PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CENTER FOR CIVIC DESIGN, INC. Name change 46-3535619 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 5443 TATES BANK ROAD 410-921-6811 1,646,084. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 21613 CAMBRIDGE, MD H(a) Is this a group return Applica-tion pending F Name and address of principal officer: WHITNEY QUESENBERY Yes X No for subordinates? 5443 TATES BANK ROAD, CAMBRIDGE, MD 21613 _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions CIVICDESIGN.ORG J Website: H(c) Group exemption number K Form of organization: Association X Other L Year of formation: 2013 M State of legal domicile: MD Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: ENSURING CITIZEN INTENT THROUGH Activities & Governance OUR ACTIVITIES WILL IMPROVE KNOWLEDGE AND UNDERSTANDING OF 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,225,373. 1,370,063. Contributions and grants (Part VIII, line 1h) 8 394,283. 268,706. Program service revenue (Part VIII, line 2g) 7,315. 284. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,646,084 1,619,940. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,294,303. 1,100,283. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 333,235. 326,995. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,433,518. 1,621,298. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 186,422. 24,786. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,515,598. 1,860,581 Total assets (Part X, line 16) 1,043,676. 363,873 21 Total liabilities (Part X, line 26) 三年 922. 496,708 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign WHITNEY QUESENBERY, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature AMY I BRANDT, CPA AMY I BRANDT, CPA 05/06/24 self-employed P00734582 Paid ACCOUNTING STRATEGIES GROUP, LLC Firm's name Firm's EIN 26-3654652 Preparer Firm's address PO BOX 369 Use Only Phone no. 410-673-1384 PRESTON, MD 21655

No

X Yes

Pa	Statement of Program Service Accomplishments	v
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ENSURING CITIZEN INTENT THROUGH DESIGN. OUR ACTIVITIES WILL IMPORTED INTENT THROUGH DESIGN.	(DDOTE
	KNOWLEDGE AND UNDERSTANDING OF DESIGN AND USABILITY PRINCIPLES CAN MAKE A CITIZENS' INTERACTIONS WITH GOVERNMENT MORE EFFECTIVE	
_	ENJOYABLE; AND ENSURE THAT EVERY GOVERNMENT OFFICAL HAS ACCESS	10
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4) organizat	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 267, 102. including grants of \$) (Revenue \$)	276,021.
	DEVELOP RESEARCH AND EDUCATION ON CIVIC DESIGN.	
	(Out) \(\sum_{0} \)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1, 267, 102.	
	, , , , , , , , , , , , , , , , , , ,	Form 990 (2023)
		(-0-0)

Form 990 (2023) CENTER FOR CIVIC DESIGN, INC. 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	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</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%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			٠,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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			٠,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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 noncash contributions? If "Yes," complete Schedule M	29		
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			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
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		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_		_

332004 12-21-23

Form 990 (2023) CENTER FOR CIVIC DESIGN, INC.		46-35356	<u> 519</u>	Pa	age 5
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	15			
				77	

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	15							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		_X_				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).			77				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a						
b	was and the state of a state of a			6b						
7	Organizations that may receive deductible contributions under section 170(c).			0.5						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х				
	16/15/2 18 18 18 18 18 18 18 18 18 18 18 18 18	-		7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9							
				8						
9	Sponsoring organizations maintaining donor advised funds.									
				9a						
				9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
		11b								
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	12b								
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	ا ا	1							
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c		14a		X				
14a Did the organization receive any payments for indoor tanning services during the tax year?										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O										
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		х				
	If "Yes," complete Form 4720, Schedule O.									
17										
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	ı	7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	ı	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
	, , , , ,		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	on Schedule O how this was done			12c	+	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}}}$
13	Did the organization have a written whistleblower policy?			13	X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{le}}}}}}}}$
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	WHITNEY QUESENBERY - 410-921-6811					
	5443 TATES BANK ROAD, CAMBRIDGE, MD 21613					

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, box 6 of 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.

Check this box if neither the organization n (A)	(B)	Ĭ	(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box, unless person is both officer and a director/truste					n an	compensation	compensation from related	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) WHITNEY QUESENBERY	40.00									
SECRETARY AND ED		Х		Х				127,997.	0.	7,450.
(2) NICK CHEDLI CARTER	5.00									
DIRECTOR		Х						0.	0.	0.
(3) PARI SABETY	5.00									
DIRECTOR		Х				_		0.	0.	0.
(4) KATHRYN PETERS	5.00			l						
TREASURER	F 00	Х		Х				0.	0.	0.
(5) TIANA EPPS JOHNSON	5.00	37							0	0
DIRECTOR (6) KATHY BOOCKVAR	5.00	Х						0.	0.	0.
VICE CHAIR	3.00	Х		х				0.	0.	0.
(7) ADAM AMBROGI	5.00			_				0.	0.	0.
CHAIR	3.00	Х		х				0.	0.	0.
								0.	0.	0.
		ŀ								
					_	-				
							-			
		1		ı	I	I	i	1		

	Directors, Trustees, Key Er	nploy	ees,			gnes	τC		,	$\overline{}$		(C)	
(A)	(B) Average			(C Posi	•	1		(D)	(E)		_	(F)	
Name and title	hours per		o not c x, unle	heck r	more	than c		Reportable compensation	Reportable compensatio	- 1		stimate nount	
	week	~ ~ ~	ficer ar					from	from related	- 1	u,	other	
	(list any	director						the	organizations	s	con	npensa	ation
	hours for	or dir	9			ated		organization	(W-2/1099-MIS			rom th	
	related organization	ns fee	truste		96	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		,	ganizat d relat	
	below	S Individual trustee or	Institutional trustee	_	Key employee	Highest compensated employee	ы	1000 (VEO)				anizati	
	line)	Indivi	Instit	Officer	Key e	Highe empl	Former						
		-											
		_											
		#											
		+								-			
		_								-			
		1											
		1											
		-											
1b Subtotal								127,997.		0.		7,4	
c Total from continuation sh								0.		0.			0.
d Total (add lines 1b and 1c)								127,997.	200 ()	0.		7,4	50.
2 Total number of individuals compensation from the organ	· -	tnose	IISTE	ed ab	ove	e) Wn	o re	eceived more than \$100,	оо от геропаріє	· 		1.,	1
• B. I. I										ſ		Yes	No
3 Did the organization list any											2		Х
line 1a? If "Yes," complete S 4 For any individual listed on I								ner compensation from the		····	3		\vdash
and related organizations gr	•							•	•	ı	4		Х
5 Did any person listed on line										····			
rendered to the organization	n? If "Yes." complete Sched	ule J	for su	ıch r	ers	on .					5		X
Section B. Independent Contra													
1 Complete this table for your	•	•								ensat	tion fr	om	
the organization. Report cor		year (endir	ng w	ith c	or wi	:hin T		ear.			C)	
Nam	(A) e and business address	N	ONI	3				(B) Description of s	ervices	С		nsatio	n
							\dashv						
O Total words an after the act	t contractors (in structure)	m = 4 11	ma:1 -	٠ - ١ - ١	·h -	- I'-		abaya) wha mas in a	ave the				
2 Total number of independen \$100,000 of compensation to		H TOIT	mtec	J 10 1	inos ()	_	ea	above) who received mo	лешап				

10010506 134341 18418.001

Form 990 (2023) CENTER
Part VIII Statement of Revenue

			Check if Schedule O co	onta	ins a respo	nse (or note to any lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ij d											
fts,			Fundraising events								
ig di			Related organizations								
ns, Sim			Government grants (contrib								
utio er (All other contributions, gifts, g			1	270 062				
들됨			similar amounts not included a				370,063.				
ont od (-	Noncash contributions included in li					1 270 062			
<u>0 g</u>		h	Total. Add lines 1a-1f					1,370,063.			
				_			Business Code	0.60 0.6	0.60 706		
9	2	а	PROJECT INCOME	<u> </u>		_	541900	268,706.	268,706.		
e Š		b									
Sen		С				_					
am eve		d									
Program Service Revenue		е									
P		f	All other program service re	even	nue						
		g	Total. Add lines 2a-2f					268,706.			
	3		Investment income (includi								
								7,315.	7,315.		
	4		Income from investment of								
	5		Royalties		=	-					
	_		[T	(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
				6b							
			' '''	6c							
			Net rental income or (loss)								
			Gross amount from sales of	T	(i) Securit		(ii) Other				
	′			_ _	(i) Occurre	-	(ii) Other				
			, i	7a							
			Less: cost or other basis								
her Revenue			and sales expenses								
eve			Gain or (loss)								
Ř			Net gain or (loss)				 I				
ig H	8	а	Gross income from fundraising	-	•						
Ò			including \$								
			contributions reported on I		•						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from for								
	9	а	Gross income from gaming								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from g	jamii	ng activities	. <u></u>					
	10	а	Gross sales of inventory, le	ess re	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s			у					
							Business Code				
snc	11	а									
Miscellaneous Revenue		_									
ella		c									
Sc			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					1,646,084.	276,021.	0.	0.

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 Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general 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, 127,997. 51,200. 76,797. 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) 916,185. 748,476. 167,709. Other salaries and wages 7 Pension plan accruals and contributions (include 97,545. 74,134. 23,411. section 401(k) and 403(b) employer contributions) 49,444. 63,135. 13,691. Other employee benefits 9 89,441. 67,975. 21,466. 10 Payroll taxes Fees for services (nonemployees): Management Legal 36,660. 36,660. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 187,648. 183,446. 4,202. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 84,007. 84,007. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 13,680. 10,260. 3,420. SUPPLIES PROJECT SUBAWARD 5,000. 5,000. С d All other expenses 1,621,298. 1,267,102. 354,196. 0. 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. Check here if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sneet				
		Check if Schedule O contains a response or r	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,499,708.	1	82,864
	2	Savings and temporary cash investments			2	1,760,214
	3	Pledges and grants receivable, net		15,890.	3	17,503
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
ξ	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other	·			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1 515 500	15	1 060 50	
_	16	Total assets. Add lines 1 through 15 (must ed		1,515,598.	16	1,860,581
	17	Accounts payable and accrued expenses	4,221.	17	423	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
3	22	Loans and other payables to any current or fo				
		trustee, key employee, creator or founder, sub			00	
	00	controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lir	•			
		of Schedule D	les 17-24). Complete Part A	1,039,455.	25	1,363,450
	26			1,043,676.		1,363,873
	20	Organizations that follow FASB ASC 958, c		1,013,070	20	2/303/075
ß		and complete lines 27, 28, 32, and 33.				
	27			471,922.	27	476,708
1	28	Net assets with donor restrictions		, -	28	20,000
3		Organizations that do not follow FASB ASC				,
5		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current fund	ds		29	
3	30	Paid-in or capital surplus, or land, building, or			30	
ř	31	Retained earnings, endowment, accumulated			31	
Net Assets of Fund balances	32	Total net assets or fund balances		471,922.	32	496,708
-	33	Total liabilities and net assets/fund balances		1,515,598.	33	1,860,581

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1	1,64 1,62 2		98. 86.			
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	49	6,7	08.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a	Yes	No X			
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	on a	2b	X				
С	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							
Ī	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed audit	3b					
	er addite, explain my on conclude o and decombe any deeps taken to undergo ducit addite			990	(2023)			

SCHEDULE A

(Form 990)

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

Open to Public Inspection

Name of the organization

CENTER FOR CIVIC DESIGN, INC.

Employer identification number 46 – 3535619

Pa	rt I	Reason for Public ((All organizations must c		nis nart) S	ee instructions	0 3333013					
							cc instructions.						
	organ	ization is not a private found	•	• .	•	•	11/41/1						
1	\vdash	A church, convention of ch				n 170(b)(1	I)(A)(I).						
2	Н	A school described in secti											
3	Щ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		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:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed 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).											
7		An organization that norma	Ilv receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in					
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	•	1\alpha\vi) (Complete Part	+ II)								
9	H	An agricultural research org			•	ad in coni	inction with a land-grant	college					
9		•				-	-	-					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e Of					
40	v	university:	. (4)										
10	X	An organization that norma											
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	bv its supr	orted ora	anization(s), typically by	aivina					
	-	the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-							
		organization. You must o		• • • •	majority c	in this direc	1010 01 tradition of the ot	apporting					
b		Type II. A supporting org			ion with it	e cupporto	nd organization(s), by bay	uina.					
	' L		•				• • • • • • • • • • • • • • • • • • • •	•					
		control or management o			arne perso	ns mai co	ntroi or manage the supp	Jortea					
		organization(s). You mus											
С	· L		= ::				• •	ed with,					
		its supported organization		·									
C			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and an attentiv	veness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g	Pro	vide the following information	about the supporte	d organization(s).									
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
Tota	al						l						

332021 12-21-23

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2010	(2) 2020	(6) 2021	(4) 2522	(0) 2020	(i) rotar
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0							
9	Net income from unrelated business						
	activities, whether or not the						
40	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			. ,			40	
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
Se	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	
	Public support percentage from 2022					15	<u>%</u> %
	a 33 1/3% support test - 2023. If the o						
100		-					
	stop here. The organization qualifies		-			cormore about th	
'	33 1/3% support test - 2022. If the c						
47.	and stop here. The organization qual						
1/6	a 10% -facts-and-circumstances test		-				
	and if the organization meets the fact					_	
	meets the facts-and-circumstances te	-	•	* * * * * * * * * * * * * * * * * * * *	-		
ı	o 10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets the						
٠.	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	n box on line 13, 16	5a, 16b, 17a, or 17b	o, check this box a	and see instructions Schedule A	

332022 12-21-23

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.)

Sec	ction A. Public Support	elow, please comp	lete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	236,709.	512,835.	588,946.	•	1370063.	3933926.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	741,061.	608,664.	483,986.		268,706.	2496700.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge			10000	1.54.0.55.5	1.500=50	
	Total. Add lines 1 through 5	977,770.	1121499.	1072932.	1619656.	1638769.	6430626.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
E	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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						6430626.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	977,770.	1121499.	1072932.	1619656.	1638769.	6430626.
k	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	65.	117.	139.	284.	7,315.	7,920.
	acquired after June 30, 1975	65.	117	120	204	7 215	7 020
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	65.	117.	139.	284.	7,315.	7,920.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	977,835.	1121616.	1073071.	1619940.	1646084.	6438546.
14	First 5 years. If the Form 990 is for the	ie organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
0-		- O D					
	ction C. Computation of Publi					1	00 00
	Public support percentage for 2023 (li					15	99.88 % 99.99 %
	Public support percentage from 2022 ction D. Computation of Inves					16	99.99 %
	Investment income percentage for 20			ne 13 column (f)		17	.12 %
	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2023. If the						, -
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ïes as a publicly s	upported organizat	ion	X
t	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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
L	1		
\perp	2		
	За		
	3b		
	3c		
	4a		
	4.		
	4b		
	4 -		
	4c		
	5a		
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	8		
	9a		
	9b		
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	10a		
	401		
	10b	~ 000\	2002

332024 12-21-23

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson 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 I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he 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 Part VI 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		
		he 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			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		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 l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he 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			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	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			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			

	All other Type III non-functionally integrated supporting organizations mus	st complete S	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions)	-		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

CENTER FOR CIVIC DESIGN 46-3535619 INC. 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 X 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** 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

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) (2023)

Schedule B (Form 990) (2023) Pa

Name of organization

Employer identification number

CENTER FOR CIVIC DESIGN, INC.

46-3535619

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$92,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>115,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 272,400.	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		\$150,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CENTER FOR CIVIC DESIGN, INC.

46-3535619

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
7		\$ <u>129,450.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	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
9		\$ <u>85,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CENTER FOR CIVIC DESIGN, INC.

46-3535619

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
			Schedule R (Form 990) (2023)	

Page 4

Employer identification number

Name of organization

CENTER FOR CIVIC DESIGN, INC. 46-3535619 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CENTER FOR CIVIC DESIGN, INC.

Employer identification number 46-3535619

Pai			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts		
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts		
1 2	Total number at end of year				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds		
Ū	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
_	for charitable purposes and not for the benefit of the donor of				
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	of a historically important land area		
	Protection of natural habitat	Preservation of	of a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
	Number of conservation easements on a certified historic str		2c		
d	Number of conservation easements included on line 2c acqu				
_	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax		
	year				
4	Number of states where property subject to conservation eas	•			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in				
6					
Ū	otan and volunteen neare develor to membering, inspecting,	Thanking or violations, and officioning con-	solvation sassinones daring the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year		
	3, 1 3,	3	3		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the		
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.		
b	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance 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 tre		al gain, provide		
	the following amounts required to be reported under FASB A		•		
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023		

332051 09-28-23

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

	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other S	imilar	Assets	(continue	ed)
3	Using the organization's acquisition, accession								(**************************************	
	collection items (check all that apply).	·	,	•	· ·	· ·				
а	Public exhibition	(d \square L	oan or exc	hange progra	ım				
b	Scholarly research				9- 9					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	v further th	ne organizatio	n's exemp	t purpose	e in Part	XIII	
5	During the year, did the organization solicit o							o iii i ai c	, diii.	
-	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par			9			,	,	, -:	
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for c	ontribution	s or other as	sets not inc	cluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								_	
	, ,	•	J						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
	·	(a) Current year		ior year	(c) Two year) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment	·	%		•					
b	Permanent endowment	%	_							
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for the				
	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Scl	nedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV,	line 11a. S	ee Form 990,	, Part X, lin	e 10.			
	Description of property	(a) Cost or obasis (investi			or other (other)		umulated eciation	t	(d) Book	/alue
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	c. column	(B))					0.

Schedule D (Form 990) 2023

	CIVIC DESIGN,	INC. 46	5-3535619 _{Page}
Part VII Investments - Other Securities Complete if the organization answered "Yes" o	on Form 990 Part IV line	11h 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 en	d-of-vear market value
1) Financial derivatives	(-)	(-)	
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Part IX Other Assets Complete if the organization answered "Yes" o	n Form 000 Dort IV line	11d Coo Form 000 Dort V line 15	
	Description	Tid. See Form 990, Part A, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
(a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			(,, , , , , , , , , , , , , , , , , , ,
(2) REFUNDABLE ADVANCES - GRANT	'S		1,363,450
(2) RELIGIOUSE TESTINGES CHART	-		_,000,100

(4) (5) (6) (7) (8) 1,363,450.

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

Schedule D (Form 990) 2023

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

CENTER FOR CIVIC DESIGN, INC.

Employer identification number 46-3535619

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DESIGN AND USABILITY PRINCIPLES THAT CAN MAKE A CITIZENS' INTERACTIONS
WITH GOVERNMENT MORE EFFECTIVE AND ENJOYABLE; AND ENSURE THAT EVERY
GOVERNMENT OFFICAL HAS ACCESS TO USEFUL, RESEARCHED GUIDELINES TO USE
IN COMMUNICATING WITH CITIZENS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
USEFUL, RESEARCHED GUIDELINES TO USE IN COMMUNICATING WITH CITIZENS.
FORM 990, PART VI, SECTION A, LINE 8B:
NO COMMITTEE'S ACT ON BEHALF OF THE ORGANIZATION. GOVERNED SOLEY BY BOARD
OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FROM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW, PRIOR TO
FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS CONSTANTLY ADHERE TO POLICY, MONITORING ON GOING.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION IS MONITORED BY GRANTING AGENCIES.
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATIONAL DOCUMENTS, CONFLICT OF INTEREST POLICY AND REVIEWED
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Employer identification number 46-3535619
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4,202.
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4,202.
92,899.
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92,899.
83,827.
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83,827.
6,720.
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6,720.
187,648.