** 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

<u>A</u> F	or th	e 2021 calendar year, or tax year beginning $OCT 1$, 2021 and	ending S	<u> SEP 30, 2022</u>						
B c	heck if pplicab	C Name of organization		D Employer identif	ication number					
	Addre		PUBLIC CITIZEN, INC.							
	Name chang	Doing business as	23-71045 E Telephone number							
	Initial returr Final returr	1600 20TH STREET, NW								
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,073,997.					
	Amer returr	WASHINGTON, DC 20009		H(a) Is this a group r	eturn					
	Appli			for subordinates	s? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No					
		empt status: \bigcirc 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) ($\boxed{4}$) \blacktriangleleft (insert no.) \bigcirc 4947(a)(1) o	or 527	7	a list. See instructions					
		te: WWW.CITIZEN.ORG	1	H(c) Group exemption	-					
	orm o	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 19/1	M State of legal domicile: DC					
- e	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{c} \underline{WORK} \end{tabular}$	FOR C	ONSUMER RIG	HTS					
Governance	,	Check this box if the organization discontinued its operations or dispos	ad of more	than OEN/ of its not so						
/ern	2	· 3		1	10 sets.					
6 G	4	Number of independent voting members of the governing body (Part VI, line 1b)			10					
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			147					
Activities &	6	Total number of volunteers (estimate if necessary)			0					
Ċţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		7,425,431.	7,549,730.					
enu	9	Program service revenue (Part VIII, line 2g)		110 206	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		110,296.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		252,973. 7,788,700.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		120,300.	7,987,999.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.						
	4-	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,048,188.						
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		246,050.						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,357,99	91.							
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,932,554.	4,744,274.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,347,092.	8,970,076.					
	19	Revenue less expenses. Subtract line 18 from line 12		-558,392.	-982,077.					
Assets or			Ве	eginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		5,934,949.	4,340,834.					
t As	21	Total liabilities (Part X, line 26)		1,544,132.	1,389,307.					
Net		Net assets or fund balances. Subtract line 21 from line 20		4,390,817.	2,951,527.					
	art II	Signature Block								
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is					
uuc,	COITE	is, and complete. Declaration of preparer (other than officer) is based on all information of win	iicii preparei	ilas ally kilowieuge.						
Sign	n	Signature of officer		Date						
Her		ROBERT WEISSMAN, PRESIDENT								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check [PTIN					
Paid	l	STEVEN C. DARR, CPA, CMA		03/13/23 if self-emplo						
	arer	Firm's name CALIBRE CPA GROUP, PLLC		Firm's EIN ▶	47-0900880					
Use	Only	Firm's address > 7501 WISCONSIN AVENUE, SUITE 120	0 WES		0 221 222					
		BETHESDA, MD 20814		Phone no. 20	2-331-9880					
May	the I	RS discuss this return with the preparer shown above? See instructions	····		X Yes No					

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WORK FOR CONSUMER RIGHTS
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 \$ 2,723,688. including grants of \$ 0.) (Revenue \$ 0.) PUBLIC INFORMATION AND EDUCATION - PUBLIC CITIZEN IS ACTIVE IN EVERY
	PUBLIC FORUM: CONGRESS, THE COURTS, GOVERNMENT AGENCIES, AND THE NEWS
	MEDIA. PUBLIC CITIZEN BELIEVES THAT FULL DISCLOSURE OF GOVERNMENT
	INFORMATION EMPOWERS CITIZENS AND CONSUMERS. ALL OF PUBLIC CITIZEN'S
	COMMUNICATION AND OUTREACH EFFORTS AIM TO MAKE INFORMATION ABOUT HEALTH
	CARE, TRANSPORTATION, CLIMATE CHANGE, INTERNATIONAL TRADE, NUCLEAR
	WASTE AND REACTOR SAFETY, RENEWABLE ENERGY, GOVERNMENT AND CORPORATE
	ACCOUNTABILITY AND RELATED ISSUES ACCESSIBLE TO ORDINARY CITIZENS. IF
	NECESSARY, PUBLIC CITIZEN USES THE COURTS TO ENSURE FAIR ACCESS TO
	INFORMATION.
	1 705 202
4b	(Code:) (Expenses \$1,705,202. including grants of \$83,000.) (Revenue \$0) CONGRESS WATCH - THIS PROGRAM SEEKS TO CURB THE INFLUENCE OF SPECIAL
	INTEREST DOLLARS THAT CORRUPT THE POLITICAL PROCESS AND PUBLICIZE
	CORPORATE WELFARE EXPENDITURES THAT LARD THE FEDERAL BUDGET, WORKS FOR
	CAMPAIGN FINANCE REFORM AND TOUGH LOBBY REGISTRATION REQUIREMENTS,
	CHAMPIONS CONSUMER LEGISLATION INCLUDING AREAS OF TRANSPORTATION
	POLICY, LOBBIES TO STRENGTHEN HEALTH AND SAFETY STANDARDS.
	- Control of the street of the
4c	(Code:) (Expenses \$
70	THE ENERGY PROGRAM - IS A POWERFUL VOICE IN THE MOVEMENT TO AVERT
	CATASTROPHIC CLIMATE CHANGE, DECREASE RELIANCE ON NUCLEAR AND FOSSIL
	FUELS, AND TO PROMOTE ENERGY EFFICIENCY AND DEVELOP RENEWABLE ENERGY
	SOURCES.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,189,198. including grants of \$ 0.) (Revenue \$ 0.)
4e	Total program service expenses ► 6,061,301.
	Form 990 (2021)

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			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	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		
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′		 -
Ü	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	۳		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_	х	
10	If "Yes," complete Schedule D, Part IV	9	<i>1</i> 1	\vdash
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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	X	
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	Х	
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		Х
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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		T -
	,	19		x
20a	complete Schedule G, Part III	20a		X
zua b		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		21	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	41	22	

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Form 990 (2021) PUBLIC CITIZEN, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	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>X</u>			
	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	04-					
اء	any tax-exempt bonds? Did the exemptation act as an long behalf of lineaux for bonds outstanding at any time during the year?	24c 24d					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240					
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х			
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa					
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
		25b		Х			
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200					
20	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		х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>						
	"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		X			
	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		_X_			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		_X_			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37				
	Part V, line 1	34	X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51					
26	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?	36					
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30					
31	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?	<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						
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				
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Form 990 (2021) PUBLIC CITIZEN, INC.

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

	Continued)		1							
20	Enter the number of employees reported on Form W.2. Transmittel of Wage and Tay Statements		Yes	No						
Za	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 147									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.	20								
32	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a	Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b	Х							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		-						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
9	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	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								
L	Note: See the instructions for additional information the organization must report on Schedule O.									
ь	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									
•	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c									
		14a		Х						
	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		x						
	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		Х						
	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.		200							

PUBLIC CITIZEN, INC. 23-7104508 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 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. 10 **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 X 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 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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 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 14 Х Did the organization have a written document retention and destruction policy? 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? 16b Section C. Disclosure

	List the states with which a copy of this Form 000 is required to be filed	► CDD	COMBOUTE	7
17	Liet the etates with which a copy of this Form QQD is required to be filed	S H. H.	SCHEDILLE	•

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records	>
	THE ORGANIZATION - (202)588-1000	
	1600 20TH STREET, NW, WASHINGTON, DC 20009	

Form **990** (2021)

10070313 712177 71546

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.

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

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

(A)	(B)	, gu		(()		Juli	(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation	amount of
	week					17 (1 (13)		from the	from related	other compensation
	(list any hours for	Individual trustee or director				p		organization	organizations (W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	Inst	Officer	Key	Hig	For			
(1) ROBERT WEISSMAN	15.00							0.4.074	440.050	40 0-4
PRESIDENT	25.00			Х				84,871.	142,853.	43,374.
(2) ALLISON ZIEVE	5.00									
GENERAL COUNSEL	35.00					Х		18,688.	135,112.	39,754.
(3) LISA GILBERT	28.00									
EXECUTIVE VICE PRESIDENT	12.00			Х				108,952.	48,757.	28,276.
(4) MICHAEL KIRKPATRICK	2.00									
DEPUTY DIRECTOR, LITIGATION GROUP	38.00					X		6,228.	132,617.	32,628.
(5) PETER MAYBARDUK	19.00									
DIRECTOR, ACCESS TO MEDICINES	21.00					Х		66,491.	73,832.	27,451.
(6) DERRICK ROBINSON	13.00									
DIRECTOR, COMMUNICATIONS	27.00					Х		47,800.	95,004.	24,707.
(7) JOSEPH STOSHAK	20.00									
CHIEF FINANCIAL OFFICER	20.00			Х				69,423.	69,423.	17,512.
(8) LORI WALLACH	10.00									
DIRECTOR, GLOBAL TRADE	30.00					Х		37,730.	104,810.	10,207.
(9) JASON ADKINS	1.00									
DIRECTOR, CHAIR	1.00	Х		Х				0.	0.	0.
(10) JOAN CLAYBROOK	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) JOY HOWELL	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) ANNA GALLAND	1.00									•
DIRECTOR	1.00	Х						0.	0.	0.
(13) BRANDI COLLINS	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(14) JOHN RICHARD	1.00									
DIRECTOR, SECRETARY/TREASURER	1.00	Х		Х				0.	0.	0.
(15) JIM HIGHTOWER	1.00									_
DIRECTOR	1.00	X	_					0.	0.	0.
(16) ANTHONY SO, MD MPA	1.00									_
DIRECTOR	1.00	X						0.	0.	0.
(17) JOSELINE GARCIA	1.00								_	_
DIRECTOR	1.00	X						0.	0.	0 • Form 990 (2021)

Form **990** (2021)

23-7104508

Par	Section A. Officers, Directors, Trus	<u>stees, Key Emp</u>	oloy	ees,	and	High k	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than dis both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	(F Estimamou oth	ated int of	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	from from organi: and re organiz	the zation elated	n I
(18)	DANNY GOLDBERG	1.00												
DIRE	CTOR	1.00	Х						0.		0.			0.
	Subtotal			<u> </u>			<u> </u>	▶	440,183.	802,40	08. 2	223,	90	9.
	Total from continuation sheets to Part V							•	0.	,	0.			0.
	Total (add lines 1b and 1c)							<u> </u>	440,183.	802,40	08. 2	223,	90	9.
2	Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			1 -
	compensation from the organization											Υe		1 <u>5</u> No
3	Did the organization list any former officer	director, trust	ee. k	ev e	empl	ove	e. or	hia	nhest compensated emp	lovee on			-	10
•	line 1a? If "Yes," complete Schedule J for s		,	,	•	,	1	·		,	;	3		X
4	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		<u>L</u>	4 X	<u> </u>	
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes." con	nplete Schedule	e J f	or st	ıch <u>i</u>	pers	on .				<u>!</u>	5		<u>X</u>
1	tion B. Independent Contractors Complete this table for your five highest co	mponeated inc	lono	ndo	ot or	ntr	acto	rc th	and received more than \$:100 000 of com	oncation	from		
•	the organization. Report compensation for	· ·	-								, or isation	. 110111		
	(A) Name and business								(B) Description of s		Con	(C) npensa	ıtion	
	EGRATED DIRECT MARKET	-		TT T	NT C	ШΩ), T		ELINIDD A TOTALO	COLINGET		244	E14	

(A)
Name and business address
INTEGRATED DIRECT MARKETING, 1250
CONNECTICUT AVE. NW SUITE 700, WASHINGTON, KEEFE SINGISER PARTNERS
1201 NEW YORK AVE, WASHINGTON, DC 20005
DESIGN DATA SYSTEMS INC, 610 PROFESSIONAL
DRIVE, SUITE 102, GAITHERSBURG, MD 20879

(C)
Compensation

FUNDRAISING COUNSEL

244,510.

T70,000.

132008 12-09-21

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

\$100,000 of compensation from the organization

Form 990 (2021)

		Check if Schedule O contains a response of	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
တ္ထ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ق		Fundraising events 1c					
ffs,		Related organizations 1d					
ig ig		· · · · · · · · · · · · · · · · · · ·					
Sir		ÿ \ / / / / / / / / / / / / / / / / / /					
utic er	,	All other contributions, gifts, grants, and	5/0 730				
들 된			549,730.				
o d	•	Noncash contributions included in lines 1a-1f	3,316.	7 540 720			
<u>0</u> 8	r	Total. Add lines 1a-1f		7,549,730.			
			Business Code				
Se	2 8	·					
e Z	k						
S c	(
e a	•	l					
Program Service Revenue	•						
4	f	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		80,265.			80,265.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties		133,637.			133,637.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 569,143.					
		Less: rental expenses 66 421,627.					
		Rental income or (loss) 6c 147,516.					
		Net rental income or (loss)	•	147,516.			147,516.
		Gross amount from sales of (i) Securities	(ii) Other				•
		assets other than inventory 7a 728,135.					
	ŀ	Less: cost or other basis					
ō	_	and sales expenses					
her Revenue	,	Gain or (loss) 7c 63,764.					
ě		Net gain or (loss)		63,764.			63,764.
푸		Gross income from fundraising events (not		0077010			3377321
ŎĘ.	0.	including \$ of					
١		contributions reported on line 1c). See					
		,					
		Net income or (loss) from fundraising events	P				
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	·····				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
-	(Net income or (loss) from sales of inventory					
က္		OMITTE D. 17-17-17-17	Business Code	12 005			12 005
e e	11 a	OTHER REVENUE	900099	13,087.			13,087.
Miscellaneous Revenue	k	·					
Sel Sev	(
Mis	(All other revenue		40.00-			
	•	Total. Add lines 11a-11d		13,087.			
	12	Total revenue. See instructions	>	7,987,999.	0.	0.	438,269.

	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	83,000.	83,000.		
•	and domestic governments. See Part IV, line 21	03,000.	03,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	270 010	100 200	62 050	26 772
	trustees, and key employees	279,010.	188,288.	63,950.	26,772.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 015 761	2 452 401	200 450	<u> </u>
7	Other salaries and wages	2,815,761.	2,452,481.	299,459.	63,821.
8	Pension plan accruals and contributions (include	110 040	00 020	17 007	1 100
	section 401(k) and 403(b) employer contributions)	118,948.	99,939.	17,827.	1,182. 16,142.
9	Other employee benefits	449,518.	377,767.	55,609.	16,142.
10	Payroll taxes	238,975.	202,258.	32,765.	3,952.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	00 455		00 155	
С	Accounting	20,175.		20,175.	
d	Lobbying	0.4.0 = 0.0			
е	Professional fundraising services. See Part IV, line 17	240,590.		12 22	240,590.
f	Investment management fees	12,337.		12,337.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	997,557.	752,523.	373,832.	-128,798.
12	Advertising and promotion	1 2 2 1 2 1			
13	Office expenses	1,953,471.	931,552.	571,671.	450,248.
14	Information technology	131,056.	5,139.	125,917.	
15	Royalties				
16	Occupancy	38,657.	38,657.	211	
17	Travel	24,497.	24,179.	311.	7.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,355.	26,205.	150.	
20	Interest	7,223.		7,223.	
21	Payments to affiliates	45.400		45.400	
22	Depreciation, depletion, and amortization	45,193.		45,193.	
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 0.) LIST RENTAL	725,280.	96,582.	61,163.	567,535.
a		325,205.	151,465.	89,035.	
b	MAIL HOUSE DUES & SUBSCRIPTIONS	204,871.	151,465.	37,828.	84,705. 7,358.
C	DUES & SUBSCRIPTIONS BANK CHARGES	92,940.	34,297.	43,569.	15,074.
d		139,457.	437,284.	-307,230.	9,403.
	All other expenses Add lines 1 through 24s	8,970,076.	6,061,301.	1,550,784.	1,357,991.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	0,310,010.	0,001,301.	1,000,704.	1,331,331.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	3 01/ 057	1 152 106	020 456	640 11E
	Check here X if following SOP 98-2 (ASC 958-720)	3,014,03/•	1,453,486.	920,456.	640,115.

132010 12-09-21

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			776,994.	1	751,869.
	2	Savings and temporary cash investments			1,284,268.	2	531,494.
	3	Pledges and grants receivable, net			57,085.	3	
	4	Accounts receivable, net	18,206.	4	63,045.		
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualification	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0.46 =0.0	8	252 522
⋖	9				246,793.	9	360,608.
	10a	Land, buildings, and equipment: cost or other		2 246 205			
		basis. Complete Part VI of Schedule D		3,316,395.	1 140 651		1 006 542
					1,147,651.	10c	1,086,543.
	11	Investments - publicly traded securities			1,799,027.	11	1,478,398.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			604,925.	14	60 077
	15	Other assets. See Part IV, line 11			5,934,949.	15 16	68,877. 4,340,834.
$\overline{}$	16	Total assets. Add lines 1 through 15 (must equa			1,442,649.	17	1,301,341.
	17	Accounts payable and accrued expenses			1,442,049.	18	1,301,341.
	18 19	Grants payable			24,328.	19	24,812.
	20	Deferred revenue Tax-exempt bond liabilities			24,520.	20	21,012.
	21	Escrow or custodial account liability. Complete P			12,621.	21	12,601.
	22	Loans and other payables to any current or former			22,0221		22,0020
Liabilities		trustee, key employee, creator or founder, substa					
iig		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelat	-	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · -		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			64,534.	25	50,553.
	26	Total liabilities. Add lines 17 through 25			1,544,132.	26	1,389,307.
		Organizations that follow FASB ASC 958, chec	k her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			3,360,010.	27	2,266,784.
Ba	28	Net assets with donor restrictions			1,030,807.	28	684,743.
E I		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 📖			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			4 200 015	31	2 051 527
ž	32	Total net assets or fund balances			4,390,817.	32	2,951,527.
	33	Total liabilities and net assets/fund balances			5,934,949.	33	4,340,834. Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
	oncok ii ooncodic o oonkaiio a rooponoc oi noko ko ariy iino iir kiio r ak Xi				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,98	7.9	99.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,97		
3	Revenue less expenses. Subtract line 2 from line 1	3	-982		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,39		
5	Net unrealized gains (losses) on investments	5	-45'		
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	2,95	1,5	27.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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:				
	Separate basis X 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				
	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 Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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

2021

Employer identification number

PUBLIC CITIZEN, INC. 23-7104508 Organization type (check one): Filers of: Section: X 501(c)(4) (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

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)

Name of organization

Employer identification number

PUBLIC CITIZEN, INC.

23-7104508

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c) (d)				
No. 1	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c) (d)				
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c) (d)				
No. 4	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Employer identification number

PUBLIC CITIZEN, INC.

23-7104508

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b) Name, address, and ZIP + 4	(c) (d)				
No. 7	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
10	Name, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Employer identification number

23-7104508

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
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	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
15		\$5,000.	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
16		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	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
18		\$ <u>125,861.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

23-7104508

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				
19		\$\$.	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				
20		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
21		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
22		\$\$,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				
23		\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
24		\$ 92,632.	Person X Payroll				

Name of organization

Employer identification number

23-7104508

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) (d) Total contributions Type of contribution				
25		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
26		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
27		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c) (d)				
No. 28	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
29		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
30		Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Page 3

Name of organization

Employer identification number

PUBLIC CITIZEN, INC.

23-7104508

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		 \$	
123/153 11-11		<u></u>	Schedule B (Form 990) (2021)

Page 4

Name of organization **Employer identification number** PUBLIC CITIZEN, INC. 23-7104508 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 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.			
Nan	ne of organization			Emp	loyer identification number
	PUBLIC	CITIZEN, INC.			23-7104508
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	janization is exempt und	ler section 501(c)(3).	
	Enter the amount of any excise tax			-	<u> </u>
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/61
	art I-C Complete if the org	•		<u> </u>	:)(3).
	Enter the amount directly expended				S
2	Enter the amount of the filing organ				
	exempt function activities				S
3	Total exempt function expenditures				
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
J	made payments. For each organiza			-	
	contributions received that were pro	·			·
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(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

Schedule C (Form 990) 2021

2a Lobbying nontaxable amountb 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 lobbying expenditures

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(i	o)
of the lobbying activity.	Yes	No	Amo	ount
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	or se	ction	
501(c)(6).	. 00 . (0)(0)	,, 0. 00		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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 "	e prior year? 1 501(c)(5)	3), or se		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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."	e prior year? n 501(c)(5] No" OR (l	3), or se b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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."	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part		3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) No" OR (l), or se b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year	e prior year? n 501(c)(5) No" OR (l), or se b) Part		3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	e prior year? n 501(c)(5) No" OR (l	3), or seeb) Part 1 2a 2b 2c		3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year?	e prior year? n 501(c)(5) No" OR (l	3), or seeb) Part 1 2a 2b 2c		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 1 2a 2b 2c 3		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedaces the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3	III-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3	III-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group linstructions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3	III-A, line	3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group linstructions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3 4 5	III-A, line	3, is
Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedaces the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: PRIMARILY FOR THE ADVOCATING/DEFEAT OF CANDIDATES TO The part II-A (affiliated group III-A) and III-A (affiliated group III-A) are II-B.	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3 4 5	III-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3 4 5	III-A, line	3, is
Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedaces the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: PRIMARILY FOR THE ADVOCATING/DEFEAT OF CANDIDATES TO The part II-A (affiliated group III-A) and III-A (affiliated group III-A) are II-B.	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3 4 5	III-A, line	3, is
Part III-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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedaces the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: PRIMARILY FOR THE ADVOCATING/DEFEAT OF CANDIDATES TO The part II-A (affiliated group III-A) and III-A (affiliated group III-A) are II-B.	e prior year? n 501(c)(5) No" OR (l	3), or se b) Part 2a 2b 2c 3 4 5	III-A, line	3, is

Schedule C (Form 990) 2021

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

Name of the organization

PUBLIC CITIZEN TNC **Employer identification number** 23-7104508

Pai		l Funds or Other S	milar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advise	d funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised	d fulfus	(b) Fullus and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year) 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 he	d in donor advised fu	nds
Ū	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor ac			
_	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	,	,	
Par				
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	ition in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	nization during the tax
	year >			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri		on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conservat	ion easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and ent	orcing conservation e	easements during the year
•	▶ \$ Does each conservation easement reported on line 2(d) above		fti 170/b\/4\/I	7)/:)
8				··· — —
9	and section 170(h)(4)(B)(ii)?			
9	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	ote to the organization's	illialiciai statements t	nat describes the
Par		Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		·	
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its finance	•		F
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public	•		
	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 trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	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

10070313 712177 71546

Complete if the organization answered Tes Off Form 350, Factor, line Tra. See Form 350, Factor, line To.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		604,270.		604,270.			
b Buildings		1,845,554.	1,445,452.	400,102.			
c Leasehold improvements		169,927.	169,927.	0.			
d Equipment		696,644.	614,473.	82,171.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal	1,086,543.						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PUBLIC CITIZ Part VII Investments - Other Securities.	IEM, INC.	25	-7104508 Page
Complete if the organization answered "Yes" of	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 end-	 of-vear market value
(1) Financial derivatives	(-,	(5)	
(2) Closely held equity interests			
(6)			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(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" of	on Form 990 Part IV line	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	(c) Wethod of Valuation. Cost of Cha	51 year 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.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(1) I caciai income taxes			
(2) CAPITAL LEASE LIABILITY			50,553

(4) (5) (6) (7) (8) 50,553.

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) 2021

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

Schedule D (Form 990) 2021 PUBLIC CITIZEN, I				/104508 Page
Part XI Reconciliation of Revenue per Audited Fina		h Revenue per Re	eturn.	
Complete if the organization answered "Yes" on Form 99			1.1	7 510 440
1 Total revenue, gains, and other support per audited financial star			1	7,518,449
2 Amounts included on line 1 but not on Form 990, Part VIII, line 1	1	_157 213		
a Net unrealized gains (losses) on investments		-457,213.	<u>'</u>	
b Donated services and use of facilities			-	
c Recoveries of prior year grants			-	
d Other (Describe in Part XIII.)			۱ ۵۰	-457,213
e Add lines 2a through 2d			2e 3	7,975,662
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line			3	1,515,002
a Investment expenses not included on Form 990, Part VIII, line 7b		12,337.		
b Other (Describe in Part XIII.)		12,557	<u>'</u>	
c Add lines 4a and 4b	·		4c	12,337
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, P.				7,987,999
Part XII Reconciliation of Expenses per Audited Fin	ancial Statements W	ith Expenses per	Returr	
Complete if the organization answered "Yes" on Form 99		• • • • • • •		
Total expenses and losses per audited financial statements			1	8,957,739
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	1			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d	·		2e	0
3 Subtract line 2e from line 1			3	8,957,739
4 Amounts included on Form 990, Part IX, line 25, but not on line				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,337.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	12,337
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990.			5	8,970,076
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li	nes 1a and 4; Part IV, lines	1b and 2b; Part V, line	4; Part X	(, line 2; Part XI,
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	o provide any additional inf	ormation.		
PART IV, LINE 2B:				
THE ODGANIZATION WAS ADDOINED THE		OF 3 DECITED		
THE ORGANIZATION WAS APPOINTED THE A	ADMINISTRATOR	OF A BEQUEST	r OIV.	TIL THE
ELINDS CAN BE DISMBIBLIMED MO MUE BENI	PETCIADIEC			
FUNDS CAN BE DISTRIBUTED TO THE BEN	EFICIARIES.			
PART Y LINE 2.				
PART X, LINE 2:				
PUBLIC CITIZEN ACCOUNTS FOR INCOME !	AX UNCERTATNT	TES IN ACCOR	RDANG	TE WITH
ODDIC CITIZEN ACCOUNTS TOX INCOME.	IAM ONCERTAINT	IDD IN ACCOL	(DIII)	>D WIII
THE ACCOUNTING STANDARDS CODIFICATION	N (ASC) TOPIC	TNCOME TAXE	ss.	FOR THE
THE HOODON TIME DITHERINGS CODITIONITY	71 (1150) 10110	11(001111 111111		1011 11111
YEARS ENDED SEPTEMBER 30, 2022 AND	2021. PUBLIC C	ITIZEN PERFO	RMEI	O AN
				_
EVALUATION OF ALL TAX POSITIONS TAK	EN AND DETERMI	NED THERE AF	RE NO	MATTERS
THAT REQUIRE RECOGNITION OR DISCLOSU	JRE IN THE FIN	ANCIAL STATE	EMENT	rs.

PCI'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT

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.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection **Employer identification number**

PUBLIC	CITIZEN, INC.				23-7104	508
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicitar f Solicitar g Special or oral agreement with any individual rart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includanted)	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
INTEGRATED DIRECT MARKETING		Yes	No			
LLC - 1250 CONNECTICUT AVE NW	FUNDRAISING COUNSEL		Х	3,517,581.	240,590.	3,276,991.
3 List all states in which the organization or licensing.		ontrib	utions	or has been notified		
AL, AK, CA, CT, FL, GA, IL,	KS,KY,ME,MD,MA,MN,	ıs,	IH,N	IJ,NY,NC,OH	,OK,PA,RI,	SC, TN, UT
VA, WA, WV, WI, AR, LA, CO,			•			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

			CITIZEN, INC			7104508 Page 2
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions.				
		or fundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type)	(event type)	(total number)	
<u>~</u>	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8 9	Entertainment Other direct expenses				
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	0 1 (1)			
	_					
Pā	ırt I		answered "Yes" on Form			
	ert I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form			(d) Total gaming (add col. (a) through col. (c))
Bevenue	ert I	\$15,000 on Form 990-EZ, line 6a.	I	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
Revenue	1		I	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
Revenue	2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo Yes%	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes%	c) Other gaming Yes% No	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes% No 5 in column (d)	990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming Yes% No	
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entire list	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming according to the organization licensed to the organization licensed to th	(a) Bingo Yes% No 5 in column (d) from line 1, column (d) cts gaming activities:	990, Part IV, line 19, or not be in the line of the li	reported more than (c) Other gaming Yes% No	col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entire list	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	(a) Bingo Yes % No 5 in column (d) from line 1, column (d) cts gaming activities:ctivities in each of these sections.	990, Part IV, line 19, or not be in the line of the li	reported more than (c) Other gaming Yes% No	col. (a) through col. (c))

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 PUBLIC CITIZEN, INC.	23-7104508 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 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	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ne amount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of complete provided	
Description of services provided	
Director/officer Employee Independent contractor	
d7 Mandalan diskih kisas	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 s	
organization's own exempt activities during the tax year > \$	pont in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNI	DRAISERS:
(I) NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING LLC	
(I) ADDRESS OF FUNDRAISER:	
1250 CONNECTICUT AVE NW SUITE 200, WASHINGTON, DC 20036	

Schedule Grown 990 PUBLIC CITIZEN, INC. 23-7104508 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990) PUBL	IC CITIZEN,	INC.	23-7104508	Page 4
	Part IV	Supplemental Information	(continued)			
		••	остинаса			
						-
	_					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

PUBLIC CI:	rizen, in	C.					23-7104508
Part I General Information on Grants ar	•	-					
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I recipient that received more than \$	tance? cedures for monit Domestic Organia	oring the use of grant	funds in the United	States. omplete if the organic			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMON CAUSE 805 15TH STREET, NW WASHINGTON, DC 20009	52-6078441	501(C)(4)	7,000.	0.			DEMOCRACY AND VOTING RIGHTS LEGISLATION
AMERICANS FOR FINANCIAL REFORM 1615 L STREET, NW WASHINGTON, DC 20036	82-2543434	501(C)(4)	50,000.	0.			CORPORATE AND GOVERNMENT ACCOUNTABILITY FOR COVID-19 RELIEF PROGRAMS SUPPORT VOTING RIGHTS
STAND UP ALASKA PO BOX 232016 ANCHORAGE, AK 99523	85-1676757	501(C)(4)	6,500.	0.			LEGISLATION, AND PROTECTING THE RIGHT TO VOTE
WEST VIRGINIA CENTER ON BUDGET AND POLICY - 8 CAPITAL STREET, FOURTH FLOOR - CHARLESTON, WV 25301	56-2653132	501(C)(3)	6,000.	0.			PROTECTING THE RIGHT TO
2 Enter total number of section 501(c)(3) ar	•		e line 1 table				1.
3 Enter total number of other organizations	listed in the line 1	I table					3.
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	Casii grant	Casi i assistance	(BOOK, 1 WIV, appraisal, other)	
Part IV Supplemental Information. Provide the information	required in Dort Llin	a Or Dort III. and umm	(b) and any other ad	ditional information	
Supplemental information. Provide the information	required in Part I, line	e z, Part III, Columi	r (b), and any other ad	ditional information.	
PART I, LINE 2:					
TYPICALLY A WRITTEN REPORT INCLUI	OING THE EV	ALUATION (CRITIERIA O	UTLINED IN	
THE RECIPIENT'S PROPROSAL, AND A	FINAL ACCO	וואידאם פווי	MMARTZING A	∽ ΨΤΙΔΤ.	
				CIUAL	
EXPENDITURES ARE REQUIRED AT THE	END OF THE	PROJECT 1	PERIOD. TH	ESE REPORTS	
ARE SUBSEQUENTLY REVIEWED BY THE	ORGANIZATI	ON FOR CO	MPLIANCE WI	TH AWARD	
PROVISIONS.					
INOVISIONS:					

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 Bubli

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

PUBLIC CITIZEN, INC.

 $Employer\ identification\ number \\ 23-7104508$

	·		Yes	No
1a	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		
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		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х Х Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_
	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		<u>X</u>
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:			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	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			
	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		

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-MIS0 compensation	C and/or 1099-NEC	(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) ROBERT WEISSMAN	(i)	84,871.	0.	0.	4,244.	7,997.		0.	
PRESIDENT	(ii)	142,853.	0.	0.	7,143.	23,990.		0.	
(2) ALLISON ZIEVE	(i)	18,688.	0.	0.	944.	5,278.		0.	
GENERAL COUNSEL	(ii)	135,112.	0.	0.	6,823.	26,709.		0.	
(3) LISA GILBERT	(i)	108,952.	0.	0.	5,448.	14,069.		0.	
EXECUTIVE VICE PRESIDENT	(ii)	48,757.	0.	0.	2,438.	6,321.	57,516.	0.	
(4) MICHAEL KIRKPATRICK	(i)	6,228.	0.	0.	311.	1,282.		0.	
DEPUTY DIRECTOR, LITIGATION GROUP	(ii)	132,617.	0.	0.	6,677.	24,358.		0.	
(5) PETER MAYBARDUK	(i)	66,491.	0.	0.	3,325.	9,583.		0.	
DIRECTOR, ACCESS TO MEDICINES	(ii)	73,832.	0.	0.	3,736.	10,807.		0.	
(6) DERRICK ROBINSON	(i)	47,800.	0.	0.	1,236.	5,529.		0.	
DIRECTOR, COMMUNICATIONS	(ii)	95,004.	0.	0.	5,042.	12,900.		0.	
(7) JOSEPH STOSHAK	(i)	69,423.	0.	0.	3,494.	5,262.		0.	
CHIEF FINANCIAL OFFICER	(ii)	69,423.	0.	0.	3,494.	5,262.		0.	
(8) LORI WALLACH	(i)	37,730.	0.	0.	1,899.	788.		0.	
DIRECTOR, GLOBAL TRADE	(ii)	104,810.	0.	0.	5,276.	2,244.	112,330.	0.	
	(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.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

PUBLIC CITIZEN, INC.

Employer identification number 23-7104508

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLICATIONS - PUBLIC CITIZEN PUBLISHES PUBLIC CITIZEN NEWS, A BI-MONTHLY NEWSLETTER THAT COVERS ALL THE ISSUES THE ORGANIZATION WORKS ON INCLUDING TRADE, HEALTH AND SAFETY, ENERGY, CLIMATE CHANGE, AND GOVERNMENT AND CORPORATE ACCOUNTABILITY INCLUDING GRANTS OF \$ 0. EXPENSES \$ 193,269. REVENUE \$ 0. TEXAS - PC TEXAS INFORMS TEXANS ON IMPORTANT ENERGY, TRADE, CAMPAIGN FINANCE REFORM, ETHICS, TRANSPORTATION, AND UTILITY ISSUES. EXPENSES \$ 347,048. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ACCESS TO MEDICINES - PUBLIC CITIZEN'S ACCESS TO MEDICINES GROUP WORKS WITH PARTNERS WORLDWIDE TO IMPROVE HEALTH OUTCOMES AND SAVE LIVES. THROUGH USE OF PHARMACEUTICAL COST-LOWERING MEASURES INCLUDING GENERIC THEY HELP CIVIL SOCIETY GROUPS AND PUBLIC AGENCIES COMPETITION. OVERCOME PATENT-BASED AND OTHER DRUG MONOPOLIES. THEIR WORK CHALLENGES BIG PHARMA'S ECONOMIC AND PTE ENERGY EFFICIENCY AND DEVELOP RENEWABLE ENERGY SOURCES. EXPENSES \$ 277,750. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. GLOBAL TRADE WATCH - ACTING ON ITS BELIEF THAT SO CALLED "FREE TRADE" TREATIES COST U.S. JOBS, REDUCE WAGES, UNDERMINE OUR DEMOCRATIC RIGHTS, AND JEOPARDIZE HEALTH, SAFETY, AND THE ENVIRONMENT, GLOBAL TRADE WATCH LEADS A NATIONAL COALITION OF ENVIRONMENTAL, CONSUMER, LABOR, RELIGIOUS, AND FAMILY FARM GROUPS UNITED AGAINST THE CORPORATE PUSH FOR GLOBALIZATION THROUGH TREATIES SUCH AS THE NORTH AMERICAN FREE TRADE 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

Name of the organization

PUBLIC CITIZEN, INC.

Employer identification number 23-7104508

AGREEMENT (NAFTA) AND THE WORLD TRADE ORGANIZATION (WTO) AGREEMENTS.R.

EXPENSES \$ 371,131. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE REPORT IS REVIEWED BY THE PRESIDENT, EXECUTIVE VICE PRESIDENT, GENERAL

COUNSEL AND CHIEF FINANCIAL OFFICER BEFORE DISTRIBUTION TO THE BOARD. A

COPY OF THE FORM 990 IS SENT TO EACH BOARD MEMBER BEFORE FILING WITH THE

IRS.

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

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST

TO THE BOARD OF DIRECTORS. EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS

OF INTEREST TO THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE PRESIDENT IS DETERMINED AFTER APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CT,FL,GA,IL,KS,KY,MA,MD,MN,MS,NC,NH,NJ,NY,OK,OH,OR,PA,RI,SC,TN

UT,VA,LA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 18:

990'S ARE AVAILABLE ON OUR WEBSITE. FORMS 1023 ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OR INTEREST POLICY AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization PUBLIC CITIZEN, INC.	Employer identification number 23-7104508
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	673,340.
MANAGEMENT AND GENERAL EXPENSES	323,688.
FUNDRAISING EXPENSES	76,920.
TOTAL EXPENSES	1,073,948.
CAGING AND DATABASE MAINTENANCE:	
PROGRAM SERVICE EXPENSES	79,183.
MANAGEMENT AND GENERAL EXPENSES	50,144.
FUNDRAISING EXPENSES	34,872.
TOTAL EXPENSES	164,199.
ALLOCATION OF PROFESSIONAL FUNDRAISING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	-240,590.
TOTAL EXPENSES	-240,590.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	997,557.
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7104508

(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		I		Direct c	ontrolling)
						entity r more related tax-exempt (f) Direct controlling entity Section 512(b)(13) controlled entity? Yes No		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more i	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		Direct controlling		olled
				501(c)(3))			Yes	No
PUBLIC CITIZEN FOUNDATION INC - 52-1263996 1600 20TH STREET, NW								
WASHINGTON, DC 20009	WORK FOR CONSUMER RIGHTS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A			Х

PUBLIC CITIZEN, INC.

		0 11 200 1 1	"\"	
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34	, because it had one or more related
	organizations treated as a partnership during the tax year.		, ,	•
	organizations treated as a partnership during the tax year.			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)																								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Predominant income	Predominant income	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income	Share of total		Dienroportionata		Disproportionate		of Dispropo		Code V-UBI	General c	Percentage											
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>																								
				1					1																										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC CITIZEN FOUNDATION	N	2,454,155.	ACTUAL EXPENSES INCURRED FOR FDN
(2) PUBLIC CITIZEN FOUNDATION	0	9,059,386.	ALLOCATION BASED ON TIMESHEETS
(3) PUBLIC CITIZEN FOUNDATION	P	193,756.	ACTUAL EXPENSE REIMBURSEMENT
(4) PUBLIC CITIZEN FOUNDATION	Q	11,075,000.	ACTUAL EXPENSE REIMBURSEMENT
(5) PUBLIC CITIZEN FOUNDATION	R	888,836.	AMTS COLLECTED ON FDN'S BEHALF
(6) PUBLIC CITIZEN FOUNDATION	S	120,000.	AMTS COLLECTED BY FDN FOR PCI

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Percentage ing ownership
	-									
	_							Ochodolo		