# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	ror ui	e 2021 calendar year, or tax year beginning OCT 1, 2021 and	enaing 5	EP 30, 2022	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name	e Doing business as		36-21701	24
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final	10 N DEADRODN CUREEU	800	312-201-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,166,720.
	Amer returr	ded CHICAGO, IL 60602		H(a) Is this a group re	eturn
	Appli	F Name and address of principal officer: LAUKENCE U. MSALL		for subordinates	
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Tax-ex	empt status: X 501(c)(3)	or 527	1	list. See instructions
		te: ► WWW.CIVICFED.ORG		H(c) Group exemptio	
K	orm o	f organization: X Corporation Trust Association Other	L Year	of formation: 1932 N	1 State of legal domicile: IL
	art I	Summary		•	<u> </u>
	1	Briefly describe the organization's mission or most significant activities: THE	CIVIC	FEDERATION I	PROVIDES
Activities & Governance		OBJECTIVE RESEARCH TO IMPROVE GOVERNMENT			
nar	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
Ve	3	- · · · · · · · · · · · · · · · · · · ·		3	112
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			112
დ თ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			17
iŧie	6	Total number of volunteers (estimate if necessary)			131
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		1,986,581.	1,775,732.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		389,784.	202,223.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-93,133.	-189,201.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,283,232.	1,788,754.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,453,763.	1,521,769.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	. b	Total fundraising expenses (Part IX, column (D), line 25) ► 222, 73	15.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		308,129.	343,845.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,761,892.	1,865,614.
	19	Revenue less expenses. Subtract line 18 from line 12		521,340.	-76,860.
Net Assets or	3	<u>.</u>		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		5,430,949.	4,522,614.
Ass	21	Total liabilities (Part X, line 26)		478,748.	331,649.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,952,201.	4,190,965.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her		LAURENCE J. MSALL, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	d	KIMBERLY A. HAUMANN KIMBERLY A. HAUM	O NNAN	1/10/23 if self-employ	P00546491
Pre	parer	Firm's name PLANTE & MORAN, PLLC			38-1357951
	Only	Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR	1		
	-	CHICAGO, IL 60606		Phone no. (3	12) 207-1040
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE CIVIC FEDERATION PROVIDES OBJECTIVE RESEARCH AND RECOMMENDATIONS
	TO IMPROVE GOVERNMENT EFFICIENCY, TRANSPARENCY AND ACCOUNTABILITY AND
	TO EDUCATE POLICYMAKERS AND THE PUBLIC.
	TO EDUCATE FOR THE PROPERTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$940,609 • including grants of \$) (Revenue \$)
	THE CIVIC FEDERATION PROVIDES OBJECTIVE, NON-PARTISAN INFORMATION AND
	ADVOCATES FOR IMPROVEMENTS IN GOVERNMENT EFFICIENCY AND TAX POLICY
	THROUGH RESEARCH, INFORMATION AND ACTION. THE CIVIC FEDERATION CHALLENGES ELECTED LEADERS OF ILLINOIS AS WELL AS LOCAL GOVERNMENTS TO
	ADOPT RATIONAL TAX POLICIES AND IMPROVE GOVERNMENT EFFICIENCY,
	EFFECTIVENESS AND ACCOUNTABILITY. THE CIVIC FEDERATION'S EFFORTS ARE
	FOCUSED ON IDENTIFYING AND ELIMINATING INEFFICIENT EXPENDITURES OF
	PUBLIC FUNDS AND OFFERING COST SAVING ALTERNATIVES. THE CIVIC
	FEDERATION PROVIDES ITS RESEARCH, ANALYSIS AND RECOMMENDATIONS TO
	GOVERNMENT LEADERS, NEWS MEDIA AND THE GENERAL PUBLIC.
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code:) (Expenses \$\sqrt{\text{code:}}) (nevenue \$\sqrt{\text{code:}})
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{OAO} \text{COO}}\) (Revenue \$
4e	Total program service expenses ▶ 940,609.  Form 990 (2021)
	Form <b>950</b> (2021)

# Form 990 (2021) THE CIVIC FEDERATION 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
<b>L</b>	Part VI	11a	Λ	_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116		x
•	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	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	77	<del>                                     </del>
19	·	19		x
20-2	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	, the first conduction of the			

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Form 990 (2021) THE CIVIC FEDERATION

Part IV Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4	Х	
	(gambling) winnings to prize winners?	1c	_ 4\_	

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Form 990 (2021) THE CIVIC FEDERATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За		За	Х	
		3b	Х	
	• • • • • • • • • • • • • • • • • • • •			
		4a		x
b				
	· · · · · · · · · · · · · · · · · · ·			
5a		5a		х
b	, , , , , , , , , , , , , , , , , , , ,	5b		Х
		5c		
		6a	Х	
b				
-		6b	Х	
7		0.0		
a		7a	Х	
b		7b	X	
c				
•		7c		x
d				
e		7e		х
f		7f		х
g		7g		
h		7h		
8		7.11		
_		8		
9				
а		9a		
b		9b		
10				
а	,			
b				
11				
а	t least one is reported on line 2a, did the organization file all required federal employment tax returns?  text if the sum of lines 1a and 2a is greater than 250, you may be required to e-rile. See instructions.  the organization have unrelated business gross income of \$1,000 or more during the year?  Yes, "has it filed a Form 990.T for this year? If "No" to line 3b, provide an explanation on Schedule O any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a uncial account in a foreign country (such as a bank account, securities account, or other financial account)? (*res," enter the name of the foreign country. ▶  Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Is the organization a party to a prohibited tax shelter transaction at any time during the tax year?  any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? (*res," to line 5a or 5b, did the organization line Form 8886-T?  set the organization have annual gross receipts that are normally greater than \$100,000, and did the organization situation include with every solicitation an express statement that such contributions or gifts en of tax deductible?  Yes," did the organization include with every solicitation an express statement that such contributions or gifts en of tax deductible?  Yes," did the organization than any receive deductible contributions under section 170(c). the organizations that may receive deductible contributions under section 170(c). the organization sell, exchange, or otherwise dispose of targible personal properity for which it was required lie Form 8282?  Yes," indicate the number of Forms 8282 filed during the year the organization receives a symmetric messes of \$75 and application, to you premiums on a personal benefit contract? the organization received a contribution of qualified intellectual property, did the organization file Form 8290 as requ			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

36-2170124

Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 112 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 112 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? ..... 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LAURACYN DUNCAN - 312-201-9027

Form **990** (2021)

10 N. DEARBORN STREET, SUITE 800, CHICAGO.

60602

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is bot	n an	compensation	compensation	amount of
	week		Cei ai	lu a u	liecic	Tuus	100)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee Ge	npen		1099-NEC)	1099-1420)	and related
	below	dual t	rtio na	L	oldu	st cor	_	1000 (120)		organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. gaa
(1) LAURENCE J. MSALL	40.00		_	_						
PRESIDENT	0.00	Х		Х				399,440.	0.	92,542.
(2) SARAH J. WETMORE	40.00							V		,
VICE PRESIDENT/DIRECTOR OF RESEARCH	0.00	Х		X				153,943.	0.	39,808.
(3) LAURACYN DUNCAN	40.00							V		
VICE PRESIDENT OF FINANCE & ADMINIST	0.00	Х		X				103,531.	0.	40,100.
(4) DONOVAN W. PEPPER	2.50									
DIRECTOR/CHAIR	0.00	X		Х				0.	0.	0.
(5) ASHLI NELSON	2.50									
DIRECTOR/VICE CHAIR	0.00	X		X				0.	0.	0.
(6) JILL WOLOWITZ	2.50									
DIRECTOR/VICE CHAIR	0.00	Х		Х		_		0.	0.	0.
(7) DANIEL C. SPREHE	2.50									
DIRECTOR/CHAIR	0.00	Х		X		_		0.	0.	0.
(8) CHARLES R. GARDNER	2.50									•
DIRECTOR/TREASURER	0.00	Х	_	Х	_	┝		0.	0.	0.
(9) DAVID ABEL	1.50								•	•
DIRECTOR	0.00	Х				├		0.	0.	0.
(10) STEVEN H. ABBEY	1.50	.,								•
DIRECTOR	0.00	Х						0.	0.	0.
(11) WILLIAM ABOLT	1.50	٠,,							0	0
DIRECTOR	0.00	Х				$\vdash$		0.	0.	0.
(12) DANIEL J. ALLEN DIRECTOR	1.50	<b>.</b>						0.	0.	0
(13) ALLAN R. AMBROSE	1.50	Х				┢		0.	0.	0.
DIRECTOR/PAST CHAIR	0.00	Х						0.	0.	0.
(14) KRISTOPHER J. ANDERSON	1.50	Δ				$\vdash$			0.	0.
DIRECTOR	0.00	v						0.	0.	0.
(15) MURRAY E. ASCHER	2.50	22				$\vdash$			0.	<b>0</b> •
DIRECTOR	0.00	x						0.	0.	0.
(16) ROBERT BARRY	1.50					$\vdash$		† ·	•	•
DIRECTOR	0.00	х						0.	0.	0.
(17) JASON BAXENDALE	1.50	<u> </u>								
DIRECTOR		Х						0.	0.	0.
132007 12-09-21								•		Form <b>990</b> (2021

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	S (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi	ition		200	Reportable	Reportable		Es	stimate	d
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation		an	nount c	of
	week	_	cer ar	id a di	recto	or/trus	tee)	from	from related			other	
	(list any hours for	irecto						the	organizations	ς,		pensat	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISO 1099-NEC)	/ر		om the	
	organizations	ruste	al trus		99/	mpen		1099-NEC)	1099-1120)			d relate	
	below	ndividual trustee or director	nstitutional trustee	<u></u>	Key employee	Highest compensated employee	eL					anizatio	
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
(18) MATTHEW BERRY	1.50												
DIRECTOR	0.00	Х						0.		0.			0.
(19) ROGER H. BICKEL	1.50												
DIRECTOR	0.00	Х						0.		0.			0.
(20) PATRICIA M. BIDWILL	1.50												
DIRECTOR	0.00	Х						0.		0.			0.
(21) ROBERT BLACKWELL, JR.	2.50												_
DIRECTOR	0.00	Х						0.		0.			0.
(22) SCOTT A. BREMER	1.50												_
DIRECTOR	0.00	Х						0.		0.			0.
(23) WHITNEY CARLISLE	2.50												
DIRECTOR	0.00	Х						0.		0.			0.
(24) CASON CARTER	1.50												_
DIRECTOR	0.00	Х						0.		0.			0.
(25) JONATHAN CASIANO	1.50												•
DIRECTOR	0.00	Х				<u> </u>		0.		0.			0.
(26) MICHAEL CASSEL	1.50												^
DIRECTOR	0.00	X						0.		0.	1 17	2 4 5	0.
1b Subtotal								656,914.		0.	Т/	2,45	
c Total from continuation sheets to Part VI								0.		0.	1 7	2 4 5	0.
d Total (add lines 1b and 1c)								656,914.		0.	Ι/	2,45	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wn	o re	eceived more than \$100,	000 of reportable				3
compensation from the organization					_							Yes	3 No
3 Did the organization list any <b>former</b> officer,	director truct	00 l	(0) (	mpl	21/2	۰ ۵۲	hia	host componented amp	ovoc on	١		103	140
,											3		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from t			3		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	piete Scriedais	<i>- 0 1</i>	UI SC	icii ț	<i>J</i> C/3	OII .							
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of compe	ensat	tion fro	om	
the organization. Report compensation for t													
(A)								(B)			(0	<del></del>	
Name and business	address	N	INC	3				Description of s	ervices	С		nsation	1
<del></del>													
-							_						
							_						
							$\dashv$						
2 Total number of independent contractors (in	acluding but n	at lin	nitor	1 +0 +	thos	o lic	tod	abova) who received me	ore than				

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

	VIC FEDERA	7.T. T	NO.						36-217	U124
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			sated		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	Suadr				and related
	organizations below	ual tr	tional		yoldı	tcon	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VICTOR CHANG	1.50	=	=	0	~		ш			
DIRECTOR	0.00	Х						0.	0.	0
(28) ROBERT J. CHRISTIE	1.50	77						0.	0.	
DIRECTOR	0.00	Х						0.	0.	0
(29) RICHARD CICCARONE	1.50	Λ						0.	0.	<u>_</u>
DIRECTOR	0.00	Х						0.	0.	0
		Λ						0.	0.	<u> </u>
(30) NANCY J. CLAWSON	1.50	٦,							^	^
DIRECTOR (31) PETER COFFEY	1.50	Х						0.	0.	0
OIRECTOR	0.00	Х						0.	0.	0
(32) PAULA CONRAD	1.50	Λ						0.	0.	<u> </u>
DIRECTOR	0.00	Х						0.	0.	0
(33) ELIZABETH COOLIDGE	2.50	Λ						0.	0.	<u>_</u>
		v						0.	0.	
DIRECTOR	0.00	Х						0.	0.	0
(34) JASON COYLE	1.50	37							0	
DIRECTOR	0.00	Х						0.	0.	0
(35) JASON CUMMINGS	1.50	37							0	
DIRECTOR	0.00	Х			$\leftarrow$			0.	0.	0
(36) OMAR DAGHESTANI	2.50	.,				K			0	
DIRECTOR	0.00	X	4					0.	0.	0
(37) GILLIAN DARLOW	1.50								•	
DIRECTOR	0.00	X						0.	0.	0
(38) BARRETT DAVIE	1.50			M						
DIRECTOR	0.00	Х						0.	0.	0
(39) MARK R. DAVIS	2.50									
DIRECTOR/PAST CHAIR	0.00	Х						0.	0.	0
(40) JOHN P. DEBLAISO	1.50									_
DIRECTOR	0.00	Х						0.	0.	0
(41) RAYMOND C. DRAKE	1.50									
DIRECTOR	0.00	Х						0.	0.	0
(42) POLLY M. ELDRINGHOFF	1.50									
DIRECTOR	0.00	Х						0.	0.	0
(43) JOHN F. DUNN	1.50									
DIRECTOR	0.00	Х						0.	0.	0
(44) WILLIAM EAGER	1.50									
DIRECTOR	0.00	Х						0.	0.	0
(45) ROBERT FERNANDEZ	1.50									
DIRECTOR	0.00	Х				L	L	0.	0.	0
(46) JENNIFER FREDERICKS	1.50									
	0.00	Х	i l	1	ı	ı	1	0.	0.	0

Part VII Section A. Officers, Directors,	Γrustees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	actor				읦		organization	(W-2/1099-MISC)	from the
	hours for	ordirector				led e		(W-2/1099-MISC)		organization
	related	tee o	uste			eusa				and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	tutio	Je.	emp	nest c	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(47) CLAYTON FRICK	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(48) STEPHEN B. FRIEDMAN	2.50									
DIRECTOR	0.00	х						0.	0.	0.
(49) JUDITH A. GOLD	1.50	21						•	•	•
DIRECTOR		Х						0.	0.	0.
	0.00	Λ						0.	0.	0.
(50) DANIEL G. GOLDWIN	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(51) SUSAN HAYES GORDON	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(52) ANDREW F. GOTTSCHALK	2.50									
DIRECTOR	0.00	Х						0.	0.	0.
(53) PHILIP D. HALE	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(54) JULIE HAMOS	1.50							0.		
DIRECTOR	0.00	Х						0.	0.	0.
(55) CHRISTA HAMILTON	1.50	Λ						0.	0.	0.
		.,							_	0
DIRECTOR	0.00	X					_	0.	0.	0.
(56) AARON HARRIS	1.50					K			_	_
DIRECTOR	0.00	Х						0.	0.	0.
(57) MARK HECKLER	1.50									
DIRECTOR	0.00	X						0.	0.	0.
(58) ALEXA JAMES	1.50			7						
DIRECTOR	0.00	Х						0.	0.	0.
(59) PHILIP L. HILDEBRANDT	1.50									
DIRECTOR	0.00	х						0.	0.	0.
(60) CHRISTINE HOAGLAND	1.50									
DIRECTOR	0.00	v						0.	0.	0.
(61) LORI H. IGLESKI		Λ						0.	0.	0.
	1.50	3,7							_	•
DIRECTOR	0.00	Х						0.	0.	0.
(62) ADRIENNE IRMER	1.50									_
DIRECTOR	0.00	Х			$ldsymbol{ld}}}}}}$			0.	0.	0.
(63) MARK ISHAUG	1.50									
DIRECTOR	0.00	Х			L		L	0.	0.	0.
(64) NICHOLAS P. JORDAN	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(65) WILLIAM KETCHUM	1.50									
DIRECTOR		Х						0.	0.	0.
(66) REBEKAH L. KOHMESCHER	1.50								<b>J</b>	•
(00) Kudukin u. Konnibochek		l	ı						0.	0.
DIRECTOR	0.00	X						0.		

Form 990 THE CIVI	C FEDERA	7 T T	. OIV						36-217	U124
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				Highest compensated employee		the	organizations	compensation
	(list any hours for	or director				d em b		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	ndividual trustee	Institutional trustee		yee	n ber				organizations
	below	idual	tution	er	Key employee	estoc	-BI			3
	line)	Indiv	Insti	Officer	Key	High	Former			
(67) CATHERINE KRAWITZ	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(68) BETTY LATSON	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(69) DANIEL LEARY	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(70) KANDACE C. LENTI	2.50							_		
DIRECTOR	0.00	Х						0.	0.	0.
(71) MARK LESTER	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(72) LARRY D. LEWIS, JR.	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(73) PAUL LIPINSKI	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(74) THOMAS E. LIVINGSTON	1.50									
DIRECTOR/PAST CHAIR	0.00	Х						0.	0.	0.
(75) DAVE LUNDY	1.50						`			
DIRECTOR	0.00	Х		$\mathcal{A}$				0.	0.	0.
(76) PAUL LUU	1.50	1								_
DIRECTOR	0.00	Х						0.	0.	0.
(77) DANIEL J. LYNCH	2.50	$\mathbf{Z}$								•
DIRECTOR	0.00	X						0.	0.	0.
(78) NASUTSA MABWA	1.50			M					•	•
DIRECTOR	0.00	Х						0.	0.	0.
(79) WILLIAM D. MACK	2.50								•	•
DIRECTOR		Х						0.	0.	0.
(80) CHRISTINE MAKI	1.50	٠,,							0	0
DIRECTOR (81) JAMES MAURER	0.00	Λ						0.	0.	0.
	1.50	~							0.	^
DIRECTOR (82) SUZET MCKINNEY	0.00	Х						0.	0.	0.
	2.50	v							0	^
DIRECTOR (83) THOMAS J. MCNULTY	2.50	Х				$\vdash$		0.	0.	0.
OIRECTOR/PAST CHAIR	0.00	Х						0.	0.	0.
(84) DORRI MCWHORTER	1.50	^						0.	0.	<b>.</b>
DIRECTOR	0.00	Х						0.	0.	0.
(85) SCOTT METCALF	1.50	^				$\vdash$		0.	0.	<u>0                               </u>
DIRECTOR	0.00	Y						0.	0.	0.
(86) JAMES S. MONTANA, JR.	1.50								0.	<u></u>
DIRECTOR	0.00	Х						0.	0.	0.
								. U • I	U •	, ∪•

Part VII Section A. Officers, Directors, 7 (A)  Name and title	(B) Average hours per			s, ar (C Posi	<b>C</b> )		est (	Compensated Employe (D)	ees (continued) (E)	(F)
	Average hours per	(c							(E)	(F)
	Average hours per	(c								
	per	(c			ILIOH			Reportable	Reportable	Estimated
		ν-	heck	all t	hat	арр	ly)	compensation	compensation	amount of
								from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual	ution	J.	Key employee	est co	er			o.gaa
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(87) TIMOTHY E. MORAN	1.50									
DIRECTOR	0.00	Х						0.	0.	0
(88) MONICA MUELLER	2.50									
DIRECTOR/PAST CHAIR	0.00	Х						0.	0.	0
(89) CLARE MUNANA	1.50									
DIRECTOR	0.00	Х						0.	0.	0
(90) BRIAN MURPHY	1.50							_		
DIRECTOR	0.00	Х						0.	0.	0
(91) MICHAEL E. MURPHY	1.50									
DIRECTOR/PAST CHAIR	0.00	Х						0.	0.	0
(92) RANDY NORNES	1.50									_
DIRECTOR	0.00	Х						0.	0.	0
(93) BERT NUEHRING	2.50	1								
DIRECTOR	0.00	Х						0.	0.	0
(94) MATTHEW NUGEN	1.50	1								
DIRECTOR	0.00	Х						0.	0.	0
(95) MICHAEL F. O'BRIEN	1.50	ļ								
DIRECTOR	0.00	Х			$\blacksquare$			0.	0.	0
(96) GREGORY J. O'LEARY	2.50	3,5				K		_	0	0
DIRECTOR	0.00	X					-	0.	0.	0
(97) ROBERT PASIN	1.50	37						_	0	
DIRECTOR (98) NEIL PRITZ	1.50	X						0.	0.	0
DIRECTOR	0.00	х						0.	0.	0
(99) JOSEPH J. PROCHASKA, JR.	1.50	Λ	$\vdash$					0.	0.	U
DIRECTOR	0.00	Х						0.	0.	0
(100) SYLVIA PUENTE	1.50	22						0.	<u> </u>	0
DIRECTOR	0.00	Х						0.	0.	0
(101) DAVID L. REIFMAN	1.50							•	•	
DIRECTOR	0.00	Х						0.	0.	0
(102) ANTHONY T. REINHART	1.50									-
DIRECTOR	0.00	х						0.	0.	0
(103) AARON C. RUDBERG	2.50									
DIRECTOR	0.00	Х						0.	0.	0
(104) JASON RUDIS	1.50								<u></u>	
DIRECTOR	0.00	Х						0.	0.	0
(105) SCOTT SAEF	2.50									
DIRECTOR/PAST CHAIR	0.00	Х						0.	0.	0
(106) ARMANDO SALEH	1.50									
DIRECTOR	0.00	Х						0.	0.	0

	C FEDERA								36-217	0124
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	or director				d em p		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	related	e 0r (	stee			nsateo		(***2/1099*****100)		and related
	organizations	ndividual trustee	Institutional trustee		yee	n ber				organizations
	below	idual	tution	er	key employee	esto	ıer			
	line)	Indiv	Insti	Officer	Key	High	Former			
(107) GABRIEL W. SANDERS	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(108) REBEKAH SCHEINFELD	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(109) LOIS A. SCOTT	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(110) HARRY J. SEIGLE	2.50									-
DIRECTOR	0.00	х						0.	0.	0.
(111) JOSEPH SELIGA	1.50								•	
DIRECTOR	0.00	х						0.	0.	0.
(112) BRIAN SEPTON	2.50									
DIRECTOR	0.00	х						0.	0.	0.
(113) SAPAN SHAH	1.50							0.		•
DIRECTOR	0.00	Х						0.	0.	0.
(114) STEVEN SHAW	1.50	22						0.	<u> </u>	<b>.</b>
DIRECTOR	0.00	Х						0.	0.	0.
(115) MATTHEW SIMON	1.50							0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(116) MATTHEW SUMMY	1.50	22						0.	<u> </u>	0.
DIRECTOR	0.00	Х				K		0.	0.	0.
(117) KENT A. SWANSON	2.50	77						0.	0.	0.
DIRECTOR/PAST CHAIR	0.00	X						0.	0.	0.
(118) MATTHEW SZAFRANSKI	1.50	V						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(119) SARFRAZ M. TAJ	2.50	Δ						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(120) MARK E. TAYLOR	2.50	Δ						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0
(121) CAROL THOMPSON	2.50	Δ						0.	0.	0.
		v							0	0
DIRECTOR	0.00	Λ						0.	0.	0.
(122) KATHY A. THOMPSON	2.50	7.7							0	0
DIRECTOR	0.00	X						0.	0.	0.
(123) ALLEN B. TRUESDELL	1.50	٠,,							•	^
DIRECTOR	0.00	X						0.	0.	0.
(124) THOMAS VANDENBERK	1.50								_	_
DIRECTOR	0.00	X						0.	0.	0.
(125) DAVID J. VITALE	1.50									_
DIRECTOR	0.00	X						0.	0.	0.
(126) DANIEL WAGNER	1.50							0.	0.	_
DIRECTOR	0.00	Х							^	0.

Form 990_ THE CIVIO	, LEDEKH	r + r	MTO.						36-217	0124
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				) yee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	ubeus				and related organizations
	below	dual tr	tional	١.	n ploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) LEON I. WALKER	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(128) SCOTT L. WARNER	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(129) VICTORIA WATKINS	2.50							-	-	-
DIRECTOR	0.00	Х						0.	0.	0.
(130) ANDREW L. WEIL	1.50									
DIRECTOR	0.00	х						0.	0.	0.
(131) A.J. WILHELMI	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(132) SIMON WLODARSKI	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(133) MEGHAN WOLTMAN	1.50									
DIRECTOR	0.00	Х				L		0.	0.	0.
(134) SCOTT ZIOMEK	1.50								_	_
DIRECTOR	0.00	Х						0.	0.	0.
								Y		
						K				
							-			
						ľ				
						_				
		ŀ								
			$\vdash$			$\vdash$				
		ł								
	-		$\vdash$		$\vdash$	$\vdash$				

Form 990 (2021) THE CIV
Part VIII Statement of Revenue

			Check if Schedule O contains a respo	nea c	or note to any lin	a in this Dart VIII			
			Officer if Ochedule O Contains a respo	1136 (	or flote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
			ТТ						Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a						
ira our			Membership dues 1b		595,412.				
s, C		С	Fundraising events 1c		928,118.				
ar,		d	Related organizations 1d						
s, C		е	Government grants (contributions) 1e						
Sign		f	All other contributions, gifts, grants, and						
bel			similar amounts not included above 1f		252,202.				
ള		а	Noncash contributions included in lines 1a-1f	;					
Sor		_	Total. Add lines 1a-1f			1,775,732.			
0 10		<u>''</u>	Total: Add lines 1a 11		Business Code				
	_	_			Business Code				
ice	2								
er Je		b		_					_
n S		С		—					
rar Sev		d							
Program Service Revenue		е							
ď		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, in	nteres	st, and				
			other similar amounts)			95,461.			95,461.
	4		Income from investment of tax-exempt bo						
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loss)						
			Gross amount from sales of (i) Securit		(ii) Other				
	′	a	(7		(ii) Otrici				
•		D	Less: cost or other basis	2.5					
nu			and sales expenses <b>7b</b> 1,144,7						
Revenue		С	Gain or (loss) 7c 106,7			106 760			106 560
,			Net gain or (loss)		<b></b>	106,762.			106,762.
her	8	а	Gross income from fundraising events (not						
ŏ			including \$ 928,118. of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	44,032.				
		b	Less: direct expenses	8b	233,241.				
		С	Net income or (loss) from fundraising ever	ts	<b></b>	-189,209.			-189,209.
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activities	<u> </u>	<b>&gt;</b>				
			Gross sales of inventory, less returns		,				
		_	and allowances	10a					
		h	Less: cost of goods sold	10b					
			Net income or (loss) from sales of inventor						
		<u> </u>	Net income of (loss) from sales of liveritor	y	Business Code				
SL			MISCELLANEOUS INCOME		900099	0			0
eor Te	11			—	JUUU33	8.			8.
lan		b		-					
Sev		С		_					
Miscellaneous Revenue			All other revenue						
_		е	Total. Add lines 11a-11d		<b>)</b>	8.			
	12		Total revenue. See instructions		<b>)</b>	1,788,754.	0.	0.	13,022.

132009 12-09-21

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 389,592. 808,291. 347,577. 71,122. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 573,482. 308,717. 169,525. 95,240. Other salaries and wages 7 Pension plan accruals and contributions (include 8,302. 4,018. 2,194 2,090. section 401(k) and 403(b) employer contributions) 32,794. 8,294. 14,516. 55,604. Other employee benefits 9 44,183. 76,090. 20,747. 11,160. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 36,317. 36,317. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 527. 527. Advertising and promotion 12 35,989. 15,997. 15,950. 4,042. Office expenses 13 23,969. 17,270. 4,307. 2,392. Information technology 14 15 Royalties 141,912. 79,471. 42,573. 19,868. 16 Occupancy 5,688. 4,691. 843. 154. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 13,078. 6,238. 6,260. 580. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 34,530. 19,366. 10,315. 4,849. Depreciation, depletion, and amortization 22 9,304. 9,304. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 24,427. 18,272. 3,981. 2,174. DUES AND SUBSCRIPTIONS BANKING 10,423. 10,423. 5,500. 6,250. 750. BAD DEBT EXPENSE 1,431. 1,431. d AWARDS e All other expenses 1,865,614. 940,609. 702,290. 222,715. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

<u>Pai</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			832,455.	1	858,680
	2				9,849.	2	9,851
	3	Pledges and grants receivable, net			105,000.	3	0
	4				314,976.	4	153,521
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Description of the second state of the second			58,569.	9	64,538
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	570,428.			
	b	Less: accumulated depreciation	10b	438,310.	166,648.	10c	132,118 3,303,906
	11	Investments - publicly traded securities			3,943,452.	11	3,303,906
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	5,430,949.	16	4,522,614
	17	Accounts payable and accrued expenses			207,228.	17	110,985
	18	Grants payable				18	
	19					19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24).	. Complete Part X	054 500		000 664
		of Schedule D		Г	271,520.		220,664
	26	Total liabilities. Add lines 17 through 25			478,748.	26	331,649
S		Organizations that follow FASB ASC 958, ch	eck here	e ▶ X			
Ce		and complete lines 27, 28, 32, and 33.			4 672 050		4 115 065
alar	27	Net assets without donor restrictions			4,673,958.	27	4,115,965
Ř	28	Net assets with donor restrictions			278,243.	28	75,000
un		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔛			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			4 050 001	31	4 100 065
Se	32	Total net assets or fund balances			4,952,201.	32	4,190,965
	33	Total liabilities and net assets/fund balances			5,430,949.	33	4,522,614 Form <b>990</b> (202

Form **990** (2021)

<u> FOIII</u>	1990 (2021) THE CIVIC PEDERATION	50	Z1/01/		Page	<u> </u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>, 75</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,61	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	<u>-76</u>	,86	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>,20</u>	
5	Net unrealized gains (losses) on investments	5	- (	<u> 84</u>	<u>, 37</u>	6.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	4,1	<u> 190</u>	<u>,96</u>	<u>5.</u>
Pa	rt XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response or note to any line in this Part XII					X
				`	es	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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		I			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	I .			
	Act and OMB Circular A-133?			За	$\dashv$	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	- 1	

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE CIVIC FEDERATION 36-2170124 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

2 Tax revenues levied for the organization'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  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, Subteat line 5 from line 4  8 A448787  8 Gross income from line 4  7 Amounts from line 4  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 or loss from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  16 33 1/3% support text - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	Sec	tion A. Public Support						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 the property of the organization without charge the property of the organization without charge the property of the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, service time 8 months and the property of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  7 Amounts from line 4  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 both of the organization in check this box and stop here.  76, 584. 82, 081. 70, 692. 63, 603. 95, 461. 388, 421. 176, 587.355. 177, 573.255. 177,	Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Tax revenues levied for the organization is 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 change   1651489   2359540   1402076   1986521   1775732   9175358   1775732   9175358   1775732   1775732   1775732   1775732   1775732   1775732   1775732   1775732   1775732   1775733   177573	1	Gifts, grants, contributions, and						
2 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf units the dry a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Adeltact line's femilie 4 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 VI) 11 Total support. Adeltact activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Adeltact activities, excession 501 (c)(3) organization, check this box and stop here. The organization of Public Support Percentage 14 Public support percentage from 2020 Schedule, A. Part II, line 14 15 Public support percentage from 2020 Schedule, A. Part II, line 14 15 Satisfaction of Public Support Percentage 14 Public support percentage from 2020 Schedule, A. Part II, line 14 15 Satisfaction of Public Support Percentage 15 Public support percentage from 2020 Schedule, A. Part II, line 14 15 Satisfaction of Public Support Percentage 16 Satisfaction of Public Support Percentage 17 Satisfaction of Public Support Percentage 18 Public support percentage from 2020 Schedule, A. Part II, line 14 15 Satisfaction of Public Support Percentage 19 Public support percentage from 2020 Schedule, A. Part II, line 14 15 Satisfaction of Public Support Percentage 19 Public support percentage from 2020 Schedule, A. Part II, line 14 15 Satisfaction did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and the organization qualifies as a publicly supported organiza		membership fees received. (Do not						
itzation's benefit and either paid to or expended on its behalf and the contribution of expended on its behalf and the contribution of the cognization without charge and the portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 726, 571 and 18487.87 section B. Total Support  Section B. Total Support  Calendar year (or fiscal year beginning in) 726, 571 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 84 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 85 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 85 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 85 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 85 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 85 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 85 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 96 and 18487.87 section B. Total Support  Calendar year (or fiscal year beginning in) 97 and 18487.87 section from innerest, 18487.87 section from innerest, 18487.88 and innerest from similar sources 1848 and 18487.88 and 18487.88 and 18487.88 and 18487.89 section from innerest sources 18487.89 and 18487.89 section from innerest sources 18487.89 and 18487.89 section from innerest sources 18487.80 section from innerest 18488.80 section from innerest 184888.80 section from innerest 184888.80 s		include any "unusual grants.")	1651489.	2359540.	1402076.	1986521.	1775732.	9175358.
or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge and the following of the	2	Tax revenues levied for the organ-						
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13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 85 27  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	11	<b>Total support.</b> Add lines 7 through 10						9587335.
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				Т	Т	T
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					<del>                                     </del>	<del>                                     </del>
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					-04(-)(0) : ::	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•		.,.,	
Sec	check this box and stop here ction C. Computation of Publi					<u></u>	<b>P</b>
	Public support percentage for 2021 (li			olumn (f))		15	%
	Public support percentage from 2020	, (,,	,	(//		16	<u>%</u>
	etion D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	<del>/</del> 6
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						<b>.</b> —
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
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9с		
10a		
10b		

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion l	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sect	super ion (	rvised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
-		or type in cupporting organizations		Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion I	D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	Н	The organization satisfied the Activities Test. Complete line 2 below.			
b c	H	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).		-1	
		ities Test. <b>Answer lines 2a and 2b below.</b>	struction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
		upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

	dule A (FORM 990) 2021 THE CIVIC PEDEIXATION			O ZI/OIZI Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4 unless subject to			

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6		_		
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
ее	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
_	Evenes from 2021				

Schedule A (Form 990) 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2021

THE CIVIC FEDERATION 36-2170124 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

## THE CIVIC FEDERATION

36-2170124

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH C. GRIFFIN  131 SOUTH DEARBORN STREET  CHICAGO, IL 60603	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MOTOROLA SOLUTIONS FOUNDATION  500 WEST MONROE STREET  CHICAGO, IL 60661	\$ 60,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BCBS ILLINOIS  300 EAST RANDOLPH STREET  CHICAGO, IL 60601	\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  DANIEL & GLORIA KEARNEY FOUNDATION  1550 NORTH STATE PARKWAY  CHICAGO, IL 60610-8620	Total contributions  \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JAMES P. KASTENHOLZ & JENNIFER STEANS  2324 LINCOLNWOOD  EVANSTON, IL 60201	\$ 50,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3** 

Name of organization

Employer identification number

## THE CIVIC FEDERATION

36-2170124

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

Page 4

Name of organization **Employer identification number** THE CIVIC FEDERATION 36-2170124 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

#### **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nar	ne of organization			Emp	loyer identification number
		IC FEDERATION			36-2170124
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	,	<b>▶</b> \$	
Pá	art I-B Complete if the org	janization is exempt und	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	<u> </u>
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.		11 504()		1(0)
_	·	janization is exempt und		<u> </u>	
	Enter the amount directly expended				
2	Enter the amount of the filing organ				
_	exempt function activities  Total exempt function expenditures				
3	·				<b>)</b>
4	line 17b  Did the filing organization file <b>Form</b>				
5	Enter the names, addresses and en				
Ŭ	made payments. For each organiza	• •	•	•	• •
	contributions received that were pro	omptly and directly delivered to	a separate political orga	ınization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

	TILL CIVIC I				LI/ULLE Tage Z
Part II-A Complete if the org section 501(h)).			1 501(c)(3) and file		
expenses, and share	re of excess lobbying	• ,		group member's nam	ne, address, EIN,
Limi	ts on Lobbying Expe	and "limited control" pro enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total labbying expanditures to influ	Jones public opinion	(graceroete labbying)			
<ul><li>1a Total lobbying expenditures to influ</li><li>b Total lobbying expenditures to influ</li></ul>		ale e Callera and the landar and			
c Total lobbying expenditures (add li	~	• • • • • • • • • • • • • • • • • • • •			
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
<b>f</b> Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) o		bbying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
				,	
g Grassroots nontaxable amount (en	iter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	,				
j If there is an amount other than ze	•				
reporting section 4911 tax for this		Davia d Undav			Yes No
(Some organizations t	hat made a section 5	eraging Period Under 501(h) election do not l rate instructions for lir	nave to complete all o	of the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		_
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots Johnving expenditures					

Schedule C (Form 990) 2021

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(	b)
	e lobbying activity.	Yes	No	Am	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
е	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?				
h	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?	Х		:	1,030.
j 2a	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912		Х		1,030.
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04/a)/			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	5), or se	ection	
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Yes	No
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)( "No" OR	5), or se (b) Par		3, is
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).		1		
b	Current year Carryover from last year		2t		
	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.		3		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year?	olitical	4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information		5		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-	A, lines 1	and 2 (See	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

THE CIVIC FEDERATION 36-2170124

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Jillilai i uliu	S OF AC	Complete	e if the
	Signification and voted 100 of	(a) Donor advis	ed funds	(1	<b>b)</b> Funds and other a	counts
1	Total number at end of year					_
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor adv	rised fund	 S	
	are the organization's property, subject to the organization's ex					s No
6	Did the organization inform all grantees, donors, and donor adv					
	for charitable purposes and not for the benefit of the donor or				•	
	impermissible private benefit?	•••••			Ye	s No
Pa	t II Conservation Easements. Complete if the orga	nization answered "Ye	es" on Form 990	), Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreation	on or education)	Preservation	of a histo	rically important land	area
	Protection of natural habitat	_	Preservation	of a certif	ied historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the forr	n of a cor	nservation easement	on the last
	day of the tax year.					of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic struc				2c	
d	Number of conservation easements included in (c) acquired aft	ter 7/25/06, and not or	n a historic struc	ture		
	listed in the National Register				2d	
3	Number of conservation easements modified, transferred, release				zation during the tax	
	year ▶					
4	Number of states where property subject to conservation ease	ment is located > _		_		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspec	ction, handling o	f		
	violations, and enforcement of the conservation easements it h	nolds?			Ye	s No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, a	nd enforcing co	nservatio	n easements during tl	ne year
	<b></b>					
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and e	nforcing conserv	/ation eas	ements during the ye	ar
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	•			· —	
	and section 170(h)(4)(B)(ii)?				Ye	s No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expens	se stateme	ent and	
	balance sheet, and include, if applicable, the text of the footno	te to the organization'	s financial state	ments tha	t describes the	
Da	organization's accounting for conservation easements.	Aut Historiaal Tu		)4b a C:	miles Assets	
Pal	† III Organizations Maintaining Collections of		easures, or C	Julier Si	milar Assets.	
	Complete if the organization answered "Yes" on Form 9					
та	If the organization elected, as permitted under FASB ASC 958,	•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958,	·				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
					\$	
2	If the organization received or held works of art, historical treas			ial gain, p	rovide	
	the following amounts required to be reported under FASB AS	~				
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				▶ \$	

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

Schedule D (Form 990) 2021

Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, o	r Other Si	milar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessio							
	collection items (check all that apply):		•	ū	· ·			
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain h	now they further th	e organizatio	n's exempt ¡	ourpose in Pa	rt XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai					_	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang						/, line 9, or	
	reported an amount on Form 990, Part		· ·			·		
1a	Is the organization an agent, trustee, custodia	ın or other intermedia	ry for contributions	s or other ass	sets not inclu	ded		
	on Form 990, Part X?					_	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
	, ,	•	J		ſ		Amount	
С	Beginning balance				Ī	1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo					İ	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Par								
		(a) Current year	(b) Prior year	(c) Two year		Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance		,,					
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
								-
·								
f	Administrative expenses	4						-
	End of year balance							
g 2	Provide the estimated percentage of the curre	ent year end balance	line 1g. column (a)	) hold ac.				
a	Board designated or quasi-endowment		% Coldinii (a)	j riciu as.				
b	Permanent endowment	%	,70					
	Term endowment	_						
·	The percentages on lines 2a, 2b, and 2c shou							
22	Are there endowment funds not in the posses	•	on that are hold an	nd administar	od for the or	agnization		
Ja	by:	Sion of the organizati	on that are neid ar	iu auriii iistei	ed for the or	garnzation	Y	es No
	-							110
								+
h	(ii) Related organizations	ione lietad ae require						<del>                                     </del>
4	Describe in Part XIII the intended uses of the	•					[30]	
	t VI Land, Buildings, and Equipme		nont farias.					
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990	. Part X. line	10.		
	Description of property	(a) Cost or oth	Í	or other	(c) Accur		(d) Book v	20110
	Description of property	basis (investme		(other)	deprec		( <b>u)</b> BOOK V	aiue
10	Land	`	54013	χ	G5P100			
_	Land							
b	Buildings		36	6,340.	23/	1,222.	132	118.
	Leasehold improvements			2,326.		2,326.	± J Z ,	0.
d	Equipment			$\frac{2,320.}{1,762.}$		L,762.		0.
	Other						132	118.
ı otd	. Add lines 1a through 1e. (Column (d) must ed	<u>ıuai FUIITI 990. Part X.</u>	COIUITIN (B). IINE 10	JC.J		<b>-</b> _	± 7 4 1	<u> </u>

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" or	n Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives	. , ,		·
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) Book value	(b) Wellied of Valuation. Cool of one	or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	- F 000 D-+ N/ I'-	Add One Ferm 000 Best V line 45	
Complete if the organization answered "Yes" or		Tid: See Form 990, Part X, line 15.	(la) Da alcuelus
· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1)		,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			220,664.
(3)			-
(4)			
(5)			
(6)			
(7)			
(7)			
(9)			220,664.
<b>Total.</b> <i>(Column (b) must equal Form 990, Part X, col. (B) line 2</i> 2. Liability for uncertain tax positions. In Part XIII. provide tl	,		

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

·						Employer identification number 36-2170124		
THE CIVIC FEDERATION								
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not	
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover iising (	overnment grants nment grants events	tees.	or		
key employees listed in Form 990, Pa  b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with priduals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total			•					
List all states in which the organization or licensing.		ontrib	utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	ss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			EXCELLENCE	ANNUAL	NONE	(add col. (a) through
			IN PUBLIC SE	AWARDS LUNCH		col. (c))
_			(event type)	(event type)	(total number)	Coi. (C))
ηne						
Revenue	1	Gross receipts	12,150.	960,000.		972,150.
æ			•			
	2	Less: Contributions	6,118.	922,000.		928,118.
			•	,		
	3	Gross income (line 1 minus line 2)	6,032.	38,000.		44,032.
		,	•	•		•
	4	Cash prizes				
	5	Noncash prizes				
S						
SUS	6	Rent/facility costs				
Direct Expenses						
ct E	7	Food and beverages				
)ire		•				
_	8	Entertainment				
	9	Other direct expenses	75,114.	158,127.		233,241.
	10				<b>•</b>	233,241.
	11	Net income summary. Subtract line 10 from lin				-189,209.
Pa	rt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
-			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
w	2	Cash prizes				
)Se						
bei	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>)</b>	
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 THE CIVIC FEDERATION 36-	<u>Z</u>	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	•		
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party   \$\bigseleft\ \bigseleft\ \bigs			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	103	140
Da	organization's own exempt activities during the tax year  \$\sim \$\subset\$ \$\subset\$ \$\subset\$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.		0 (	21- 401-
Га		art III, IIn	es 9, 9	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

THE CIVIC FEDERATION

 $\begin{array}{c} \text{Employer identification number} \\ 36-2170124 \end{array}$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	X	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a	X	
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ_

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAURENCE J. MSALL (	i)	295,940.	103,500.	0.	14,719.	77,823.	491,982.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH J. WETMORE	i)	153,943.	0.	0.	7,600.	32,208.	193,751.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	i)							
(i								
(	i)							
	ii)							
[(	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
·	ii)							
	i)							
	ii)							
	i)							
·	ii)							
	i) ii)							
	i) ii)							
	i) _							
	''  - ii)  -							
	i) _							
	''  - ii)  -							
	i) _							
	''  - ii)  -							

Part III Supplemental Information

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

PART I, LINE 1A:

THE FOLLOWING WERE PAID BY THE ORGANIZATION: MEMBERSHIP DUES TO THE CHICAGO

AND WAYFARERS' CLUBS. BOTH CLUBS ARE PRIVATE CLUBS. BENEFITS OF MEMBERSHIP

IN EITHER CLUB ARE USED FOR BUSINESS PURPOSES AND NOT TREATED AS TAXABLE

COMPENSATION TO THE PRESIDENT. ANY PERSONAL USAGE WAS PAID FOR BY THE

PRESIDENT.

PART I, LINE 5:

THE PRESIDENT'S ANNUAL SALARY AND BONUS ARE REVIEWED BY THE FORMER

CHAIRMAN'S COUNCIL ANNUALLY AND ANY RECOMMENDED CHANGES ARE PRESENTED BY

THE CHAIRMAN TO THE EXECUTIVE COMMITTEE FOR APPROVAL.

THE PRESIDENT'S BONUS IS DISCRETIONARY AND IS CALCULATED BASED ON VARIOUS

REVENUE AND GROWTH TARGETS COMBINED WITH OTHER STRATEGIC AND MANAGEMENT

CRITERIA.

PART I, LINE 6:

SEE EXPLANATION FOR LINE 5.

## SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE CIVIC FEDERATION

Employer identification number 36-2170124

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS APPOINT AN EXECUTIVE COMMITTEE CONSISTING OF THE
FEDERATION'S OFFICERS, MEMBERS OF THE PAST CHAIRMAN'S COUNCIL, AND UP TO
TWENTY MEMBERS OF SAID BOARD, TO KEEP IN TOUCH WITH THE DETAILED WORK OF
THE CORPORATION AND TO SUPERVISE AND DIRECT SAME, SUBJECT TO THE GENERAL
DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS. SUBJECT TO SUCH SPECIFIC
DIRECTIONS AND SUCH GENERAL RULES AS MAY BE ADOPTED BY THE BOARD OF
DIRECTORS, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO FIX THE
COMPENSATION OF ALL OFFICERS OF THE CORPORATION OTHER THAN DIRECTORS; TO
AUTHORIZE THE EMPLOYMENT OF STAFF MEMBERS AND FIX THEIR COMPENSATION; AND
TO AUTHORIZE SUCH OTHER EXPENDITURES BY THE CORPORATION AS IT SHALL DEEM
NECESSARY FOR THE PROPER CONDUCT OF THE WORK THEREOF.

FORM 990, PART VI, SECTION A, LINE 2:

HARRY SEIGLE AND REBEKAH SCHEINFELD HAVE A FAMILY RELATIONSHIP.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. A MEETING OR CONFERENCE CALL IS SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT TO DISCUSS FORM 990 WITH THE AUDIT COMMITTEE AND TO ANSWER ANY QUESTIONS PRIOR TO FILING FORM 990 WITH THE IRS.

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

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization 36-2170124 THE CIVIC FEDERATION CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE MEMBERSHIP MANAGER AND DISCUSSED WITH THE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT'S COMPENSATION IS REVIEWED BY THE CHAIRMAN AND THE PAST CHAIRMAN'S COUNCIL AND APPROVED BY THE EXECUTIVE COMMITTEE. THE APPROVAL PROCESS TAKES INTO ACCOUNT SALARY INFORMATION FROM FORM 990'S OF OTHER ORGANIZATIONS. THE COMPENSATION OF OTHER OFFICERS IS DETERMINED IN CONSULTATION BETWEEN THE PRESIDENT AND CHAIRMAN. IT INCLUDES A REVIEW OF SALARIES FROM THE FORM 990'S OF SIMILAR ORGANIZATIONS. ON JULY 19, 2011 THE CIVIC FEDERATION'S EXECUTIVE COMMITTEE APPROVED A FORMAL WRITTEN EXECUTIVE COMPENSATION POLICY EXPLAINING THE PROCESS BY WHICH OFFICER'S COMPENSATION IS DETERMINED. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

FORM 990. PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

### FOR THE YEAR ENDING

**SEPTEMBER 30, 2022** 

### PREPARED FOR:

LAURENCE MSALL THE CIVIC FEDERATION 10 N. DEARBORN STREET 800 CHICAGO, IL 60602

#### PREPARED BY:

PLANTE & MORAN, PLLC 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606

#### AMOUNT OF TAX:

BALANCE DUE OF \$15

# MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

### **MAIL TAX RETURN TO:**

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175

# **RETURN MUST BE MAILED ON OR BEFORE:**

MARCH 31, 2023

#### **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

AMT	For Of	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL	L REPORT		Form AG990-II
Report for the Fiscal Period:    Beginning   10/01/2021	РМТ	#	Charitable Trust Bureau, 100 West Rando			
Beginning   10/01/2021   Paysable to   Copy of Form IFC   Str.000 Annual Report Filing Fee   Federal ID # 36-2170124   MIO DAY VR   Date Organization was Created:   Str.000 Annual Report Filing Fee   Str.000 Annual Report Fi	AMT		, , ,	77	Сору о	f IRS Return
## Ending 09/30/2022   Mo DAY YR   MO DAY	INIT		Beginning <u>10/01/2021</u>	Payable to the Illinois	Сору о	f Form IFC
Accordinations to the organization tax deductible?   X   Yes   No   Date Organization was created:   06/28/1932		al ID # 36-2170124	05/00/2022	Ullatily	\$100.0	0 Late Report Filing Fee
NAME THE CIVIC FEDERATION   A  A  A  A  A  A  A  A  A  A  A  A  A			tax deductible? X Yes No Date C	Organization was creat	ed:	
ADDRESS 10 N. DEARBORN STREET, 800 CITY, STATE CHICAGO, IL ZIP CODE 60602  I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) E) GOVERNMENT GRANTS & MEMBERSHIP DUES F) OTHER REVENUE; G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAM EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  K) GRANTS TO OTHER CHARITABLE PROGRAM SERVICE (INCLUDED IN J): K) GRANTS TO OTHER CHARITABLE PROGRAM SERVICE EXPENSE L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE N) FUNDRAISING EXPENSE O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Altorney General Report of Individual Fundraising Campaign—Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISERS FEES AND EXPENSES S) TOTAL AMOUNT FAID TO PROFESSIONAL FUNDRAISING CONSULTANTS S) TOT			FEDERATION			
CITY, STATE CHICAGO, IL ZIPODOE 60602  1. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) E) GOVERNMENT GRANTS & MEMBERSHIP DUES F) OTHER REVENUE. INCOME AND CONTRIBUTIONS RECEIVED (ADD D. E. & F)  II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAM EXPENSE  J) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D. E. & F) III. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAM SERVICE EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE N) FUNDRAISING EXPENSE N) FUNDRAISING EXPENSE N) FUNDRAISING EXPENSE N) FUNDRAISING EXPENSE 11. 938 % N) \$ 222,715.  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Altach Altorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS N) FUNDRAISERS FEES AND EXPENSE N) TOTAL FUNDRAISERS FEES AND EXPENSES N) TOTAL AMOUNT RAISED BY THE CHARITY (P MINUS Q-R) PROFESSIONAL FUNDRAISERS (CONSULTANTS) S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS S) TOTAL PAID TO PROFESSIONAL F		MAIL		A) ASSETS	A) \$	4,522,614.
ZUP CODE				B) LIABILITIES	B) \$	
SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:   D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   E) GOVERNMENT GRANTS & MEMBERSHIP DUES   F) OTHER REVENUES   G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)   II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:   H) OPERATING CHARITABLE PROGRAM SERVICE EXPENSE   J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE     J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE     J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE     J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)     K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS     L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)     K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS     L) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)     N) FUNDRAISING EXPENSE     N) FUNDRAISING EXPENSE     O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)     SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Autorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)   PROFESSIONAL FUNDRAISERS     P) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISERS     N) ET RECEIVED BY THE CHARITY (P MINUS Q=R)   PROFESSIONAL FUNDRAISING CONSULTANTS     S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS     S) S) \$ 0.			IL	C) NET ASSETS	C) \$	4,190,965.
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   E) GOVERMMENT GRANTS & MEMBERSHIP DUES   F) OTHER REVENUES   OTHER REVENUES   33.286%   E) \$ 595, 412.   O.728%   F) \$ 13.022.   G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)   II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:   H) OPERATING CHARITABLE PROGRAM EXPENSE   J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)   EDUCATION PROGRAM SERVICE EXPENSE (ADD H & I)   J) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):   K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS   L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)   M) MANAGEMENT AND GENERAL EXPENSE   N) FUNDRAISING EXPENSE   N) FUNDRAISING EXPENSE   O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)   III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:   (Attach Attorney General Report of Individual Fundraising Campaign-Form IFC. One for each PFR.)   PROFESSIONAL FUNDRAISERS:   P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS   R) NET RECEIVED BY THE CHARITY (P MINUS O=R)   PROFESSIONAL FUNDRAISING CONSULTANTS:   S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS   S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS   S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	_					
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F) OTHER REVENUES  G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D. E, & F)  II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAM EXPENSE  J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE SERVENSE (INCLUDED IN J):  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE (INCLUDED IN J):  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign-Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  Q) \$  N) ET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$  O . S  S) \$  O . TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		,	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			
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III. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:  H) OPERATING CHARITABLE PROGRAM EXPENSE  50.418% H) \$ 940,609.  50.418% J) \$  1) EDUCATION PROGRAM SERVICE EXPENSE  3) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  50.418% J) \$  940,609.  50.418% L) \$  940,609.  6  K) \$  10 TOTAL CHARITABLE PROGRAM SERVICE SUNCLUDED IN J):  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  11.938% N) \$  222,715.  100% D) \$  11.938% N) \$  222,715.  100% D) \$  100% D) \$  1,865,614.  11.938% N) \$  20.0 TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  100% D) \$  1,865,614.  100% D) \$		F) OTHER REVENUES		0.720%	Г) Ф	13,022
H) OPERATING CHARITABLE PROGRAM EXPENSE  1) EDUCATION PROGRAM SERVICE EXPENSE  3) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  50.418 % J) \$ 940,609.  50.418 % J) \$ 940,609.  50.418 % J) \$ 940,609.  K) \$  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  Q) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  50.418 % I) \$ 940,609.  K) \$  50.418 % L) \$ 940,609.  50.418 % L) \$ 940,609.  10.9 \$ 0.4				100 %	G) \$	1,788,754.
I) EDUCATION PROGRAM SERVICE EXPENSE  J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  Q) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.				50,418%	H) \$	940.609.
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign-Form IFC. One for each PFR.)  PROFESSIONAL FUNDRAISERS:  P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.418 % L) \$ 940,609.  \$ 50.418 % L) \$ 940,609.  \$ 50.418 % L) \$ 940,609.  \$ 702,290.  \$ 11.938 % N) \$ 222,715.  100 % D) \$ 1,865,614.		,		>		2 2 3 7 3 3 2 3
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.4		J) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENSE (ADD H & I)	50.418%	J) \$	940,609.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.418 % L) \$ 940,609.  37.644 % M) \$ 702,290.  11.938 % N) \$ 222,715.  100 % D) \$ 1,865,614.		J1) JOINT COSTS ALLOCATE	ED TO PROGRAM SERVICES (INCLUDED IN J):			
M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  11.938% N)\$ 222,715.  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  PROFESSIONAL FUNDRAISERS; P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  Q) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS; S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.4		K) GRANTS TO OTHER CHA	RITABLE ORGANIZATIONS	%	K) \$	
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O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)  III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS; P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  Q) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS; S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$  100 % 0) \$  1,865,614.		M) MANAGEMENT AND GEN	IERAL EXPENSE	37.644%	M) \$	702,290.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS; P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  Q) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS; S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.4		N) FUNDRAISING EXPENSE		11.938%	N) \$	222,715.
(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  PROFESSIONAL FUNDRAISERS; P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  Q) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  PROFESSIONAL FUNDRAISING CONSULTANTS; S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.4		0) TOTAL EXPENDITURES T	THIS PERIOD (ADD L, M, & N)	100 %	0) \$	1,865,614.
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  (Q) TOTAL FUNDRAISERS FEES AND EXPENSES  (Q) \$  R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  (B) \$  PROFESSIONAL FUNDRAISING CONSULTANTS;  S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  (S) \$  O a section of the consultant of t	III.					
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  **PROFESSIONAL FUNDRAISING CONSULTANTS:  S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$  0.4				100 %	P) \$	0.
PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS S) \$ 0.		Q) TOTAL FUNDRAISERS FE	EES AND EXPENSES	%	Q) \$	
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  S) \$ 0.		R) NET RECEIVED BY THE C	CHARITY (P MINUS Q=R)	%	R) \$	
	 	S) TOTAL AMOUNT PAID TO	PROFESSIONAL FUNDRAISING CONSULTANTS	-40	S) \$	0.

399,440.

153,943.

103,531.

List on back side of instructions CODE

300

T) \$

U) \$

V) \$

W)#

X) # Y) #

T) NAME, TITLE: LAURENCE MSALL, PRESIDENT

198091 04-01-21

X) DESCRIPTION:

Y) DESCRIPTION:

U) NAME, TITLE: SARAH J. WETMORE VICE PRES. & RESEARCH DIRECTOR

V) NAME, TITLE: LAURACYN DUNCAN, VICE PRES. OF FINANCE & ADMIN.

W) DESCRIPTION: PROVIDE OBJ RESEARCH TO IMPROVE GOV'T EFFICIENCY

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
	THE THIRD OF THE OTTED TO COME ENOUTION.	ا .		
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
4.	THAN 40% OF THE OUTSTANDING OHADEO	,		Х
	THAN 10% OF THE OUTSTANDING SHARES?	4.		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON	- 1		
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
		Ī		
7h.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	TALINETIAL TO TOTOMORIAION OF			
0	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
0.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAIN RESTRICTED PURPOSES?	0.		<u> </u>
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9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR	_ }		37
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10. [		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	JP MORGAN CHASE, N.A 10 S. DEARBORN STREET, CHICAGO IL 60603			
	NORTHERN TRUST SECURITIES, 50 S. LASALLE STREET, CHICAGO, IL 6	060	3	
	WINTRUST BANK, NA 231 S. LASALLE STREET, 2ND FLOOR, CHICAGO, II	ւ 60	0604	
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: LAURACYN DUNCAN - 312-201-9027			
ΔΙΙ	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

#### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

AURENCE	J.	MSALL

PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE DATE

CHARLES R. GARDNER

TREASURER OF TRUSTEE (PRINT NAME) SIGNATURE DATE

## KIMBERLY A. HAUMANN

198101 04-01-21