildings								$-\!\!\!+\!\!\!\!-$			
	Leasehold improvements											
d	Equipment											
	Other											

Schedule D (Form 990) 2009

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

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua est or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other_				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990 Part X line	13		
		T	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	ost or end-of-year mar	
			<u> </u>	
Total (Cal/h) manak agual Farma COO Bank V and (B) lima 10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line	45			
	Description			(b) Book value
(a)	Description			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount		
Federal income taxes				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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Schedule D (Form 990) 2009

Pa	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Audited	Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		867,589.
2	Total expenses (Form 990, Part IX, column (A), line 25)				461,612.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				405,977.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines				405,977.
	t XII Reconciliation of Revenue per Audited Financial State			Return	2007277
1	Total revenue, gains, and other support per audited financial statements				924,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,
	Net unrealized gains on investments	2a			
	Donated services and use of facilities		56,850	_	
			30,000	4	
	Recoveries of prior year grants Other (Describe in Part VIV)			\dashv	
	Other (Describe in Part XIV.) Add lines 2a through 2d			2e	56,850.
_	•			3 3	867,589.
3	Subtract line 2e from line 1			3	001,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIV.)				0
_	Add lines 4a and 4b			4c	867,589 .
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Tt XIII Reconciliation of Expenses per Audited Financial States.			5 r Boturn	
					518,462.
1	Total expenses and losses per audited financial statements			1	310,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	56,850		
	Donated services and use of facilities		30,030	4	
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIV.)			-	E 6 0 E 0
_	Add lines 2a through 2d			2e	56,850.
3	Subtract line 2e from line 1			3	461,612.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIV.)	4b		_	0
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	461,612.
	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines $3, 5,$ and $9;$ F	art III, lines 1a ai	nd 4; Part IV, lines	1b and 2b	; Part V, line 4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this pa	rt to provide any ac	ditional in	formation.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization iCivics, Inc.

Employer identification number 38-3796793

Form 990, Part III, Line 1, Description of Organization Mission:

elected representatives; and to solcit, raise, receive, hold, invest

and expend funds for the advancement and furtherance of the above

purposes.

Form 990, Part VI, Section B, line 11: A draft copy of the 990 will be emailed to all board members before filing with a specified time period to review and respond.

Form 990, Part VI, Section B, Line 12c: The conflict of interest policy will be updated annually at the board meeting. The board will review the responses and determine the appropriate course of action for each disclosure.

Form 990, Part VI, Section B, Line 15: The process for determining compensation of the organization's officers, including the executive director, included a review of comparability data and approval by independent board members.

Form 990, Part VI, Section C, Line 19: If the governing documents,

financial statements, or policies of iCivics are subject to the Federal

public disclosure rules (or state public disclosure rules), these documents

will be made available upon request as applicable law may require.

Otherwise, the governing documents, financial statements, and/or policies

will be provided to the public at the discretion of management.

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