Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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.

and ending

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

Open to Public Inspection

OMB No. 1545-0047

B c	heck if pplicable Address change	I INITIATIVE FOR A COMPETITIVE INNER		D Employer identific	cation number
	Name change			13-3	772904
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 56 WARREN STREET, SUITE 300	m/suite	E Telephone numbe 617-	r 238-1740
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,204,041.
	Amende return	KOABORI, MA UZIIJ	l	H(a) Is this a group re	eturn
	Applica tion pending	IF Name and address of principal officer: DIEVE GROSSMAN		for subordinates H(b) Are all subordinates in	
ΙT	ax-exe	mpt status: $X = 501(c)(3)$ $501(c)(0)$ (insert no.) $4947(a)(1)$ or	527		list. (see instructions)
J۷	Vebsite	www.icic.org		H(c) Group exemptio	,
K F	orm of o	organization: X Corporation Trust Association Other	L Year o	f formation: 1994 N	A State of legal domicile: DE
Pa		Summary		_	
e	1 E	Briefly describe the organization's mission or most significant activities: $\overline{ t ICIC}$ $\overline{ t IS}$ AUTHORITY ON INNER CITY BUSINESSES AND ECO	S TH	E LEADING N ES. ICIC B	
Activities & Governance	I –	Check this box if the organization discontinued its operations or disposed			
Ver		Number of voting members of the governing body (Part VI, line 1a)			19
ဗွ		Number of voting members of the governing body (Fart VI, line 1a)			18
⊗ S		otal number of individuals employed in calendar year 2017 (Part V, line 1a)			42
iţi		Total number of volunteers (estimate if necessary)			19
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
		tot directed business taxable meetre from each of the end of the e	<u> </u>	Prior Year	Current Year
ø.	8 (Contributions and grants (Part VIII, line 1h)		4,217,724.	4,792,326.
ğ		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		153,540.	138,687.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,326.	1,313.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,379,590.	4,932,326.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	2,165,081.	2,616,154.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	🗀	0.	0.
xpe	b⊺	Total fundraising expenses (Part IX, column (D), line 25) 273,576	•		
Û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,325,170.	
	1 8 T	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,490,251.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		889,339.	583,748.
s or			Beg	inning of Current Year	End of Year
Assets 1 Balanc	20 T	Total assets (Part X, line 16)		6,383,385.	7,586,695.
et As Ind B	21 7	Total liabilities (Part X, line 26)		121,956.	206,187.
Ζ		Net assets or fund balances. Subtract line 21 from line 20		6,261,429.	7,380,508.
	ırt II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and , and complete. Declaration of preparer (other than officer) is based on all information of which p			y knowledge and belief, it is
Sign	ո	Signature of officer		Date	
Her	1	▲ STEVE GROSSMAN, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid		CHARLES J. WEBB, CPA CHARLES J. WEBB, (CPA0	8/17/18 self-employ	P01584539
Prep		Firm's name ALEXANDER, ARONSON, FINNING & CO.	, P.	C • Firm's EIN ▶	04-2571780
Use	Only	Firm's address 50 WASHINGTON STREET			
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE INITIATIVE FOR A COMPETITIVE INNER CITY (ICIC) IS A NONPROFIT
	RESEARCH AND STRATEGY ORGANIZATION AND THE LEADING AUTHORITY ON U.S.
	INNER CITY ECONOMIES AND THE BUSINESSES THAT THRIVE THERE. FOUNDED IN
	1994 BY HARVARD BUSINESS SCHOOL PROFESSOR MICHAEL PORTER, ICIC EXPANDS
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?
	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 \$ 2,881,513. including grants of \$) (Revenue \$)
	URBAN BUSINESS INITIATIVES
	THE PROGRAM CONSISTS OF FOUR INITIATIVES: INNER CITY 100, INNER CITY
	CAPITAL CONNECTIONS, 10,000 SMALL BUSINESSES, AND CULTIVATE SMALL
	BUSINESS.
	INNER CITY 100
	THE INNER CITY 100 IDENTIFIES AND RECOGNIZES 100 OF THE FASTEST GROWING
	PRIVATE INNER CITY COMPANIES, WHICH ARE CREATING JOBS, INCOME AND
	WEALTH FOR LOCAL RESIDENTS. IT IS THE MOST AMBITIOUS PROJECT IN AMERICA
	TO UNCOVER AND CELEBRATE INNER CITY ENTREPRENEURSHIP AND BUSINESS
	SUCCESS. COMPANIES WHO MAKE THE LIST ARE INVITED TO THE INNER CITY 100
4b	(Code:) (Expenses \$ 699,314. including grants of \$) (Revenue \$)
	RESEARCH AND ADVISORY
	ICIC STRENGTHENS INNER CITY ECONOMIES BY PROVIDING BUSINESSES,
	GOVERNMENTS AND INVESTORS WITH THE MOST COMPREHENSIVE AND ACTIONABLE
	INFORMATION ABOUT URBAN MARKET OPPORTUNITIES IN THE FIELD. OUR UNIQUE
	KNOWLEDGE OF INNER CITY COMPETITIVE ADVANTAGES AND INNER CITY COMPANIES
	IS DEVELOPED FROM SPECIALIZED URBAN NETWORKS AND GROUNDBREAKING
	RESEARCH AND PRACTICE.
	INDEFINITION IN THE PROPERTY OF THE PROPERTY O
	ICIC'S ONGOING STATE OF THE INNER CITY ECONOMIES (SICE) RESEARCH MAPS
	THE ECONOMIC PERFORMANCE, BUSINESS VITALITY AND RESIDENT PROSPERITY OF
	ALL AMERICAN CITIES WITH A POPULATION GREATER THAN 75,000, WHICH
4c	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
	, (losses, terroring graine of v, terroring graine of v,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 3, 580, 827.

Form 990 (2017) CITY, INC. Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ــ ا		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		- 22
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-22
.5	complete Schedule G, Part III	19		Х
	-,			

INITIATIVE FOR A COMPETITIVE INNER

Form 990 (2017) CITY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants 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		77	
	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			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? If res, complete schedule 2, rath with a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		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	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\</u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		x
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the little approximation file.			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	i by tii	5	8		
9	Sponsoring organizations maintaining donor advised funds.			Ů		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e Ο		14b	000	(0047)
				LOUD	ココリ	(2017)

CITY, INC.

13-3772904

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Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18	:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	OKSANA BONDAR, ICIC INC - 617-238-1740			
	56 WARREN STREET, SUITE 300, ROXBURY, MA 02119			

Form 990 (2017) CITY, INC. 13-3'

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(4)-	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	a a a	recto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC)	(W 2/ 1000 WIICO)	organization
	organizations	trust	Institutional trustee		oyee	ompe	4			and related
	below	vidua	itution	cer	Key employee	hest c	Former			organizations
	line)	Indi	lnst	Officer.	Key	Hig	P			
(1) PORTER, MICHAEL	2.00	,,		37					0	0
FOUNDER & CHAIRMAN	1 00	Х		X				0.	0.	0.
(2) HOMER, RONALD	1.00	х		x				0.	0.	0.
VICE CHAIR & TREASURER (3) MCKENZIE, BRENDA	1.00	Λ		Δ				0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(4) BACHMANN, JOHN	0.30	25		22					0.	0.
BOARD MEMBER	0.50	x						0.	0.	0.
(5) BERKE, BARBARA	0.30							•	•	•
BOARD MEMBER		X						0.	0.	0.
(6) CASTRO, THOMAS	0.30									
BOARD MEMBER		Х						0.	0.	0.
(7) BLAXILL, MARK	0.30									
BOARD MEMBER		Х						0.	0.	0.
(8) CLARK, RENA	0.30									
BOARD MEMBER		Х						0.	0.	0.
(9) GENDRON, GEORGE	0.30								•	
BOARD MEMBER	0 20	Х						0.	0.	0.
(10) GREEN, DENNIS	0.30	,,							0	0
BOARD MEMBER	0.30	Х						0.	0.	0.
(11) LYNCH, JAIR	0.30	x						0.	0.	0.
BOARD MEMBER (12) PAGLIUCA, JUDY	0.60	^						0.	0.	0.
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) PRIMO, QUINTIN	0.30								<u> </u>	<u> </u>
BOARD MEMBER		x						0.	0.	0.
(14) SCHIRO, SUSAN	0.30									
BOARD MEMBER		Х						0.	0.	0.
(15) STERN, CARL	0.30									
BOARD MEMBER		Х		L	<u> </u>	L_		0.	0.	0.
(16) SYKES, KIRK	0.30									
BOARD MEMBER		Х						0.	0.	0.
(17) WHITE, BARRY	0.60									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C)								(D)	(E)		(F)		
Name and title	Average	Position (do not check more than one						Reportable Reportable			Estimated		
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation			nount	of
	week (list any	_	CCI ai	10 2 0	1110011	1/4/43	1	from	from related			other	
	hours for	lirecto				L		the organization	organizations (W-2/1099-MIS			pensa om the	
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***271099*18110	0,		anizati	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(11 2) 1300 111100)				d relat	
	below	id ual	ution	<u>.</u>	Key employee	est co	Je .				orga	anizatio	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) WOODS, WILLIE	0.30												
BOARD MEMBER		Х						0.		0.			0.
(19) GROSSMAN, STEVE	40.00												
CHIEF EXECUTIVE OFFICER		Х		Х				262,500.		0.	1	5,2	38.
(20) CAMP, MATTHEW	40.00												
PRESIDENT AND CHIEF OPERATING OFFICE				Х				215,000.		0.	1	2,5	79.
(21) OKSANA BONDAR	40.00												
CHIEF FINANCIAL OFFICER				Х				104,000.		0.		4,5	98.
(22) ZEULI, KIM	40.00												
VP OF RESEARCH AND DIRECTOR OF ADVIS					X			206,000.		0.		9,7	88.
(23) VASSELL, HYACINTH	40.00												
PROGRAM DIRECTOR						X	4	131,040.		0.	1	0,6	13.
			4										
						K							
1b Sub-total								918,540.		0.	5	2,8	
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	918,540.		0.	5	2,8	16.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	,000 of reportable	Э			
compensation from the organization					<u> </u>								5
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J t	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion 1	rom	any	/ uni	elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>ithir</u>	n the organization's tax	/ear.				
(A)								(B)		_	(C		
Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n
							_						
							_						
							\dashv		-				
							_						
2 Total number of independent contractors (i	ncluding but a	O+ 1:	mita	d +^	the	ec II	etoo	d ahove) who received ~	ore than				
\$100,000 of compensation from the organi		OL III	iiiile	u lo		0	oi e C	a above) who received if	iore triair				
φτου,σου οι compensation from the organi	Lation					_						990 <i>(</i>	2047)

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INITIATIVE FOR A COMPETITIVE INNER 13-3772904 CITY, INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above $\frac{1}{1}$ | 1f | 4,792,326 g Noncash contributions included in lines 1a-1f: \$ 4,792,326. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f \triangleright Investment income (including dividends, interest, and 13,712. 13,712. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 396,690. assets other than inventory b Less: cost or other basis and sales expenses 271,715 c Gain or (loss) 124,975. 124,975. 124,975. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 1,313. 1,313. b

1,313.

0.

4,932,326.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

INITIATIVE FOR A COMPETITIVE INNER CITY, INC.

Form 990 (2017)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX.										
	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										
	and domestic governments. See Part IV, line 21										
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,	642 045	050 001	000 660	1.45 0.00						
	trustees, and key employees	613,915.	259,021.	209,662.	145,232.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	1 100 100	1 110	4.40 -00							
7	Other salaries and wages	1,693,427.	1,460,042.	163,783.	69,602.						
8	Pension plan accruals and contributions (include	44 040	25 24	4 0 4 5	4 000						
	section 401(k) and 403(b) employer contributions)	41,949.	35,814.	4,845.	1,290.						
9	Other employee benefits	97,539.	84,984.	8,582.	3,973.						
10	Payroll taxes	169,324.	125,641.	28,731.	14,952.						
11	Fees for services (non-employees):	252 222	225 422	15 040	0 065						
а	Management	250,888.	225,480.	16,043.	9,365.						
b	Legal	1,548.	22.224	1,548.							
	Accounting	35,477.	28,324.	4,578.	2,575.						
	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	,										
	column (A) amount, list line 11g expenses on Sch 0.)	206,078.	180,440.	25,638.							
12	Advertising and promotion	150 056	1.60.001		2 100						
13	Office expenses	179,356.	169,991.	5,936.	3,429.						
14	Information technology										
15	Royalties	116 600	02 002	15 045	0.460						
16	Occupancy	116,602.	93,093.	15,047.	8,462.						
17	Travel	254,145.	247,590.	1,083.	5,472.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	C 000	F F01	000	F 0 7						
19	Conferences, conventions, and meetings	6,990.	5,581.	902.	507.						
20	Interest										
21	Payments to affiliates	25 105	20 002	4 520	2 554						
22	Depreciation, depletion, and amortization	35,185. 5,722.	28,092. 4,568.	4,539. 739.	2,554. 415.						
23	Insurance	5,144.	4,500.	139.	413.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	EVENT EXPENSES	394,137.	392,357.	1,139.	641.						
b	SPONSORSHIPS	188,524.	188,524.	,							
c	PROFESSIONAL DEVELOPMEN	28,812.	28,070.	0.	742.						
d	PUBLICATION AND SUBSCRI	24,411.	19,491.	1,063.	3,857.						
	All other expenses	4,549.	3,724.	317.	508.						
25	Total functional expenses. Add lines 1 through 24e	4,348,578.	3,580,827.	494,175.	273,576.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
70004					Earm 990 (2017)						

Form 990 (2017)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,479,602.	1	2,065,289.
	2	Savings and temporary cash investments	989,218.	2	548,912.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	111,230.	4	48,843.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			47,473.	9	39,634.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	209,556.			
	b	Less: accumulated depreciation		121,509.	97,756.	10c	88,047.
	11	Investments - publicly traded securities			3,457,722.	11	4,795,970.
	12	Investments - other securities. See Part IV, line 1	1		200,384.	12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	6,383,385.	16	7,586,695.
	17	Accounts payable and accrued expenses			121,956.	17	206,187.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L		Г		22	
_	23	Secured mortgages and notes payable to unrela		, , , , , , , , , , , , , , , , , , ,		23	
	24	Unsecured notes and loans payable to unrelated		The state of the s		24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D			121 056	25	206,187.
	26			121,956.	26	200,107.
		Organizations that follow SFAS 117 (ASC 958		here ▶ 🛕 and			
ces		complete lines 27 through 29, and lines 33 an			5,142,307.		6,125,069.
<u>a</u>	27	Unrestricted net assets			1,119,122.	27	1,255,439.
Fund Balances	28	Temporarily restricted net assets	1,119,144.	28	1,233,433.		
pur	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958),	, cneck nere			
S O		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or eq				31	
Red	32	Retained earnings, endowment, accumulated in			6,261,429.	32	7,380,508.
_	33	Total net assets or fund balances			6,383,385.	33	7,586,695.
	34	Total liabilities and net assets/fund balances			0,303,303.	34	1,300,033.

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1 0111	1000 (2011)			ı u	<u>90</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,34		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,26		
5	Net unrealized gains (losses) on investments	5	53	5,3	31.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,38	0,5	08.
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 in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 separa				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

INITIATIVE FOR A COMPETITIVE INNER

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CITY, INC. 13-3772904 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,174,131.	3,306,866.	2,500,184.	4,217,724.	4,792,326.	17,991,231.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,174,131.	3,306,866.	2,500,184.	4,217,724.	4,792,326.	17,991,231.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,997,158.
	Public support. Subtract line 5 from line 4.						11,994,073.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,174,131.	3,306,866.	2,500,184.	4,217,724.	4,792,326.	17,991,231.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	- aaa	50.445	25 650	40.040	45 005	450 545
	and income from similar sources	7,080.	52,115.	35,653.	49,842.	15,025.	159,715.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					1 1	18,150,946.
12	Gross receipts from related activities,						,039,002.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
800	organization, check this box and stop	<u> </u>					_
	etion C. Computation of Publi		<u> </u>	. (0)		44	66.08 %
	Public support percentage for 2017 (li					14	F0 04
15	Public support percentage from 2016					15	
Ioa	33 1/3% support test - 2017. If the o						
h	stop here. The organization qualifies a 33 1/3% support test - 2016. If the o						
, L	and stop here. The organization quali						
170	10% -facts-and-circumstances test						
17 a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	-	
h	10% -facts-and-circumstances test						
i.	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization						
-10	i invate iounidation. Il the organization	ii alu iiot ciieck a	50A 011 III 16 13, 10a	a, 100, 11a, 01 110	, or look it its box a	114 300 1113114011011	J

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

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

Section A. Public Support	clow, picase com	picto r art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
	(a) 2013	(b) 2014	(c) 2015	(a) 2016	(e) 2017	(I) Total
 Gifts, grants, contributions, and membership fees received. (Do not 						
include any "unusual grants.")				+		
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				4		
5 The value of services or facilities				W		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that				_		
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income	,					
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is fo	r the organization's	s first second thir	d fourth or fifth	tax vear as a sectio	n 501(c)(3) organiz	zation
check this box and stop here	•	•			. , . ,	▶
Section C. Computation of Publ						
15 Public support percentage for 2017 (column (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inve					1	,,
17 Investment income percentage for 20			ne 13. column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, che						
						······································

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Gu		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
90		
9с		
10a		
10b		
m 990 or 99	90-EZ)	2017

Pa	rt IV Supporting Organizations (continued)			.gc C
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
000	tion B. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	_ •		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
800	tion C. Type II Supporting Organizations			
360	aton 5. Type ii Supporting Organizations		Yes	Na
4	Ware a majority of the expeniention's directors by twistons during the tay year day a majority of the directors		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		V	N ₂
4	Did the exemination provide to each of its supported exeminations, but he lest day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	7. 7 7 7 7			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	tu rationa	.1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or the dappertied digaritzations in 100, december in the television played by the digarization in this regard.	2		

INITIATIVE FOR A COMPETITIVE INNER

Schedule A (Form 990 or 990-EZ) 2017 CITY, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	J		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions are considered in the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.)						
	other Type III non-functionally integrated supporting organizations must cor	nplete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	/ integr	rated Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)							
Secti	on D - Distributions		,	Current Year						
1										
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns							
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which tl	he organization is responsiv	е							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2017									
а										
b	From 2013									
c	From 2014									
d	From 2015									
e	From 2016									
f	Total of lines 3a through e									
<u>g</u>	Applied to underdistributions of prior years									
h	Applied to 2017 distributable amount									
i_	Carryover from 2012 not applied (see instructions)									
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2017 distributable amount									
c	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2017. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2013									
	Excess from 2014									
	Excess from 2015									
	Excess from 2016									
е	Excess from 2017									

Schedule A (Form 990 or 990-EZ) 2017

INITIATIVE FOR A COMPETITIVE INNER

13-3772904 Page 8 Schedule A (Form 990 or 990-EZ) 2017 CITY, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

INITIATIVE FOR A COMPETITIVE INNER

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CITY, INC.

Employer identification number 13-3772904

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	f Aut Historiaal Tussayuss au C	Ather Circiles Assets
Pa	t III Organizations Maintaining Collections o		other Similar Assets.
_	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS	**	·
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pt	ublic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		. .
a	Revenue included on Form 990, Part VIII, line 1		

	t III Organizations Maintaining C	ollections of Ar	t Historical	Trescures	or Other		seats/cont	9-
3	Using the organization's acquisition, accession	on, and other record	s, check any or t	ne rollowing tha	at are a sigi	milicant use of	its collection	on items
	(check all that apply):		┌──.					
а	Public exhibition	d		xchange progra	ams			
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co						Part XIII.	
5	During the year, did the organization solicit or							
D	to be sold to raise funds rather than to be ma						Yes	No
	reported an amount on Form 990, Par	t X, line 21.					: IV, line 9, c	or
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII							
							Amour	nt
С	Beginning balance					1c		
	Additions during the year					 		
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				-	,		
Pai) <u>.</u>		
		(a) Current year	(b) Prior year) Three years b	ack (e) Fou	ır vears back
1a	Beginning of year balance	(a) can one year	(5)	(3)	(4	. ,	(0)	·· , - ·· · · · · · · · · · · · · · · · · ·
	Contributions							
c	Net investment earnings, gains, and losses	4						
d	Grants or scholarships							
	Other expenditures for facilities							
·	and programs							
f	Administrative expenses			>				
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end halanc	e (line 1a, colum	ı (a)) held as:	I			
a	Board designated or quasi-endowment	crit your orla balano	%	r (a)) riola ao.				
b	Permanent endowment	%	_/*					
	Temporarily restricted endowment							
·	The percentages on lines 2a, 2b, and 2c sho							
32	Are there endowment funds not in the posse		ation that are held	d and administs	ared for the	organization		
Ja	by:	331011 Of the organiza	ation that are new	and administ	red for the	organization		Yes No
							3a(i)	163 140
	(i) unrelated organizations (ii) related organizations							
h	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipm		Willett lands.					
	Complete if the organization answered). Part IV. line 11a	. See Form 990). Part X. lir	ne 10.		
	Description of property	(a) Cost or of		ost or other		umulated	(d) Boo	ok value
	bescription of property	basis (investn		is (other)		eciation	(4) 500	on value
12	Land	+	,	(35p1			
	Buildings		- 					
	Leasehold improvements		1	05,980.	ı	52,715.	5	3,265.
d				03,576.		68,794.		4,782.
	Equipment Other		 -	,	•	, •		_,
	. Add lines 1a through 1e. (Column (d) must e		X column (R) lin	e 10c.)			8	8,047.
. J.a		art.	, (D), III I	- · • • · /				

13-3772904 Page **3**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
	F 000 D+ IV II	44 - O - Farma 000 Bart V line 40	
Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
` ' '	(b) book value	(c) Method of Valuation. Cost of en	u-or-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" of		11d. See Form 990, Part X, line 15.	
		*	
(a) L	Description		(b) Book value
(1)	Description	•	(b) Book value
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	11e or 11f. See Form 990. Part X. line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization answered "Yes" or the organization and the organization answered "Yes" or the organization and the organization	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete of the organization of liability	15.)	11e or 11f. See Form 990, Part X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the distribution of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of t	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		

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_	edule D (Folili 990) 2017 CIII, IIIC.				STIDS Fage +
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	eturn	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,515,368.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	535,331.		
b	Donated services and use of facilities	2b	47,711.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	583,042.
3	Subtract line 2e from line 1			3	4,932,326.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,932,326.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	4,396,289.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	47,711.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	47,711.
3	Subtract line 2e from line 1			3	4,348,578.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5		,		5	4,348,578.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ırt IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional infor	mation.		
PA]	RT X, LINE 2:				

ICIC ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC

TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ICIC HAS

DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER

31, 2017. ICIC'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE

FEDERAL AND STATE JURISDICTIONS.

INITIATIVE FOR A COMPETITIVE INNER

Schedule D (Form 990) 2017	CITY, INC.	13-3772904 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Inf	ormation (continued)	
		4
		4

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

INITIATIVE FOR A COMPETITIVE INNER CITY, INC.

Employer identification number 13-3772904

Part I **Questions Regarding Compensation** No Yes 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 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? Indicate which, if any, of the following the filing 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 X Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? 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: Х a The organization? 6a X **b** Any related organization? 6b 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 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 Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(()-(U)	reported as deferred on prior Form 990
(1) GROSSMAN, STEVE	(i)	262,500.	0.	0.	4,556.	10,682.	277,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	215,000.	0.	0.	3,405.	9,174.	227,579.	0.
PRESIDENT AND CHIEF OPERATING OFFICE		0.	0.	0.	0.	0.	0.	0.
(3) ZEULI, KIM	(i)	206,000.	0.	0.	1,488.	8,300.	215,788.	0.
VP OF RESEARCH AND DIRECTOR OF ADVIS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
((ii)							
	(i)							
((ii)							
	(i) L							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

13-3772904

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 or 990-EZ)

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INITIATIVE FOR A COMPETITIVE INNER CITY, INC.

Employer identification number 13-3772904

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TOGETHER BUSINESS AND CIVIC LEADERS TO DRIVE INNOVATION AND ACTION IN

URBAN ECONOMIES AND TO CELEBRATE AND SUPPORT INNER CITY BASED

COMPANIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INNER CITY ECONOMIES BY PROVIDING BUSINESSES, GOVERNMENTS AND INVESTORS

WITH THE MOST COMPREHENSIVE AND ACTIONABLE INFORMATION IN THE FIELD

ABOUT URBAN MARKET OPPORTUNITIES. ICIC'S UNIQUE KNOWLEDGE AND EXPERTISE

ABOUT INNER CITY SUCCESS FACTORS AND THRIVING COMPANIES IS DEVELOPED

FROM SPECIALIZED URBAN NETWORKS AND PATH-BREAKING RESEARCH.

ICIC'S MISSION IS TO DRIVE ECONOMIC PROSPERITY IN AMERICA'S INNER

CITIES THROUGH PRIVATE SECTOR INVESTMENT TO CREATE JOBS, INCOME AND

WEALTH FOR LOCAL RESIDENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFERENCE AND AWARDS, AN EVENT PROVIDING THE LEADERS OF THESE

INCREDIBLE COMPANIES WITH THE LATEST IN WORLD-CLASS MANAGEMENT

EDUCATION. WINNING COMPANIES ARE RANKED AND PROFILED IN FORTUNE

MAGAZINE.

THE INNER CITY 100 PROGRAM HAS BROUGHT MUCH NEEDED ATTENTION AND

SUPPORT TO THE LITTLE KNOWN COMPANIES THAT ARE FUELING THE REBIRTH OF

URBAN AREAS. SINCE 1999 WE RECOGNIZED 928 INNER CITY 100 FIRMS. THEY

EMPLOYED ON AVERAGE 136 PEOPLE. THESE COMPANIES HAD AN APPROXIMATE

AVERAGE FIVE-YEAR GROWTH RATE OF 414%, AND GENERATED AN AVERAGE OF \$27

Name of the organization INITIATIVE FOR A COMPETITIVE INNER CITY, INC.

Employer identification number 13-3772904

MILLION IN ANNUAL SALES. IN 2017, APPROXIMATELY 45% OF THESE BUSINESSES WERE MINORITY-OWNED AND 32% WERE WOMAN-OWNED.

INNER CITY CAPITAL CONNECTIONS

INNER CITY CAPITAL CONNECTIONS (ICCC) IS A YEARLONG NATIONAL PROGRAM

THAT CONNECTS SEVERAL HUNDRED URBAN-BASED, INVESTMENT-READY COMPANIES

WITH CORPORATE LEADERS, CAPITAL PROVIDERS, EDUCATORS, ADVISORS AND

PEERS. ICCC SERVES ENTREPRENEURS WITH REVENUES OF OVER \$500,000 WHO

ARE SEEKING GROWTH CAPITAL, AND PROVIDES TARGETED CAPACITY BUILDING,

TRAINING AND COACHING. IN ADDITION TO ASSESSING THE STRENGTH OF THEIR

BUSINESSES AND PREPARING FOR CAPITAL INFUSION, FIRMS BENEFIT FROM

NETWORKING WITH INVESTORS AND PEERS AND FORMAL PITCH SESSIONS WITH

INVESTORS. SINCE 2005, ICCC HAS IMPACTED OVER 1500 UNIQUE FIRMS THAT

HAVE IN TURN RAISED \$1.47 BILLION IN CAPITAL AND CREATED NEARLY 16,000

JOBS.

IN 2017, ICCC HELD EXECUTIVE EDUCATION SEMINARS IN BOSTON, CHICAGO,

DALLAS, LOS ANGELES, MEMPHIS, MILWAUKEE, OAKLAND, PHILADELPHIA, AND

WASHINGTON, DC, TRAINING 770 URBAN BUSINESS OWNERS. PARTICIPANTS

ATTENDED A NATIONAL CONFERENCE NOVEMBER 16TH-17TH AT TIME, INC. IN NEW

YORK CITY, WHERE ATTENDEES CONNECTED WITH CAPITAL PROVIDERS AND

PRACTITIONERS TO OBTAIN FEEDBACK ON THEIR PITCHES IN AN EFFORT TO

SECURE A FOLLOW-UP MEETING, AND NETWORK WITH PEERS.

10,000 SMALL BUSINESSES

ICIC IS THE PROUD NATIONAL OUTREACH AND SELECTION PARTNER OF GOLDMAN

SACHS ON THEIR INNOVATIVE AND INFLUENTIAL 10,000 SMALL BUSINESSES

INITIATIVE. IT IS BASED ON THE BROADLY HELD VIEW OF LEADING EXPERTS

THAT GREATER ACCESS TO A COMBINATION OF EDUCATION, CAPITAL AND SUPPORT

Employer identification number 13-3772904

SERVICES BEST ADDRESSES BARRIERS TO BUSINESS GROWTH. THE PROGRAM

OPERATES IN 14 MARKETS: NEW YORK, LOS ANGELES, LONG BEACH, NEW ORLEANS,

CLEVELAND, HOUSTON, CHICAGO, SALT LAKE CITY, PHILADELPHIA, MIAMI,

DETROIT, DALLAS, RHODE ISLAND, AND BALTIMORE. THERE IS ALSO A BLENDED

COHORT, BOTH ONLINE AND IN-PERSON, HOSTED TWICE A YEAR BY BABSON

COLLEGE, OFFERED NATIONALLY TO SMALL BUSINESSES OUTSIDE OF THE 14 LOCAL

MARKETS.

SINCE INCEPTION THE PROGRAM HAS EDUCATED OVER 7,700 SMALL BUSINESS

OWNERS. UPON GRADUATION FROM THE PROGRAM, 61% OF ALUMNI REPORTED JOB

GROWTH AND 82% REPORTED INCREASED REVENUES 30 MONTHS AFTER COMPLETION

AS COMPARED TO 23% AND 45% RESPECTIVELY FOR SMALL BUSINESSES OUTSIDE OF

THE PROGRAM OVER THE SAME TIME PERIOD.

CULTIVATE SMALL BUSINESS

ICIC HELPED SANTANDER LAUNCH ITS CULTIVATE SMALL BUSINESS PROGRAM TO
HELP EARLY-STAGE ENTREPRENEURS IN LOW-INCOME NEIGHBORHOODS BUILD AND
SUSTAIN THEIR BUSINESSES, WITH A FOCUS ON WOMEN-, MINORITY- AND
IMMIGRANT-OWNED BUSINESSES IN FOOD-RELATED INDUSTRIES. THE PROGRAM
PROVIDES INDUSTRY SPECIFIC EDUCATION, NETWORKS AND MENTORING AS WELL AS
SMALL CAPITAL GRANTS FOR BUSINESS OWNERS. ICIC IS ONE OF SANTANDER
BANK'S THREE STRATEGIC PARTNERS IN THIS INITIATIVE, ALONGSIDE BABSON
COLLEGE AND COMMONWEALTH KITCHEN, PROVIDING OUTREACH, RECRUITMENT AND
SELECTION, IMPACT EVALUATION AND GENERAL PROJECT MANAGEMENT SERVICES.
THE PILOT PROGRAM RUNS FROM OCTOBER 2017 THROUGH JUNE 2018 AND INCLUDED
22 ENTREPRENEURS FROM GREATER BOSTON.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDES 328 INNER CITIES. THE ONLY DATA SET OF ITS KIND, SICE IS AN

Name of the organization INITIATIVE FOR A COMPETITIVE INNER **Employer identification number** CITY, INC. 13-3772904 INDISPENSABLE RESOURCE TO ASSESS LOCAL COMPETITIVE ADVANTAGES AND SET STRATEGIES FOR INVESTMENT AND EQUITABLE GROWTH. ICIC'S SOPHISTICATED ANALYTICS DISCOVER WHICH INDUSTRY CLUSTERS WILL HAVE THE MOST ENERGIZING EFFECT ON OVERALL URBAN PROSPERITY. ICIC ALSO HELPS CITIES IDENTIFY THEIR COMPETITIVE ADVANTAGES AND BUILD OUT STRATEGIES TO TAKE ADVANTAGE OF THEM TO CREATE JOBS AND REVITALIZE DISTRESSED AREAS. ICIC'S UNIQUE KNOWLEDGE OF INNER CITY SUCCESS FACTORS AND GROWING COMPANIES IS DEVELOPED FROM SPECIALIZED URBAN NETWORKS AND PATH-BREAKING RESEARCH, CAREFULLY CHOSEN ADVISORY ENGAGEMENT, AND IMPLEMENTATION OF EVIDENCE BASED BUSINESS SUPPORT PROGRAMS. ICIC'S RESEARCH AND ADVISORY PRIORITIES FALL INTO FOUR MAIN CATEGORIES: -ECONOMIC DEVELOPMENT, CLUSTER GROWTH, & EVALUATION -ANCHOR INITIATIVES -RESILIENCE -INNER CITY BUSINESS GROWTH IN 2017, ICIC'S WORK INCLUDED, COMPLETING THE THIRD YEAR OF OUR EVALUATION OF JPMORGAN CHASE'S SMALL BUSINESS FORWARD GRANTEES, CONTINUING THE COMPREHENSIVE ALUMNI SURVEY OF PREVIOUS INNER CITY 100 ALUMNI, BEGINNING EVALUATION OF THE FIRST COHORT OF BUSINESSES FROM THE SANTANDER CULTIVATE SMALL BUSINESS PROGRAM, COMMENCING NATIONAL RESEARCH ON THE ROLE OF ARTS AND CULTURE ORGANIZATIONS AS COMMUNITY ANCHORS, AND ENGAGING IN FIVE OTHER RESEARCH AND ADVISORY PROJECTS. FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PROVIDED BY EMAIL TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.

Name of the organization INITIATIVE FOR A COMPETITIVE INNER CITY, INC.	Employer identification number 13-3772904	
FORM 990, PART VI, SECTION B, LINE 12C:		
ANNUALLY ALL BOARD MEMBERS AND KEY EMPLOYEES MUST FILL OU	T A CONFLICT OF	
INTEREST QUESTIONNAIRE. THESE QUESTIONNAIRES ARE MAINTAIN	ED BY FISCAL	
OFFICE.		
FORM 990, PART VI, SECTION B, LINE 15:		
ANNUAL COMPENSATION ADJUSTMENT FOR OFFICERS AND KEY EMPLO	YEES FOLLOWS THE	
SAME PROCEDURES AS COMPENSATION ADJUSTMENTS FOR ALL OTHER	EMPLOYEES. IT IS	
BASED ON ONE'S PERFORMANCE, INTERNAL AND EXTERNAL EQUITY, AND FINANCIAL		
LIMITATIONS OF THE ORGANIZATION. THIS PROCESS IS DOCUMENT	ED BY PERFORMANCE	
EVALUATION PAPERWORK.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE FINANCIAL STATEMENTS ARE AVAILABLE ON ICIC'S WEBSITE,	ON	
www.guidestar.org, and upon request. icic's governing doc	UMENTS AND	
CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.		
FORM 990, PART XII, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.		

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or INITIATIVE FOR A COMPETITIVE INNER print CITY, INC. 13-3772904 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 56 WARREN STREET, SUITE 300 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ROXBURY, MA 02119 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 06 Form 8870 12 OKSANA BONDAR, ICIC INC The books are in the care of ► 56 WARREN STREET, SUITE 300 - ROXBURY, MA 02119 Telephone No. ► 617-238-1740 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)

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