Form 990

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)

Open to Public

OMB No. 1545 0047

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011 C Name of organization D Employer identification number X Address iCivics, Inc. Mame Doing Business As 38-3796793 initiat return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termo 1875 K Street, NW 500 202-729-8152 Amende City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending Washington, DC 20006 H(a) Is this a group return F Name and address of principal officer: Gene Koo for affiliates? Yes X No same as C above H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ▶ WWW.icivics.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation; 2009 M State of legal gomicile; DE Part I | Summary Briefly describe the organization's mission or most significant activities: To teach students civics and Governance inspire them to be active participants in our democracy. Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 14 Activities & 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 5 118 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990 T, line 34 0. Prior Year **Current Year** 867,589. 8 Contributions and grants (Part VIII, line 1h) 1,293,174. Revenue 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. Ò. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 867,589. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1.293. 174. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 160,024. 305,833. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 301,588. 553,997. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 461,612. 859,830. 405,977. 19 Revenue less expenses, Subtract line 18 from line 12 433,344. 50 Beginning of Current Year End of Year 503,482. 869,143. 20 Total assets (Part X, line 16) 97,496. 29,813. 21 Total liabilities (Part X, line 26) 405,986. 22 Net assets or fund balances. Subtract line 21 from line 20 839,330. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Departation of the parer (other than othicer) is based on all information of which preparer has any knowledge. Sign Gene Koo, Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature Stephen G. Travis MA telf employed Firm's name Kositzka, Wicks and Company Preparer Firm's EIN Firm's address 5500 Cherokee Ave, Suite 400 Use Only Alexandria, VA 22312 Phone no. (703) 642-2700

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	t III Statement of Program Service Accomplishments	- · · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	_
	To create and maintain interactive, web-based programs designed	
	teach and engage students in civics through realistic simulati	ons of
	government and to provide young people civic education.	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	∟ Yes LA No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	L Tes LZL NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
 4а	(Code:) (Expenses \$)
	Web-based education project designed to teach students civics	and
	inspire them to be active participants in our democracy.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 709, 215.	
		Form 990 (2010)
02200		(/

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, 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	N/	A
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	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		Х
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			
	credit counseling, debt management, credit repair, or 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, , , , , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			77
	and program service activities outside the United States? 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 assistance to any organization	١		₩.
40	or entity located outside the United States? 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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,"			٠,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	۵۵.		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	Щ.

Form **990** (2010)

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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	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) 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			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		X
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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
C	Burney Bu	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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)?	35		Х
а	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			
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			77
_	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2010)

Form 990 (2010) iCivics, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 2 b X	X
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2b X	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2b X	
(gambling) winnings to prize winners? 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 2b X	
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 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	Х
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?4a	
b If "Yes," enter the name of the foreign country: ►	
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b	Х
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	
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?	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
were not tax deductible?	
7 Organizations that may receive deductible contributions under section 170(c).	37
a 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?	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Х
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7c	
	х
	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
h If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C? 79 2.77 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	
a Did the organization make any taxable distributions under section 4966? N/A 9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b	
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
11 Section 501(c)(12) organizations. Enter:	
a Gross income from members or shareholders N/A 11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
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.	
a Is the organization licensed to issue qualified health plans in more than one state? N/A 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	
c Enter the amount of reserves on hand 13c	Х
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b Did the organization receive any payments for indoor tanning services during the tax year?	_^
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	(2010)

Form 990 (2010) iCivics, Inc. 38-3796793 Page
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.

	Check if Schedule O contains a response to any question 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 la 14			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		X
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	Does the organization have members or stockholders?	6		X
7a				
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
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 approval by 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		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	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) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
46	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, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	_	
	The Organization - 202-729-8152 1875 K Street, NW, No. 500, Washington, DC 20006			
	10/3 K Bereet, NW, NO. 300, Washington, DC 20000	Eorm	000 /	3040V
		LUIII	990 (ZU IU)

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

(A)	(B)	I	11 11ZC		C)	прс	noai	(D)	(E)	(F)
Name and Title	Average hours per	(cl		Pos	itior	app	oly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Sandra Day O'Connor										_
Chair	1.50	Х						0.	0.	0.
Christopher Cerf										
Director	0.50	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	Х						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	1.50	Х						0.	0.	0.
Larry Thompson										
Director	1.00	Х						0.	0.	0.
Edward Bruce										
Director	0.00	Х						0.	0.	0.
Jocelyn Benson										
Director	1.00	Х						0.	0.	0.
Thomas Wilner										
Director	1.00	Х						0.	0.	0.
Abigail B. Taylor									_	
President; Former Executive Director	40.00			Х				80,000.	0.	5,732.
Jeffrey J. Curley										
Treasurer/Secretary	40.00			Х		<u> </u>		65,946.	0.	5,732.
Gene Koo	1000									_
Executive Director	40.00			Х				0.	0.	0.

032007 12-21-10

Form 990 (2010) ICIVICS,									30-37	901	93	Pag	e c
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)	—			
(A) Name and title	(B) Average hours per	verage Position check all that apply)						(D) Reportable compensation	(E) Reportable compensation		Estir	(F) mated ount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		compe fror organ	m the nization related	n d
										\prod			
										+			_
										+			
										\downarrow			
										+			
										+			
1b Sub-total			_		<u> </u>	┢		145,946.		0.	11	,46	4.
c Total from continuation sheets to Part VI	I, Section A							0. 145,946.		0.			0.
Total number of individuals (including but no compensation from the organization							no r),000 in reportable)		,	
- Composition and Organization p											Y	es l	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•	•			nighest compensated er			3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		omp	ensa	atior	n and	d ot	her compensation from			4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		5		X
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,						····	<u> </u>		_
Complete this table for your five highest co the organization.	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	tion fro	m	
(A) Name and business								(B) Description of s		Со	(C) mpens	ation	
Filament Games, LLC, 100 Street, Suite 202, Madiso			3			- 1	Game and web development	site		508	,49	6.	
							- 1		l				

Form **990** (2010)

\$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Pa	rt VII	II 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
ts st	1 a	Federated campaigns1a					
Contributions, gifts, grants and other similar amounts		Membership dues 1b					
s, g		Fundraising events 1c					
ig 'g		Related organizations 1d					
B.S.		Government grants (contributions) 1e					
is is		All other contributions, gifts, grants, and					
le ct	•		293174.				
트리	_	Noncash contributions included in lines 1a-1f: \$					
급증				1293174.			
-	n	Total. Add lines 1a-1f		12751740			
_	_	 	usiness Code				
Program Service Revenue	2 a						
le e	b						
e S	С						
Re	d						
Š.	е						
<u> </u>		All other program service revenue					
\rightarrow	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro	ceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)					
اہ	8 a	Gross income from fundraising events (not					
Other Revenue	-	including \$ of					
Š		contributions reported on line 1c). See					
Ğ		Part IV, line 18					
Ę	h	Less: direct expenses b					
Ö		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
	Ja	Part IV, line 19 a					
	L						
		Less: direct expenses b					
		Net income or (loss) from gaming activities					
	и а	Gross sales of inventory, less returns					
		and allowances a					
		Less: cost of goods sold b					
ŀ	С	Net income or (loss) from sales of inventory					
ŀ			usiness Code				
	11 a						
	b						
	С						
	d						
	е	Total. Add lines 11a-11d		1000174			_
03300	12 °	Total revenue. See instructions.)	1293174.	0.	0.	
03200 12-21	10						Form 990 (2010)

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must composite the composition of the composit	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ū	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,				
	trustees, and key employees	175,061.	144,552.	16,546.	13,963.
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	97,806.	82,780.	12,487.	2,539.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	44			
9	Other employee benefits	11,036.	9,350.	1,184.	502.
10	Payroll taxes	21,930.	18,610.	1,983.	1,337.
11	Fees for services (non-employees):				
а	Management				
b	Legal	10 040		10 040	
С.	Accounting	19,840.		19,840.	
d	, o F				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,968.	6,317.	651.	
g 12	OtherAdvertising and promotion	132.	132.	0311	
13	Office expenses	7,057.	625.	6,415.	17.
14	Information technology	,		,	
15	Royalties				
16	Occupancy	7,200.	6,111.	650.	439.
17	Travel	53,116.	49,072.	3,458.	586.
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	65 600	65 500		
22	Depreciation, depletion, and amortization	65,688.	65,599.	53.	36.
23	Insurance	1,303.		1,303.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Game development	210,610.	210,610.		
b	Web services and develo	77,783.	60,745.	16,970.	68.
С	Recruiting	44,314.	120.	44,194.	
d	Printing and reproducti	29,929.	28,599.	1,330.	
е	Meals and entertainment	13,129.	11,723.	1,364.	42.
	All other expenses	16,928.	14,270.	1,163.	1,495.
25	Total functional expenses. Add lines 1 through 24f	859,830.	709,215.	129,591.	21,024.
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	0.12-21-10				Form 990 (2010)

Form **990** (2010)

Part X | Balance Sheet (A) (B) End of year Beginning of year 646,458. 352,634. 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 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 7.067. basis. Complete Part VI of Schedule D _____ 10a <u>589.</u> 0. 6,478. 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. 216,207. 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 503,482. 869,143. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 97,496. 29,813. 17 17 Accounts payable and accrued expenses _____ 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 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 97,496. 29,813. 26 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 391,875. 27 762,204. 27 Unrestricted net assets Temporarily restricted net assets 14,111. 77,126. 28 29 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. 839,330. Total net assets or fund balances 33 33 503,482. 869,143. 34

Form 990 (2010)

Total liabilities and net assets/fund balances ...

	· · · · · · · · · · · · · · · · · · ·				<u> </u>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,29				
2	Total expenses (must equal Part IX, column (A), line 25)	2		859,830 433,344			
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5							
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	83	9,3	30.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				Х		
				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	Ο.					
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	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated 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 Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired 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

iCivics, Inc. Employer identification number 38-3796793

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The organ	•		because it is: (For lines 1									
1 📺		•	s, or association of chur	•	•	•	•).				
2	•		., '0(b)(1)(A)(ii). (Attach Sc					•				
3			tal service organization			170(b)(1)	(A)(iii).					
4	-		operated in conjunction					(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	ne.
	city, and stat	-	- ,-					(// - // - // - // -	.,			,
5	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental un	it describe	ed in		
•	-	(b)(1)(A)(iv). (Comple	-			, a.c.	a goro					
6			ent or governmental unit	t describe	d in sectio	n 170/h)/	IVAV _V)					
7 🗆								or from the	o gonoral n	ublic dosc	ribod i	in
,	□ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 X												
9 🔲	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
9 🗀												
			nctions - subject to certa axable income (less sect									
		509(a)(2). (Complete	•	lion on ta	ix) iroiii bu	511165565	acquired b	y trie orga	ariizatiori a	iter June 3	ou, 197	5.
10			e rait iii.) perated exclusively to te	ot for publ	io cofoty (Soo coctic	n 500/a\/	4\				
10 🔲	-		perated exclusively to te	· -	-			-	v out the i	011100000	of one	or
· · · · · ·	J		•		′ '			,	, ,	•		Oi
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
			7 *		e III - Func					Type III - 0	Alla a	
	a ☐ Type I		* *	• •		-	-			• •		_
e 📖	-	· · · · · · · · · · · · · · · · · · ·	at the organization is not		•	•	•		•			ın
			han one or more publicly						9(a)(1) or s	ection 508	g(a)(2).	
f			ten determination from t									
		rganization, check th										. –
g			organization accepted ar								V	
			irectly controls, either al							44 ~(1)	Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o							11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
		Γ	(iii) Type of	(:) la tha a		(+) D:d		(vi) ls	tho			
` '	of supported	(ii) EIN	organization		organization sted in your		inotity the	organizati	on in col.		nount of	f
org	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes		Yes		Yes				
			(See mstructions))	res	No	res	No	res	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				867,589.	1,293,174.	2,160,763.
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.	1,293,174.	2,160,763.
5	The portion of total contributions						· · · · · · · · · · · · · · · · · · ·
Ī	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)						991,380.
6	Public support. Subtract line 5 from line 4.						1,169,383.
	etion B. Total Support						1,103,303.
_	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2000	(b) 2007	(6) 2008	867,589.	1,293,174.	2,160,763.
8					007/0050	_,,_,	
0	•						
	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.)						0 160 563
	Total support. Add lines 7 through 10						2,160,763.
	Gross receipts from related activities	,	,			12	
13	First five years. If the Form 990 is for	-			•		. 🔻
804	organization, check this box and stop ction C. Computation of Publ	here	roontogo				<u>▼</u> X
						· I	
	Public support percentage for 2010 (•			14	%
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010.If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not c	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	d stop here. Explair	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s ▶□
					Cala	dule A (Form 990	000 EZ\ 0040

032022 12-21-10

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, piedee com	oloto i art II.j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and		` /	. ,	` '	,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
· · · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		#1000	() 0000		() 00/0	(0.7
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u></u>
Section C. Computation of Publi						
15 Public support percentage for 2010 (lin					15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inves					I I	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2010. If the	-					
more than 33 1/3%, check this box an						
b 33 1/3 % support tests - 2009. If the	-					
line 18 is not more than 33 1/3%, chec			•		•	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	<u></u> ▶∟

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.

2010
Open to Public Inspection

Name of the organization

Employer identification number 38 – 3796793

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	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	• • •	• • • • • • • • • • • • • • • • • • • •
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 writ	ting that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor advi		
•	for charitable purposes and not for the benefit of the donor or d		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
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.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		- I
	listed in the National Register		l l
3	Number of conservation easements modified, transferred, relea		
	year ▶		
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it has	olds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation easements of	luring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enf	orcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	0(h)(4)(B)(i)
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
D	conservation easements.	at Historia d Tono and O	Missa O'ssa'llan Assa ta
Pai	t III Organizations Maintaining Collections of A		itner Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
та	If the organization elected, as permitted under SFAS 116 (ASC	•	
	historical treasures, or other similar assets held for public exhibit	·	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		. Φ
	(i) Revenues included in Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treasu		ai gain, provide
_	the following amounts required to be reported under SFAS 116		L ¢
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		• • <u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{032051}_{12\text{-}20\text{-}10}$

	t III Organizations Maintaining C		rt Hic	torical Tr	ageurae (or Oth			30 / 3		
3	Using the organization's acquisition, accessi	on, and other record	as, cnec	k any of the	tollowing tha	at are a s	significant t	ise of its	collectio	n item	IS
	(check all that apply):		. $ egin{array}{c} $								
a	Public exhibition	C			hange progra	ams					
b	Scholarly research	e	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Pai	rt XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma								_ Yes		<u> No</u>
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to	Form 990,	Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included	_	_	_	_
	on Form 990, Part X?							L <u>X</u>	Yes		J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amoun	t	
С	Beginning balance						1c				0.
	Additions during the year								23	4,5	00.
	Distributions during the year								23	4,5	00.
f	Ending balance										0.
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par			nswered	"Yes" to Fo	rm 990, Part	IV, line 1	10.				
	· '	(a) Current year		rior year	(c) Two yea		(d) Three ye	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(a) cament year	(2)	y ca	(5)		(, -		(-)		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
е											
	and programs										
	Administrative expenses										
_	End of year balance										
2	Provide the estimated percentage of the year										
а	Board designated or quasi-endowment		%								
	Permanent endowment >	%									
		%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					. 3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	0, Part X	, line 10.							
	Description of investment	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation	d	(d) Boo	k valu	е
	Land										
	Buildings										
	Leasehold improvements										
	Equipment				7,067.		58	39.		6,4	78.
	Other	l l			•						
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10(c).)			ightharpoonup		6,4	78.

Turt viii investments Strict Securities: Se	e i dilli 330, i ali A, iille	12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, lin I	e 13.	(-) M-H	4'
(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	<u> </u>			
	Description			(b) Book value
(1)	<u> </u>			. , ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15.)		>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Tetal (Column (b) must equal Form 990, Part V, col (P) line	25)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Footnote. in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	the organization's financial sta	atements that reports the organ	zation's liability for uncerta	in tax positions under

2. FIN 48 032053 12-20-10

Pai	T XI Reconciliation of Change in Net Assets from Form 990 to Au	aite	ed Finan	ciai Stai	tement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,293,174
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		859,830
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		433,344
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		422 244
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	D	433,344
	t XII Reconciliation of Revenue per Audited Financial Statements					
1	Total revenue, gains, and other support per audited financial statements				1	1,346,121
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а		2a		2 047	_	
b		2b		2,947	-	
C	1 7 3	2c			_	
d	,	2d			-	E2 047
_	Add lines 2a through 2d					52,947 1,293,174
3	Subtract line 2e from line 1				3	1,493,174
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1				
а		la 				
b		lb				0
_	Add lines 4a and 4b					1,293,174
5 D2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statement		ith Eyno	neae na	5 Dotu	
					$\overline{}$	912,777
1	Total expenses and losses per audited financial statements				1	914,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. I	5	2,947		
	Donated services and use of facilities 2			<u> </u>	4	
b		2b			-	
C		2c			-	
d	,	2d			ا ۵۰	52,947
_	Add lines 2a through 2d					859,830
3	Subtract line 2e from line 1				3	037,030
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اہ				
	· · · · · · · · · · · · · · · · · · ·	la lb			-	
	Other (Describe in Part XIV.) Add lines 4a and 4b	+D			ا ۱۵	0
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)				4c	859,830
	t XIV Supplemental Information				5	037,030
Com X, lin	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete ct IV, line 1b: The organization received fur	this	part to pro	vide any a	dditional	I information.
spe	ecified recipient. The transaction was treat	ted	l as a	n age	ncy	
tra	ansaction.					
Paı	rt X, Line 2: The following was disclosed re	lat	ed to	unce	rtaiı	n tax
pos	sitions in the financial statements. iCivics	s i	s exe	mpt f	rom :	income
tax	ses under section 501(c)(3) of the Internal E	Rev	renue	code	and :	is
	eggified ag an enganigation that is not a pri			undat		iCirriaa

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

iCivics, Inc.

Employer identification number 38-3796793

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.

Form 990, Part XII, Line 2c:

The audit and governance committee assumes responsibility for oversight of the audit and selection of the independent accountant.

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment														
2	5 Laptops	02/08/11	SL	5.00	нү1	6	4,479.				4,479.			373.	373.
3	1 Mac Laptop	02/14/11	SL	5.00	ну1	6	2,588.				2,588.			216.	216.
	* 990 Page 10 Total Machinery & Equipment						7,067.				7,067.	0.		589.	589.
	* Grand Total 990 Page 10 Depr						7,067.				7,067.	0.		589.	589.
					П										