Department of the Treasury Internal Revenue Service

Т

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

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



AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B (	beck if	INITIATIVE FOR A COMPETITIVE INNER		D Employer identific	cation number
	Addre	ss CITY, INC.			
	Name Chang	e Doing business as	13-37729	04	
	Initial		E Telephone number		
	Final	PO BOX 191297	617-238-		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	11,643,733.	
	Amen return	KONDORI, MA UZIIJ	H(a) Is this a group re		
	Applio tion pendi	F Name and address of principal officer: DIEVE GROSSIEN		for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) ( )$ (insert no.) 4947(a)(1) c	or 🛄 527	1 <sup>′</sup>	list. See instructions
	Vebsi		<u> </u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1994 N	State of legal domicile: DE
Pa	art I	Summary			FCONOMIC
e	1	Briefly describe the organization's mission or most significant activities: ICIC PROSPERITY IN UNDER-RESOURCED COMMUNITIES	S INCLUSIVE		
าลท					
verı	2	Check this box if the organization discontinued its operations or disposed by the second seco		1 1	sets. 20
Activities & Governance	3				19
š		Number of independent voting members of the governing body (Part VI, line 1b)		70	
ities		Total number of individuals employed in calendar year 2022 (Part V, line 2a)	·····	19	
ži		Total number of volunteers (estimate if necessary)			0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
				Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		6,460,649.	11,264,601.
nu	9	Program service revenue (Part VIII, line 2g)		95,484.	237,600.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		144,491.	126,628.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,700,624.	11,628,829.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,281,931.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		4,226,640.	5,117,984.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         650,65		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 650,65	52.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,110,232.	3,589,047.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,336,872.	9,988,962.
	19	Revenue less expenses. Subtract line 18 from line 12		363,752.	1,639,867.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3alai	20	Total assets (Part X, line 16)		11,137,097.	11,661,853.
etA	21	Total liabilities (Part X, line 26)		532,736.	537,050.
_		Net assets or fund balances. Subtract line 21 from line 20		10,604,361.	11,124,803.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
	STEVE GROSSMAN, CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	THOMAS F. MULDOON, CPA	THOMAS F. MULDOON,	C10/25	/23 if self-employed	P01561688				
Preparer	Firm's name AAFCPAS, INC.			Firm's EIN 04-	2571780				
Use Only	Firm's address 50 WASHINGTON STR	EET							
	366-9100								
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No				
232001 12-1	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (2022)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	INITIATIVE FOR A COMPETITIVE INNER 990 (2022) CITY, INC.	13-3772904 <sub>P</sub>
Par	t III 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: ICIC DRIVES INCLUSIVE ECONOMIC PROSPERITY IN UNDER-RE	SOUBCED
	COMMUNITIES THROUGH INNOVATIVE RESEARCH AND PROGRAMS	
	INCOME, AND WEALTH FOR LOCAL RESIDENTS.	10 0100111 00007
	· · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🛛
•	If "Yes," describe these new services on Schedule O.	ces? Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7,534,231. including grants of \$ 1,281,931. ) (F	
	THE PROGRAM CONSISTS OF SEVEN INITIATIVES: INNER CITY	
	CONNECTIONS, 10,000 SMALL BUSINESSES, BLACK IN BUSINE	
	SMALL BUSINESS, INNER CITY 100, BUILDING FOR GROWTH A	ND SUCCESSION
	READY.	
	PROGRAM I, INITIATIVE 1. INNER CITY CAPITAL CONNECTIO	NS
	INNER CITY CAPITAL CONNECTIONS (ICCC) IS A TUITION-FR	
	LEADERSHIP TRAINING PROGRAM DESIGNED TO HELP SMALL AN	
	BUSINESSES IN UNDER-RESOURCED COMMUNITIES BUILD CAPAC	
	FOR SUSTAINABLE LONG-TERM REVENUE GROWTH, PROFITABILI	
	CREATION. ICCC PROVIDES THREE CRITICAL ELEMENTS: CAPA	
4b		Revenue \$ 237,60
	RESEARCH:	
	ICIC'S RESEARCH AGENDA HAS POSITIONED THE ORGANIZATIO	N AS THE LEADING
	AND MOST TRUSTED RESOURCE IN THE ECONOMIES OF UNDER-R	
	COMMUNITIES. OUR RESEARCH FOCUSES ON THE ECONOMIC AND	
	DEVELOPMENT OF UNDER-RESOURCED COMMUNITIES, INDUSTRIE	S AND CLUSTERS
	THAT PROVIDE GOOD JOBS FOR PEOPLE WITHOUT COLLEGE DEG	
	BUSINESSES, ANCHOR INSTITUTIONS, AND PROGRAM EVALUATI	
	QUANTITATIVE AND QUALITATIVE DATA TO IDENTIFY THE COM	
	ADVANTAGES AND CHALLENGES OF UNDER-RESOURCED COMMUNIT	
		E BELIEVE THAT
	COMMUNITY AND ECONOMIC DEVELOPMENT SHOULD BE INCLUSIV	
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 8,376,484.	- 000
32002	SEE SCHEDULE O FOR CONTINUATION	Form <b>990</b> N(S)
	4	

 INITIATIVE FOR A COMPETITIVE INNER

 Form 990 (2022)
 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)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		- 23
0	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,	0		
'	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	<u>'</u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-77	
b	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 14		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
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Form 990 (2022) CITY, INC.
Part IV Checklist of Required Schedules (continued)

00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 Schedule L, Part I	25b		x
06	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20	├───	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		<u> </u>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		l l	X
		33	<u> </u>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	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		x
35a	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
35a	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	34		
35a b	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	34		
35a b	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	34 35a		X
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35a b	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	34 35a 35b		x
35a b 36	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	34 35a 35b		X
35a b 36 37	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	34 35a 35b 36 37		X X
35a b 36 37 38	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	34 35a 35b 36	x	X X
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35a b 36 37 38	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	34 35a 35b 36 37 38		
35a b 36 37 38 <b>Par</b>	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O tw Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	34 35a 35b 36 37 38		
35a b 36 37 38 <b>Par</b> 1a	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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" 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         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         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         Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         It 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         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	34 35a 35b 36 37 38		
35a b 36 37 38 <b>Par</b> 1a b	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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" 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         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         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         Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         It was a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         Ita       14         Ib       0	34 35a 35b 36 37 38		X X
35a b 36 37 38 <b>Par</b> 1a b	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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" 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         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         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         Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         It 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         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	34 35a 35b 36 37 38		x x x

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CITY, INC.

Form 990 (2022)

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Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	70					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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	Accou	nts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	ganization solicit					
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions	or 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 se	rvices	provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w							
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g				
h								
8								
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
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						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		_					
	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	n or					
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	ome?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ad	ctivitie	es					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
232005	5 12-13-22			Form	990	(2022)		

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 Form 990 (2022)
 CITY, INC.
 13-3772904
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page 6

	Check if Schedule O contains a response or note to any line in this Part VI			X
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
)a	Did the organization have local chapters, branches, or affiliates?	10a		Σ
	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		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	on Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15a	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	155		
6-2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ua		16a		2
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		1
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166		
	exempt status with respect to such arrangements?	16b		
20	List the states with which a copy of this Form 990 is required to be filed <u>MA, NY</u>			
	List the states with which a copy of this Form 990 is required to be filed, IN I			abl
7		15 UHIIY	) avai	aDI
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	, ,		
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	, ,		
7 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)		noisi	
7 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.          Image: Section Solution of Content in the section of Content i		ncial	
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.          Image: Section Solution of the section of the sec		ncial	
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.          Image: Section Solution of the public inspection. Indicate how you made these available. Check all that apply.       Image: Section Solution of the public inspection. Indicate how you made these available. Check all that apply.         Image: Section Solution of the public of the public during the tax year.       Image: State the name, address, and telephone number of the person who possesses the organization's books and records		ncial	
7 B 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.          Image: Image		ncial	
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.          Image: State of the name, address, and telephone number of the person who possesses the organization's books and records         OKSANA BONDAR, ICIC INC - 617-238-1740         OBX 191297, ROXBURY, MA 02119	nd fina		(00)
17 18 19 20	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.          Image: Image	nd fina	ncial n <b>990</b>	(20

INITIATIVE	FOR	Α	COMPETITIVE	INNEF

Form 990 (2	2022) CITY,	INC.	13-37
Part VII	<b>Compensation of Office</b>	rs, Directors, Trustees, Key Er	nployees, Highest Compensated
	<b>Employees, and Indeper</b>	ndent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	ition	than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week		er an	u a u	recio	n/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	id ual 1	In stitutional trustee	5	Key employee	est co o yee	er	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) STEVE GROSSMAN	40.00									
CHIEF EXECUTIVE OFFICER		Х		Х				330,656.	0.	17,782.
(2) HOWARD WIAL	40.00									
SR. VP OF RESEARCH					Х			226,430.	0.	15,230.
(3) OKSANA BONDAR	40.00									
CHIEF FINANCIAL OFFICER				Х				191,600.	0.	8,978.
(4) ELIZABETH PUGH	40.00									
DEVELOPMENT DIRECTOR						Х		175,710.	0.	19,181.
(5) SONIA MOIN	40.00									
SENIOR DIRECTOR						Х		176,438.	0.	9,544.
(6) DIEGO PORTILLO-MAZAL	40.00									
PROGRAM DIRECTOR						Х		149,780.	0.	7,535.
(7) MICHAEL SHORE	32.00									
PROGRAM DIRECTOR						Х		123,309.	0.	17,483.
(8) ANNA MARIE CRUZ	40.00									
PROGRAM DEPUTY DIRECTOR						Х		121,184.	0.	14,094.
(9) MICHAEL PORTER	0.00									-
FOUNDER & CHAIRMAN EMERITUS		х						0.	0.	0.
(10) RONALD HOMER	0.50									•
CHAIRMAN		X		X				0.	0.	0.
(11) BARRY WHITE	0.50								0	•
VICE CHAIRMAN & TREASURER		X		X				0.	0.	0.
(12) BRENDA MCKENZIE	0.50	37		37					0	0
SECRETARY	0.30	Х		Х				0.	0.	0.
(13) LINDA APPLEGATE	0.30	v						0.	0.	0
BOARD MEMBER	0.30	Х						0.	0.	0.
(14) BARBARA BERKE	0.30	v						0.	0.	0
BOARD MEMBER	0.30	Х						0.	0.	0.
(15) RENA CLARK	0.30	x						0.	0.	0.
BOARD MEMBER	0.30	^						0.	0.	0.
(16) GEORGE GENDRON BOARD MEMBER	0.30	x						0.	0.	0.
(17) DENNIS GREEN	0.30	^						0.	0.	0.
(17) DENNIS GREEN BOARD MEMBER	0.50	x						0.	0.	0.
		А						0.	0.	Form <b>990</b> (2022)
232007 12-13-22						~				Form <b>990</b> (2022)

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CITY, INC.

Form 990 (2022)

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	Average hours per	box,	not cl unles	(C Posit neck m ss pers	ion nore t son is	s botl	h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	,	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	tee or director	ional trustee w	d a dir	ector		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS( 1099-NEC)		other compensatio from the organization and related organization
(18) STEPHANIE HICKMAN BOARD MEMBER	0.30	x						0.		ο.	
(19) JAIR LYNCH	0.30										
BOARD MEMBER		X						0.		Ο.	
(20) JUDY PAGLIUCA	0.30									_	
BOARD MEMBER		X						0.		0.	
(21) JENNIFER PINCK	0.30										
BOARD MEMBER	0.20	X			_			0.		0.	
(22) KEVIN PROKOP	0.30										
BOARD MEMBER		X						0.		0.	
(23) KIM SAWYER	0.30							0.		ο.	
BOARD MEMBER (24) SUSAN SCHIRO	0.30	X		-+	-			0.		۰.	
(24) SUSAN SCHIRO BOARD MEMBER	0.30	x						0.		ο.	
(25) DARRYL SETTLES	0.30	^		_				0.		0.	
BOARD MEMBER	0.30	x						ο.		0.	
(26) CARL STERN	0.30									••	
BOARD MEMBER	0.30	x						0.		0.	
1b Subtotal					_			1,495,107.		0.	109,82
c Total from continuation sheets to Pa								0.		0.	,
d Total (add lines 1b and 1c)								1,495,107.		0.	109,82
2 Total number of individuals (including b	out not limited to th	nose	liste	d ab	ove	) wł	no re	eceived more than \$100	,000 of reportable	9	
compensation from the organization											
3 Did the organization list any former offi	cer director trust	ee k	ev e	emplo	Vee	e or	hia	hest compensated emr	lovee on		
3 Did the organization list any <b>former</b> offi line 1a? If "Yes," complete Schedule J						·	0		,		
<ul> <li>3 Did the organization list any former offiline 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is the</li> </ul>	for such individual	, 		•	·····	<i>.</i>					Yes 1 3
line 1a? If "Yes," complete Schedule J	for such individual e sum of reportab	 le co	ompe	ensat	tion	anc	d oth	ner compensation from			Yes
line 1a? If "Yes," complete Schedule J 4 For any individual listed on line 1a, is th	for such individual e sum of reportab \$150,000? If "Yes,	le co " cor	ompe mple	ensat ete S	tion che	anc dule	d oth d <i>J f</i> e	ner compensation from or such individual	the organization		Yes   3   4   X
<ul> <li>line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe	le co " <i>cor</i> nsati	ompe mple on f	ensat ete S rom a	tion cheo any	anc dule unr	d oth e <i>J f</i> e elate	ner compensation from or such individual ed organization or indivi	the organization dual for services	·····	3 4 X
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe complete Schedul	le co " <i>cor</i> nsati <i>e J fo</i>	ompe mple on fi	ensat ete S rom a	tion cheo any erso	anc dule unr on	d oth e <i>J fe</i> elate	ner compensation from or such individual ed organization or indivi	the organization dual for services		Yes   3   4   X   5   0
<ul> <li>line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest</li> </ul>	for such individual e sum of reportab \$150,000? <i>If "Yes,</i> or accrue compe complete Schedul t compensated in	le co " <i>cor</i> nsati <u>e J fo</u> depe	ompe mple on fi or su	ensat ete So rom a uch p nt co	tion cheo any eerso ontra	anc dule unr on _	d oth e <i>J fe</i> elate	ner compensation from or such individual ed organization or indivi hat received more than	the organization dual for services \$100,000 of comp		Yes   3   4   X   5   0
<ul> <li>line 1a? If "Yes," complete Schedule J if</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest the organization. Report compensation</li> </ul>	for such individual e sum of reportab \$150,000? <i>If "Yes,</i> or accrue compe complete Schedul t compensated in	le co " <i>cor</i> nsati <u>e J fo</u> depe	ompe mple on fi or su	ensat ete So rom a uch p nt co	tion cheo any eerso ontra	anc dule unr on _	d oth e <i>J fe</i> elate	ner compensation from for such individual ed organization or individual hat received more than h the organization's tax	the organization dual for services \$100,000 of comp		Yes 3 4 X 5 ation from
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A)</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe complete Schedul t compensated in for the calendar y	le co " <i>cor</i> nsati <u>e J fo</u> depe	ompe mple on fi or su	ensat ete So rom a uch p nt co	tion cheo any eerso ontra	anc dule unr on _	d oth e <i>J fe</i> elate	ner compensation from for such individual ed organization or individual hat received more than the organization's tax (B)	the organization dual for services \$100,000 of comp year.		Yes I
<ul> <li>line 1a? If "Yes," complete Schedule J if</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe complete Schedul t compensated in for the calendar y	le co " cor nsati <u>e J fo</u> depe	ompe mple on fi or su ende	ensat ete So rom a <u>uch p</u> nt co ng wi	tion chee any erso ontra	anc dule unr <u>on</u> actc	d oth e <i>J fe</i> elate	ner compensation from for such individual ed organization or individual hat received more than h the organization's tax	the organization dual for services \$100,000 of comp year.		Yes 3 4 X 5 ation from
<ul> <li>line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTION</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe complete Schedul t compensated in for the calendar y ness address JRES, 1714	le co " cor nsati depe rear e	ompe mple on fi or su ende endii	ensat te S rom a <u>uch p</u> nt co ng wi	tion chee any eerso ontra ith c	anc dule unr <u>on</u> actc	d oth e J fo elate	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s	the organization dual for services \$100,000 of comp year. ervices		Yes I 3 4 X 5 4 (C) ompensation
<ul> <li>line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTE</li> <li>STREET SUITE 100-317, (Complete 100</li></ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe complete Schedul t compensated in for the calendar y ness address JRES, 1714	le co " cor nsati depe rear e	ompe mple on fi or su ende endii	ensat te S rom a <u>uch p</u> nt co ng wi	tion chee any eerso ontra ith c	anc dule unr <u>on</u> actc	d oth e J fo elate	ner compensation from for such individual ed organization or individual hat received more than the organization's tax (B)	the organization dual for services \$100,000 of comp year. ervices		Yes 3 4 X 5 ation from (C) ompensation
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receiver rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors         <ol> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> </ol> </li> <li>PACIFIC COMMUNITY VENTO STREET SUITE 100-317, OMODE STUDIOS</li> </ul>	for such individual e sum of reportab \$150,000? <i>If "Yes,</i> or accrue compe <i>complete Schedul</i> t compensated in- for the calendar y hess address JRES, 1714 DAKLAND, 0	le co " cor nsati depe ear e 4 F CA	mple on fi on fi ende endii	ensat ete Si rom : uch p nt cc ng wi	tion chec any berso ontra tith c	anc dule unr <u>on</u> actc	d other	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s	the organization dual for services \$100,000 of comp year. ervices OACHING		3 4 X 5 ation from (C) ompensation 180,00
<ul> <li>line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors         <ol> <li>Complete this table for your five highes the organization. Report compensation</li> <li>Name and busin</li> </ol> </li> <li>PACIFIC COMMUNITY VENTION STREET SUITE 100-317, OMODE STUDIOS         <ol> <li>NE RAVENNA BLVD, SCOMMANDIA STREET SUITE SUITE 100 - 317</li> </ol> </li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe complete Schedul t compensated in- for the calendar y less address JRES, 1714 DAKLAND, 0 SEATTLE, 1	le co r cor nsati depe rear e 4 F CA	ompe mple on fi ende endii	ensat ete S rom a uch p nt cc ng wi NK	tion chec any berso ontra tith c	anc dule unr <u>on</u> actc	d oth e J fa elate	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE		3 4 X 5 ation from (C) ompensation 180,00
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTUE STREET SUITE 100-317, COMODE STUDIOS</li> <li>1817 NE RAVENNA BLVD, SUBMIN LEONARD EMPLOYMENT</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe- complete Schedul t compensated in for the calendar y less address JRES, 1714 DAKLAND, 0 SEATTLE, T SERVICES	le co " cor nsati depe ear e 4 F CA MA S,	ompe mple on fi or su ende endii <b>CR</b> <b>2</b> 9 4 9 5 7 5	ensati ete So rom : <u>uch p</u> nt cc ng wi NK 61	tion cheany erso ontra ith c L I 2 5	anc dule unr <u>on</u> actc	d other	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s MENTORSHIP/C VIRTUAL CONF	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE		Yes 3 4 X 5 ation from (C) 0mpensation 180,00 107,48
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTUE</li> <li>STREET SUITE 100-317, OMODE STUDIOS</li> <li>1817 NE RAVENNA BLVD, SUBMER</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe- complete Schedul t compensated in for the calendar y less address JRES, 1714 DAKLAND, 0 SEATTLE, T SERVICES	le co " cor nsati depe ear e 4 F CA MA S,	ompe mple on fi or su ende endii <b>CR</b> <b>2</b> 9 4 9 5 7 5	ensati ete So rom : <u>uch p</u> nt cc ng wi NK 61	tion cheany erso ontra ith c L I 2 5	anc dule unr <u>on</u> actc	d other	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s MENTORSHIP/C VIRTUAL CONF FEMP STAFF F	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE		Yes 3 4 X 5 ation from (C) 0mpensation 180,00 107,48
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTUE</li> <li>STREET SUITE 100-317, OMODE STUDIOS</li> <li>1817 NE RAVENNA BLVD, SUBMER</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe- complete Schedul t compensated in for the calendar y less address JRES, 1714 DAKLAND, 0 SEATTLE, T SERVICES	le co " cor nsati depe ear e 4 F CA MA S,	ompe mple on fi or su ende endii <b>CR</b> <b>2</b> 9 4 9 5 7 5	ensati ete So rom : <u>uch p</u> nt cc ng wi NK 61	tion cheany erso ontra ith c L I 2 5	anc dule unr <u>on</u> actc	d other	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s MENTORSHIP/C VIRTUAL CONF FEMP STAFF F	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE		Yes 3 4 X 5 ation from (C) 0mpensation 180,00 107,48
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTUE STREET SUITE 100-317, COMODE STUDIOS</li> <li>1817 NE RAVENNA BLVD, SUBMIN LEONARD EMPLOYMENT</li> </ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe- complete Schedul t compensated in for the calendar y less address JRES, 1714 DAKLAND, 0 SEATTLE, T SERVICES	le co " cor nsati depe ear e 4 F CA MA S,	ompe mple on fi or su ende endii <b>CR</b> <b>2</b> 9 4 9 5 7 5	ensati ete So rom : <u>uch p</u> nt cc ng wi NK 61	tion cheany erso ontra ith c L I 2 5	anc dule unr <u>on</u> actc	d other	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s MENTORSHIP/C VIRTUAL CONF FEMP STAFF F	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE		Yes I
<ul> <li>line 1a? If "Yes," complete Schedule J :</li> <li>For any individual listed on line 1a, is the and related organizations greater than the organizations greater than the organization on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors <ol> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> </ol> </li> <li>PACIFIC COMMUNITY VENTOR STREET SUITE 100-317, Complete STUDIOS <ol> <li>1817 NE RAVENNA BLVD, SUITE 100-317, SUITE 100-317</li></ol></li></ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe- complete Schedul it compensated in- for the calendar y less address JRES, 1714 DAKLAND, 0 SEATTLE, 1 SEATTLE, 1 SERVICE; 1120, BOS'	le co le co nsati <u>e J fo</u> depe ear e 4 F CA VA S, FON	ompermole on fi on fi or su ende endii 7 E 7 E 7 E	ANK	tion chec any <u>verso</u> ontra tith c <b>LI</b> 2	and dule unr on . acto or w	d oth elate ors th ithin	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s MENTORSHIP/C VIRTUAL CONF FEMP STAFF F PROGRAMS	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE OR		Yes 1 3 4 X 5 ation from (C) ompensation 180,00 107,48
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTO STREET SUITE 100-317, (MODE STUDIOS 1817 NE RAVENNA BLVD, SUITE 100HN LEONARD EMPLOYMENT</li> <li>FEDERAL STREET, SUITE 100</li> <li>2 Total number of independent contractors 100,000 of compensation from the organization of the statement of the state</li></ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe- complete Schedul it compensated in for the calendar y ress address JRES, 1714 DAKLAND, 0 SEATTLE, 1 SEATTLE, 1 SERVICES 1120, BOST	4 F CA MA S, TON	ompe mple on fi or su ende endie endie 9 4 9 4 9 8 7 5 7 5 7 5	ANK ANK Composition ANK Composition ANK Composition ANK Composition ANK Composition ANK Composition Compositi	tion check any erso ontra tith c 1 I I 2 5		d oth elate prs th ithin	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s MENTORSHIP/C VIRTUAL CONF TEMP STAFF F PROGRAMS	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE OR	 pensa Cu	Yes 1 3 4 X 5 ation from (C) 0mpensation 180,00 107,48 103,75
<ul> <li>line 1a? If "Yes," complete Schedule J is</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>PACIFIC COMMUNITY VENTOR</li> <li>STREET SUITE 100-317, OR</li> <li>MODE STUDIOS</li> <li>1817 NE RAVENNA BLVD, STREET, SUITE 100-317, SUITE 100-317, STREET, SUITE 100-317, STREET, SUITE 100-317, STREET, SUITE 100-317, SUITE</li></ul>	for such individual e sum of reportab \$150,000? If "Yes, or accrue compe- complete Schedul it compensated in for the calendar y ress address JRES, 1714 DAKLAND, 0 SEATTLE, 1 SEATTLE, 1 SERVICES 1120, BOST	4 F CA MA S, TON	ompe mple on fi or su ende endie endie 9 4 9 4 9 8 7 5 7 5 7 5	ANK ANK Composition ANK Composition ANK Composition ANK Composition ANK Composition ANK Composition Compositi	tion check any erso ontra tith c 1 I I 2 5		d oth elate prs th ithin	her compensation from for such individual ed organization or individual hat received more than the organization's tax (B) Description of s MENTORSHIP/C VIRTUAL CONF TEMP STAFF F PROGRAMS	the organization dual for services \$100,000 of comp year. ervices OACHING ERENCE OR	 pensa Cu	3 4 X 5 ation from (C) ompensation 180,00 107,48

Form 990 CITY, INC		A (	201	4PI	ET:	IT:	IVI	E INNER	13-377	2904
Part VII Section A. Officers, Directors, Tru		nplo	ovee	es, a	nd I	ligh	nest	Compensated Employ		
(A) Name and title	(B) Average hours	<b>(C)</b> Position (check all that a			ı		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of	
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) WILLIE WOODS BOARD MEMBER	0.30	x						0.	0.	0.
							$\left  \right $			
Total to Part VII, Section A, line 1c										

INITIATIVE	FOR	Α	COMPETITIVE	INNER
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			CITY, INC.				13-3772	904 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir		(B)		
					<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ې Angel			Fundraising events 1c					
Gift lar			Related organizations 1d					
ini,		е	Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
1 thu			similar amounts not included above 1f	11,264,601.				
onti od C		-	Noncash contributions included in lines 1a-1f					
σē		h	Total. Add lines 1a-1f		11,264,601.			
	_		BARNER INCOME	Business Code	227 (00	227 (00		
Program Service Revenue	2		EARNED INCOME	541690	237,600.	237,600.		
Ser		b				4		
Seer a		c d						
Bas		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		237,600.			
	3		Investment income (including dividends, inter-					
			other similar amounts)		126,628.			126,628.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	-		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other	-			
	'	а						
		h	assets other than inventory <b>7a 14</b> ,904. Less: cost or other basis					
e		D	and sales expenses <b>7b</b> 14,904.					
evenue		с	Gain or (loss)         7c         0.					
			Net gain or (loss)					
Other R	8		Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
	_		Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
		<b>L</b>	Part IV, line 19 9a Less: direct expenses 9b					
			Less: direct expenses9b Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	ŭ	and allowances 10a					
		b	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory	•				
s				Business Code				
Miscellaneous Revenue	11	а						
enu		b						
Sel		С		ļ				
Mis			All other revenue					
		e	Total. Add lines 11a-11d		11 (00, 000)	007 600		100 000
	12		Total revenue. See instructions		11,628,829.	237,600.	0.	126,628.
23200	9 12	-13-	-22					Form <b>990</b> (2022)

11

# INITIATIVE FOR A COMPETITIVE INNER CITY, INC.

13-3772904 Page 10

#### Form 990 (2022) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	•			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	152,783.	152,783.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,050,800.	1,050,800.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	78,348.	78,348.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	790,676.	520,408.	235,423.	34,845.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,616,293.	2,662,339.	464,641.	489,313.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	65,152.	49,063.	6,031.	10,058.
9	Other employee benefits	315,001.	281,985.	13,662.	19,354.
10	Payroll taxes	330,862.	239,017.	52,249.	39,596.
11	Fees for services (nonemployees):				
а	Management	149,898.	139,659.	5,877.	4,362.
b	Legal	3,149.		3,149.	
с	Accounting	32,000.		32,000.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 105 505	1 0 5 1 0 0 1	<b>CO 1 1</b>	
	column (A), amount, list line 11g expenses on Sch 0.)	1,125,537.		60,441.	<u>4,012</u> 1,028.
12	Advertising and promotion	566,607.	564,303.	1,276.	1,028.
13	Office expenses	254,855.	212,423.	29,454.	12,978.
14	Information technology				
15	Royalties	147.000	100 400	C 0.07	10 010
16	Occupancy	147,269.	128,429.	6,827. 9,322.	12,013. 13,155.
17	Travel	584,953.	562,476.	9,322.	13,155.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	12,149.	9,358.	2,092.	699.
19 20	Conferences, conventions, and meetings	12,149.	5,550.	2,052.	000
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	27,835.	22,933.	2,815.	2,087.
22		11,549.	9,519.	1,156.	874.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPONSORSHIPS	467,871.	464,000.	3,568.	303.
b	PUBLICATION AND SUBSCRI	153,727.	135,080.	15,142.	3,505.
с	PROFESSIONAL DEVELOPMEN	35,347.	29,388.	3,930.	2,029.
d	RELOCATION EXPENSE	9,681.		9,681.	
е	All other expenses	6,620.	3,089.	3,090.	441.
25	Total functional expenses. Add lines 1 through 24e	9,988,962.	8,376,484.	961,826.	650,652.
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)				
23201	0 12-13-22		10		Form <b>990</b> (2022)

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Form	990	(2022)

CITY, INC.

	990 (			13-	3772904 Page 11
Pa	rt X				
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,070,708.	1	2,915,593.
	2	Savings and temporary cash investments	3,173,928.	2	3,205,459.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	467,000.	4	133,319.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Υŝ	9	Prepaid expenses and deferred charges	98,015.	9	35,204.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 272, 502.			
	b	Less: accumulated depreciation 10b 219,644.	58,526.	10c	52,858.
	11	Investments - publicly traded securities	6,232,703.	11	52,858. 5,214,379.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	36,217.	13	34,639.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	70,402.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,137,097.	16	11,661,853.
	17	Accounts payable and accrued expenses	402,436.	17	454,547.
	18	Grants payable		18	
	19	Deferred revenue	30,300.	19	11,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	100.000		
		of Schedule D	100,000.	25	71,503.
	26	Total liabilities. Add lines 17 through 25	532,736.	26	537,050.
ŝ		Organizations that follow FASB ASC 958, check here			
ů		and complete lines 27, 28, 32, and 33.	0 046 500		0 564 070
ala	27	Net assets without donor restrictions	9,046,522.	27	8,564,879. 2,559,924.
Б	28	Net assets with donor restrictions	1,557,839.	28	2,559,924.
"E		Organizations that do not follow FASB ASC 958, check here			
o.		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	10,604,361.	31	11,124,803.
Ź	32	Total net assets or fund balances	11,137,097.	32	11,661,853.
	33	Total liabilities and net assets/fund balances	11,1J/,UJ/•	33	

Form **990** (2022)

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Form	1990 (2022) CITY, INC.	13	-37729	04	Page <b>12</b>
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			,829.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,962.
3	Revenue less expenses. Subtract line 2 from line 1	3			,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,361.
5	Net unrealized gains (losses) on investments	5	-1,1	119	,425.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,1	124	,803.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	)	res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separat	e basis	в,		
	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	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	
					<b>90</b> (2022)

Form **990** (2022)

232012 12-13-22

SC	HEDULE A	1					_		OMB No. 1545-0047
	rm 990)		Public Cha	つりつつ					
<b>(</b>		C	omplete if the orga	Ζυζζ					
Depart	tment of the Treasury			947(a)(1) nonexempt cha Attach to Form 990 or Fo					Open to Public
Interna	al Revenue Service			/Form990 for instructio			formation.		Inspection
Nam	e of the organiz	ation INIT	TATIVE FOR	R A COMPETITI	VE IN	NER			identification number
_			Z, INC.						3-3772904
Pa	rt I Reaso	n for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	าร.	
The o	organization is no	ot a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1	A church,	convention of ch	nurches, or associate	ion of churches describe	d in <b>sectic</b>	on 170(b)(	1)(A)(i).		
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical	research organiz	zation operated in co	onjunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,
	city, and s	tate:							
5	An organiz	ation operated f	for the benefit of a c	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
	section 1	70(b)(1)(A)(iv). (0	Complete Part II.)						
6		state, or local go	overnment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X An organiz	ation that norma	ally receives a subst	antial part of its support	from a gov	ernmenta	l unit or from	the general	public described in
			Complete Part II.)						
8			•	)(1)(A)(vi). (Complete Par					
9				d in section 170(b)(1)(A)(					
			grant college of agri	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	e or
	university:								
10	-		•	e than 33 1/3% of its sup				-	-
				ect to certain exceptions;					
				e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		on 509(a)(2). (Co							
11		-	-	sively to test for public sa					
12				sively for the benefit of, to					
				ed in section 509(a)(1) o					check the box on
				of supporting organizatio					
а				supervised, or controlled					
		-	complete Part IV, S	egularly appoint or elect a	a majority	or the dire	clors or trust	ees or the s	supporting
b	<u> </u>			d or controlled in connect	tion with it	te cupport	od organizati	on(c) by be	vina
b				ganization vested in the s					
		•	st complete Part IV	-	ame perso			age the sup	ported
с		.,		ng organization operated	in connec	tion with	and functions	ally integrat	ed with
Ŭ	••	-	-	is). You must complete l		-		iny intograti	
d	··	•		porting organization oper			-	orted organi	zation(s)
				ization generally must sa				°.	
			0	mplete Part IV, Section	•		•		
е				written determination fro				e II. Type III	
		0	•	onally integrated support				· · · , · <b>, </b> [ · · ·	
f									
g			on about the support						
	(i) Name of su	ipported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organiza	tion		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
			<b></b>						
			<b></b>						
			<b></b>						
Tota	1								 
IULA									

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CTTY	TNC.				

Schedule A	(Form 990)	2022	CITY,	INC.			13-37729
Part II	Suppor	t Schedule f	or Organiz	ations	Described in Sections	; 170(b)(1)(A)(iv) a	nd 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)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,622,267.	6,227,531.	7,341,845.	6,460,649.	11,264,601.	36,916,893.
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 $\dots$						
4	Total. Add lines 1 through 3	5,622,267.	6,227,531.	7,341,845.	6,460,649.	11,264,601.	36,916,893.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19,454,036.
6	Public support. Subtract line 5 from line 4.						17,462,857.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
7	Amounts from line 4	5,622,267.	6,227,531.	7,341,845.	6,460,649.	11,264,601.	36,916,893.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	161,126.	160,677.	130,113.	103,140.	126,628.	681,684.
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.)	6,449.	6,913.	184.			13,546.
11	Total support. Add lines 7 through 10						37,612,123.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	434,028.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor		•				
	ction C. Computation of Publ		-				16 12
	Public support percentage for 2022 (					14	46.43 %
	Public support percentage from 2021					15	52.54 %
16a	33 1/3% support test - 2022. If the c						V
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	vi now the organiza	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	n dia not check a l	box on line 13, 16	a, 160, 17a, or 17b	D, CHECK THIS DOX 2		S

Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022 CITY, INC.

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

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

Sec	ction A. Public Support		/				
-	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
	check this box and stop here				-	<u></u>	
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
<b>1</b> 9a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization quali	fies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	•			•		
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organizat	ion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
23202	23 12-09-22			17		Schedu	le A (Form 990) 2022

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

# Section A. All Supporting Organizations

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

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### 13-3772904 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes No

# 6 \_\_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9a \_\_\_\_\_ 9a \_\_\_\_\_ 9b \_\_\_\_\_ 9b \_\_\_\_\_ 9c \_\_\_\_\_ 10a \_\_\_\_\_ 10a \_\_\_\_\_ 10b \_\_\_\_\_ Schedule A (Form 990) 2022

	INITIATIVE FOR A COMPETITIVE INNER			
Sche	edule A (Form 990) 2022 CITY, INC. 13-37	7290	4 <sub>Pa</sub>	age <b>5</b>
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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			
	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		
Sec	tion C. Type II Supporting Organizations		_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
	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 on line 2, above, 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	;).		
a				
b				

- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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3b | Schedule A (Form 990) 2022

2a

2b

За

Yes No

19

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2022.04030 INITIATIVE FOR A COMPETITIV 37212\_1

Sche	edule A (Form 990) 2022 CITY, INC.		-	13-3772904 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	Ť
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omple	te Sections A through E.	
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

7

	dule A (Form 990) 2022 CITY, INC.			T	3-3//2904 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022	~			
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2018				
b	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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		INITIA	TIVE	FOR	A CO	MPETITIV	VE INNER	10 000004	_
chedule A Part VI	(Form 990) 2022 Supplemental Info	CITY,			lone	ukad by Dat "	line 10: Dest II II	13-3772904	Page
	Part IV, Section A, lines 1	l, 2, 3b, 3c, 4b lines 2 and 3;	o, 4c, 5a, Part IV, 3	6, 9a, 9b, Section E	, 9c, 11a , lines 1c	, 11b, and 11c; ;, 2a, 2b, 3a, ar	Part IV, Section E nd 3b; Part V, line	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section 1; Part V, Section B, line 1e; Par • additional information.	C, t V,
							4		
				-					
2028 12-09-2	22					22		Schedule A (Form 99	90) 20
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(Forr	HEDULE D n 990) ment of the Treasury	Complete if the orga Part IV, line 6, 7, 8, 9, 10	al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.	OMB No. 1545-0047 <b>2022</b> Open to Public			
	Revenue Service		0 for instructions and the latest information.	Inspection			
Nam	e of the organizati		OMPETITIVE INNER	Employer identification number			
		CITY, INC.		13-3772904			
Pa		-	ed Funds or Other Similar Funds or A	ccounts.Complete if the			
	organizatio	n answered "Yes" on Form 990, Part IV, lir					
			(a) Donor advised funds	(b) Funds and other accounts			
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised fur				
~			exclusive legal control?				
6	•		advisors in writing that grant funds can be used	-			
			or donor advisor, or for any other purpose confe				
Pa	impermissible prive		ganization answered "Yes" on Form 990, Part IV				
1		servation easements held by the organizat		, inte 7.			
•		of land for public use (for example, recrea		prically important land area			
		f natural habitat	Preservation of a cert	<b>,</b> 1			
		of open space					
2			fied conservation contribution in the form of a co	onservation easement on the last			
-	day of the tax year	<b>.</b> .		Held at the End of the Tax Year			
а	Total number of co	onservation easements		2a			
b				2b			
с			ructure included in (a)	2c			
d		vation easements included in (c) acquired					
	historic structure li	isted in the National Register		2d			
3							
	year		· · · · · · · · · · · · · · · · · · ·				
4	Number of states	where property subject to conservation ea	sement is located				
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enf	orcement of the conservation easements i	it holds?	YesNo			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservati	on easements during the year			
		_					
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year			
		_					
8			ve satisfy the requirements of section 170(h)(4)(E				
_							
9		•	ion easements in its revenue and expense state				
			note to the organization's financial statements the	nat describes the			
Da		ounting for conservation easements.	f Art, Historical Treasures, or Other	Similar Assots			
Fai		the organization answered "Yes" on Form		Similar Assets.			
10			58, not to report in its revenue statement and ba	lance aboat works			
Ia	0	, ,	, 1				
		· · ·	blic exhibition, education, or research in furthera				
h	••		ncial statements that describes these items.	so shoot works of			
D	-		58, to report in its revenue statement and balance				
			c exhibition, education, or research in furtheranc	e of public service,			
	-	ng amounts relating to these items:		2			
2	.,		easures, or other similar assets for financial gain,				
£	-	unts required to be reported under FASB A		provide			
я	-			\$			
		eduction Act Notice, see the Instruction		Schedule D (Form 990) 2022			
	1 09-01-22	,		,			
			27				

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		IVE FOR A	COMPETITIN	/E INNE	R			
	dule D (Form 990) 2022 CITY, I						772904	
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, o	or Other	Similar Ass	sets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	e following tha	at make sign	ificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d		change progra				
b	Scholarly research	e	e 🛄 Other					
С	Preservation for future generations							
4	Provide a description of the organization's co						art XIII.	
5	During the year, did the organization solicit o					_	<b></b>	
Der	to be sold to raise funds rather than to be ma						Yes	NoNo
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered	"Yes" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa					le cal a cal		
та	Is the organization an agent, trustee, custod						No.	
	on Form 990, Part X?					L	Yes	└── No
a	If "Yes," explain the arrangement in Part XIII	and complete the to	bliowing table:				Amount	
_	De sinsis e la lan es					4-	Amount	
	Beginning balance							
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					1f	Yes	No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.				-			
Par								
		(a) Current year	(b) Prior year			Three years bac	k (e) Four v	ears back
1a	Beginning of year balance	() )				5		
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
•	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1a. column (	(a)) held as:				
а	Board designated or quasi-endowment		%	( )/				
b	Permanent endowment	%	_					
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held a	and administe	ered for the			
	organization by:						Y	'es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R'	?			3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990	), Part X, line	e 10.		
	Description of property	<b>(a)</b> Cost or o basis (investr		t or other (other)	(c) Accu depred		(d) Book	/alue
1a	Land							
	Buildings							
	Leasehold improvements			21,473.		3,962.	7	,511.
	Equipment		15	51,029.	10	5,682.	45	,347.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)			52	,858.

Schedule D (Form 990) 2022

232052 09-01-22

IN	ITI	ATIVE	E FOR	Α	COMPETITIVE	INNER
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Schedule D (Form 990) 2022 CITY, INC. Part VIII Investments - Other Securities.		13	3772904 Page <b>3</b>
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear 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.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)		Ť	
(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	on Form 000, Dart IV, line	11d See Form 000 Dart V line 15	
	Description	Thu. See Form 990, Part X, line 15.	(b) Book value
			(b) DOOR value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			71,503.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			71,503.
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			

Schedule D	(Form	990)	2022

232053 09-01-22

INITIATIVE	FOR	Α	COMPETITIVE	INNER

Sche	edule D (Form 990) 2022 CITY, INC.				3772904 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts Wi	ith Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,573,201.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,119,425.		
b	Donated services and use of facilities	2b	63,797.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,055,628.
3	Subtract line <b>2e</b> from line <b>1</b>			3	11,628,829.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,628,829.	
Pa	rt VII Deconciliation of Exponence per Audited Einencial Stateme	nte M	lith Exnances per	Det.	
	rt XII Reconciliation of Expenses per Audited Financial Stateme		nui Expenses per	Rett	irn.
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1115 W	nui Expenses per	Rett	
1				нец 1	ım. 10,043,078.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		1	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	1	1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	1	1	10,043,078.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	63,797.	1	10,043,078. 63,797.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	63,797.	1	10,043,078.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	63,797.	1 2e	10,043,078. 63,797.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	63,797.	1 2e 3	10,043,078. 63,797.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	63,797.	1 2e 3	10,043,078. 63,797. 9,979,281.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	63,797.	1 2e 3	10,043,078. 63,797. 9,979,281. 9,681.
1 2 d 6 3 4 b 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	63,797. 9,681.	1 2e 3	10,043,078. 63,797. 9,979,281.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 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 additional information.

PART 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, 2022. ICIC'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE								
FEDERAL AND STATE JURISDICTIONS.								

]	PART X	XII,	LIN	E 4B	-	OTHER	ADJUSTMENTS:						
2	232054 09-01-	-22						30			Schedule D	(Form 990)	2022
120	41025	715	045	3721	2		2022.04030		FOR	A	COMPETITIV	37212_	_1

Schedule D (Form 990) 2022 Part XIII Supplemental Info	INITIATIVE FOR A COMPETITIVE INNER CITY, INC.	13-3772904 Page
Part XIII Supplemental Info	rmation (continued)	
ELOCATION EXPENSE		9,681
_		
	`	
2055 09-01-22		Schedule D (Form 990) 202

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2022.04030 INITIATIVE FOR A COMPETITIV 37212\_\_1

SCHEDULE F (Form 990)	Stateme Complete if the	OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service	Go to w		Open to Public Inspection			
Name of the organization INITIATIVE FOR CITY, INC.					Employer id	dentification number
	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ		
Form 990, Part I	V, line 14b.			-		
			ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	ce outside the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, e specific type (s) in the regio	expenditures for and investments
			GRANTS TO RECIPIENTS			
NORTH AMERICA	0	0	LOCATED IN CANADA			78,348.
3 a Subtotal	1	(				78,348.
<b>b</b> Total from continuation						
sheets to Part I	0	(				0.
c Totals (add lines 3a and 3b)	1	(				78,348.
LHA For Paperwork Reduct	tion Act Notice,	see the Instruc	tions for Form 990.		Sched	ule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022

CITY, INC.

13-3772904

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CAPITAL GRANTS	15,641.		0.		
		NORTH AMERICA	CAPITAL GRANTS	15,641.		0.		
		NORTH AMERICA	CAPITAL GRANTS	15,641.		0.		
		NORTH AMERICA	CAPITAL GRANTS	15,641.		0.		
		NORTH AMERICA		13,041.				
		NORTH AMERICA	CAPITAL GRANTS	15,784.		0.		
			recognized as charities by the or counsel has provided a sec					
			or couriser has provided a sec					5

Page 2

232073 10-17-22

# INITIATIVE FOR A COMPETITIVE INNER

CITY, INC.

Schedule F (Form 990) 2022

# 13-3772904

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Page 3

INITIATIVE	FOR	Α	COMPETITIVE	INNER
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Scheo	dule F (Form 990) 2022 CITY, INC.	13-3772904 Page	4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes 🔀 No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes 🔀 No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes 🔀 No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes 🛛 No	

Schedule F (Form 990) 2022

232074 10-17-22

			FOR A	COMPETITIVE	INNER	12 2550004
Schedule F	(Form 990) 2022 Supplementa	CITY, INC.				13-3772904 Page 5
i uit v	Provide the inform	mation required by Part				unting method; amounts of thod); and Part III, column (c)
	(estimated numb	er of recipients), as appl	icable. Also	complete this part to pr	ovide any additional inf	ormation. See instructions.
					<u> </u>	
232075 10-17-	-22					Schedule F (Form 990) 2022
				36		

SCHEDULE I (Form 990)											
Department of the T Internal Revenue Se			Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection			
Name of the organizationINITIATIVE FOR A COMPETITIVE INNEREmployer ideCITY, INC.1											
Part I General Information on Grants and Assistance											
criteria u	<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>										
Part II Gr	rants and Other Assistance to cipient that received more than \$	Domestic Organia	zations and Domesti	c Governments.	Complete if the org	anization answered "	/es" on Form 990, Par	t IV, line 21, for any			
<b>1 (a)</b> Nam	e and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
					$\mathbf{D}$						
			$\mathcal{D}$								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

CITY, INC.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RANT FOR GENERAL SUPPORT	156	419,800.	0.		
RAVEL STIPENDS	317	631,000.	0.		
	517				
			Ť		
Part IV Supplemental Information. Provide the informat	ion required in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	

Form 990)     For certain Officers. Directors. Trustees, Key Employees, and Highest     Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.     Attach to Form 900.     Mamo of the organization     Control of the Task of the organization answered 'Yes' on Form 990, Part IV, line 23.     Attach to Form 900.     Task of the organization     The organization	SC	CHEDULE J Compensation	Information	ОМВ	No. 1545-	0047			
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. <u>Go to www.irs.gov/Form800 for instructions and the latest information.</u> Open to Public Inspection <u>Inspections</u> Name of the organization         Constructions and the latest information.         Employer identification numbers <u>CTTY</u>			2	2022					
Department         Attach to Form 990.         Operation         Operation           Name of the organization         INITIATIVE FOR A COMPETITIVE INNER         Employer identification number           CITY, INC.         Employer identification number         3 - 3772904           Part Device the appropriate boxies if the organization provided any of the following to of ra person listed on Form 990.         Yes         No           Part Device the appropriate boxies if the organization provided any of the following to compare the set of the set									
Information         Coto www.ire.gov/Form990 for instructione and the latest information.         Impediation           Name of the organization         INTINATIVE FOR A COMPETITIVE INNER         Employer identification number           Part II         Questions Regarding Compensation         13 - 3772904           Image of the organization provide any of the following to or for a person listed on Form 980, Part VII, Section A, Ine 1a. Complete Part III to row de any relevant information regarding these items.         Image of the organization provide any of the following to or for a person listed on Form 980, Part VII, Section A, Ine 1a. Complete Part III to row de any relevant information regarding these items.         Image of the organization provide any of the following to or for a person listed on Form 980, Part VII, Section A, Ine 1a. Complete Part III to explain         Image of the organization relation social club dues or initiation fees           Image of 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 to exclude organization to establish or differer, including the CEO/Executive Director, the explain in Part III.         Image officers, including the CEO/Executive Director, but explain in Part III.         Image officers, including the CEO/Executive Director, the splain in Part III.         Image officers, including the CEO/Executive Director, the explain in Part III.         Image officers, including the CEO/Executive Director, the splain in Part III.         Image officers, including the CEO/Executive Director, the splain in Part III.         Image officers, including the CEO/Executive Director, the s	Dena	Attack 4. E.							
CITY, INC.       13-3772904         Part I Questions Regarding Compensation         Yes       No         Part II, Section A, line 1a, complete Part III to provide any relevant information regarding these terms.       Yes       No         Part II, Section A, line 1a, complete Part III to provide any relevant information regarding these terms.       Provide any relevant information regarding these terms.       Part VII. Section A, line 1a, complete Part III to provide any relevant information regarding payment or reindursement or provision and gross-up payments.       Peart Payments for business use of personal residence H and to explain and and the organization regulation social of the organization regulation social of the organization regulation provide any relevant PII No. Complete Part III to explain and and of the organization regulation social of the organization regulation social of the organization regulation social of the organization to be collable use of the interm schecked on line 1a?       1b         2       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation of the organization to establish the compensation committee       1b         3       Indicate which, if any, of the following the organization used to establish the compensation committee       1c         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a neited organization.       2 a         4       During the year, did any person listed on Form	Intern	Go to www.irs.gov/Form990 for instru	ctions and the latest information.		•				
Part 1       Questions Regarding Compensation       Yes       No         ************************************	Nan	-	ITIVE INNER			umber			
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Housing allowance or residence for personal sections.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the sections.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described allowance or seidence for personal residence of part 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 allowance in the explain.         It           2 bit the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the complemation or the lace organization to establish compensation or the CEO/Executive Director, but explain in Part III.         Compensation contract         It         It           Coring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to asuptemental morqualified retirement plan?         4a         X           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee				13-3772	904				
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, Ine 1a. Computed Part III to provide any relevant information regarding these items.         Impact tables or charter travel       Housing allowance or residence for personal use of personal use of personal residence in the part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         2       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         2       Did the organization require usbatamitation prior to reimbursing or allowing expresses incurred by all directors.         2       Indicate which, if any, of the following the organization used to establish the compensation of the organization is comparisation committee       Image: Compensation organization equire that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant       Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       Image: Compensation organization         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       Image: Compensation organization?         4       During the year, did any of Diso Co/L(2a) and Disol (abl	Ра	Part I Questions Regarding Compensation							
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Print-class or charter travel       Polyments for business use of personal residence         Tax indemnification and gross-up payments       Personal excises (such as maid, charlingerup, cher)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.       Compensation of the organization to establish the compensation on the organization to establish compensation committee       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       For person silted organization:       4a       X <t< td=""><td></td><td></td><td></td><td> <b>Г</b></td><td>Ye</td><td>s No</td></t<>				<b>Г</b>	Ye	s No			
<ul> <li>First-class or charter travel</li> <li>Payments for business use of personal use</li> <li>Payments for business use of personal residence</li> <li>Travel for companions</li> <li>Payments for business use of personal residence</li> <li>Payments for business use of personal residence</li> <li>Tavel for companions</li> <li>Personal services (such as maid, chauffeur, chef)</li> </ul> <li>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of al of the expenses described above? If "No," complete Part III to explain field and the expenses described above? If "No," complete Part III to explain field and the expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</li> <li>Indicate which, if any, of the following the organization used to establish the compensation of the organization regulated person committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Approval by the board or compensation to establish the compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Approval by the board or compensation committee</li> 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? <ul> <li>Adv X</li> <li>Participate in or receive payment from an expluybamental nonqualified referement plan?</li> <li>Participate in or receive payment from an expluybament compensation arrangement?</li> <li>If "Yes" to any of lines 4ac, list the persona and provide the applicable arounds reach item in Part III.</li> <li>Only section 501(c/3), 501(c/4), and 501(c/29) organization must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay oraccrue any compensation contingent on</li></ul>	1a			n 990,					
Image: Travel for companions       Payments for business use of personal residence         Image: Tax indemification and gross-up payments       Personal services (such as maid, chauffeur, chef)         Image: Tax indemification and gross-up payments       Personal services (such as maid, chauffeur, chef)         Image: Tax indemification 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?       Image: Tax indemification to check and base payments in the stabilish the companization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to estabilish compensation consultant       Image: Tax indemification to check any boxes for methods used by a related organization to estabilish compensation consultant       Image: Tax indemification to check any boxes for methods used by a related organization to estabilish compensation consultant       Image: Tax indemification to check any boxes for methods used by a related organization to estabilish compensation and any payment for an argo-of-control payment?       Image: Tax indemification to a relate organization:         4       During the year, di any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Tax indemification as upplemented to mange: Tax indemification payment for an arguity-based compensation and generation;       Image: Tax indemification;         4       During the year, di any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation and on ontingent on the r									
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Indicate which, if any of the following the Organization:       Compensation committee       2         Compensation committee       Written employment contract       2         Independent compensation of the Organization:       Compensation survey or study       3         Participate in or receive payment from an equity-based compensation arrangement?       4a       X         4       During the yaar, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the evenes payment from an equity-based compensation arrangement?       4a       X         b Participate in or re			•						
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         Indicate which, if any, of the following the organization used to establish the compensation or any term consultant       Compensation consultant       2         Independent compensation consultant       Compensation survey or study       Form 990 of other organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         16       Participate in or receive payment from an equity-baade compensation arrangement?       4a       X         17"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         0hy section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5o ro persons l									
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       X Written employment contract       2         Impendent compensation consultant       Compensation acromentation committee       X Written employment contract         Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         B       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization on files 4ac, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5a									
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2 <ul> <li>CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>Participate in or receive payment from a supplemental nonqualified refirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified refirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified refirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified refirement plan?</li> <li>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:</li> <li>The organization?</li> <li>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:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retemings of:</li> <li>The organization?</li>       &lt;</ul>			sonal services (such as maid, chaunel	ur, chet)					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2            Compensation committee         Compensation consultant         Compensation survey or study         Form 990 of other organizations         X Approval by the board or compensation committee         Approval by the board or compensation committee         Again and an equity-based compensation arrangement?         Aga         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) organization may or accrue any compensation contingent or the revenues of:         The organization?         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:         The organization?         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:         The organization?         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:         The organization?         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the returnings of:         The organization?         For persons listed on Form 990, Part VII, Secti	h	h. If any of the hoves on line to are checked, did the organization follows a	written policy regarding payment or						
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         6       Compensation committee       X       Written employment contract       2         1       Independent compensation consultant       Compensation survey or study       3       3         9       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:       4a       X         9       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         9       Participate in or receive payment from a supplemental companization pay or accrue any compensation contingent on the revenues of:       3       3         10       Participate in or receive payment from a supplemental companization pay or accrue any compensation contingent on the revenues of:       3       3         10       Participate in or receive payment from a supplementana nequity-based compansation	D	· · · · · · · · · · · · · · · · · · ·			16				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Cempensation committee for the organization in Part III.       Image: Cempensation committee for the organization in Part III.       Image: Cempensation committee for the organization in Part III.       Image: Cempensation committee for the organization in Part III.       Image: Cempensation committee for the organization in Part III.       Image: Cempensation committee for the organization is cempensation committee for the organization or a related organization:       Image: Cempensation committee for the organization is cempensation committee for the organization:       Image: Cempensation committee for the organization:       Image: Cempensation committee for the organization is cempensation committee for the organization:         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization ar related organization?       Image: Cempensation cempensation are asupplemented inonqualified retirement plan?       Image: Cempensation cempensation cempensation cempensation cempensation and provide the applicable amounts for each item in Part III.       Image: Cempensation cempensation cempensation cempensation cempensation?       Image: Cempensation cempensation cempensation cempensation cempensation?       Image: Cempensaticempensis cempension cempensation cempensation cempens	2								
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director, but explain in Part III.         Compensation committee       Image: CEO/Executive Director, but explain in Part III.       Compensation committee       Image: CEO/Executive Director, but explain in Part III.         Compensation committee       Image: CEO/Executive Director, but explain in Part III.       Compensation committee       Image: CEO/Executive Director, but explain in Part III.         Compensation committee       Image: CEO/Executive Director, but explain in Part III.       Compensation committee       Image: CEO/Executive Director, but explain in Part III.         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: CEO/Executive Director, Dayment?       Image: CEO/Executive Director, Dayment?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: CEO/Executive Director, Dayment?       Image: CEO/Executive Director, Dayment Part Part Part Part Part Part Part Par	2	· · · ·			2				
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment or change-of control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> </ul> <li>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:         <ul> <li>The organization?</li> <li>Sh</li> <li>X</li> <li>Any related organization?</li> <li>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:             <ul> <li>The organization?</li> <li>Any related organization?</li> <li>Bo</li> <li>X</li></ul></li></ul></li>					-				
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment or change-of control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> </ul> <li>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:         <ul> <li>The organization?</li> <li>Sh</li> <li>X</li> <li>Any related organization?</li> <li>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:             <ul> <li>The organization?</li> <li>Any related organization?</li> <li>Bo</li> <li>X</li></ul></li></ul></li>	3	Indicate which if any of the following the organization used to establish	the compensation of the organization'	s					
establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation committee         Image: Independent compensation consultant       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Committee Committee       Image: Committee Committee       Image: Compensation committee       Image: Compensation committee         Image: Committee Committee       Image: Committee Committee       Image: Committee Committee       Image: Committee         Image: Committee Committee       Image: Committee Committee       Image: Committee       Image: Committee       Image: Committee         Image: Committee Committee       Image: Committee       Image: Committee       Image: Committee       Image: Committee       Image: Committee       Image: Committee       I	-								
Compensation committee       X Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change of control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         b       Any related organization?       5a       X         d       Any related organization?       5a       X         f" Yes" on line 5a or 5b, describe in Part III.       5b       X         f" Yes" on line 6a or 6b, describe in Part III.       6a       X         b       Any related organization?       6a       X         b       Any related organization? <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X       If "Yes" on line 5a or 5b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X       Image: Section 50 (Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII.       6b       X         b Any related organization?       6a       X       Image: Section 53.4958-4(a)(3)? If "Yes," describe in Part III.									
Image: Some set of the s									
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         f 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:       6a       X         a The organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organizat				committee					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       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?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6a       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described o									
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       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?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6a       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described o	4	During the year, did any person listed on Form 990, Part VII, Section A, li	ne 1a, with respect to the filing						
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?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X									
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?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X	а	a Receive a severance payment or change-of-control payment?			4a	X			
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of 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:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         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:       6a       X         a The organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4	b				4b	X			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-	с	c Participate in or receive payment from an equity-based compensation an	angement?		4c	Х			
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       K         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9									
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the org									
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must co	omplete lines 5-9.						
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organ	ization pay or accrue any compensation	on					
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		contingent on the revenues of:							
b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	а	a The organization?			5a				
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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b				5b	X			
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9		,							
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6		ization pay or accrue any compensation	on					
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		<b>. .</b>							
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	а	a The organization?							
<ul> <li>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</li></ul>	b				6b	X			
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_								
<ul> <li>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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	7					v			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	~				/				
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?         9       9	8		-			v			
Regulations section 53.4958-6(c)? 9	~				8	A			
	9	· · · · ·	-						
					-				

Schedule J (Form 990) 2022

CITY, INC.

13-3772904

Page 2

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVE GROSSMAN	(i)	330,656.	0.	0.	13,226.	4,556.	348,438.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HOWARD WIAL	(i)	226,430.	0.	0.	9,057.	6,173.	241,660.	0.
SR. VP OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OKSANA BONDAR	(i)	191,600.	0.	0.	7,664.	1,314.	200,578.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH PUGH	(i)	175,710.	0.	0.	7,028.	12,153.	194,891.	0.
DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SONIA MOIN	(i)	176,438.	0.	0.	6,856.	2,688.	185,982.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DIEGO PORTILLO-MAZAL	(i)	149,780.	0.	0.	1,362.	6,173.	157,315.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

INITIA	TIVE	FOR	Α	COMPETITIVE	INNER
CITY,	INC.				

#### 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 J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. INITIATIVE FOR A COMPETITIVE INNER

CITY, INC.

Employer identification number 13 - 3772904

OMB No 1545-0047

Open to Public

Inspection

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

RESEARCH AND PROGRAMS TO CREATE JOBS, INCOME, AND WEALTH FOR LOCAL

RESIDENTS.

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

EDUCATION, ONE-ON-ONE COACHING AND CONNECTIONS TO CAPITAL AND CAPITAL

PROVIDERS.

OVER THE PAST 17 YEARS, THE PROGRAM HAS SERVED MORE THAN 5,800

BUSINESSES, THAT HAVE AVERAGED 141% REVENUE GROWTH, CREATED 26,000

JOBS, AND RAISED OVER \$2.4 BILLION IN CAPITAL.

PROGRAM I, INITIATIVE 2. 10,000 SMALL BUSINESSES

ICIC PARTNERS WITH GOLDMAN SACHS TO IDENTIFY HIGH-POTENTIAL

ENTREPRENEURS FOR 10,000 SMALL BUSINESSES. THIS INITIATIVE HELPS SMALL

BUSINESS OWNERS CREATE JOBS AND ECONOMIC OPPORTUNITY BY PROVIDING THEM

WITH GREATER ACCESS TO BUSINESS EDUCATION, FINANCIAL CAPITAL AND

BUSINESS SUPPORT SERVICES.

TO DATE, THE PROGRAM HAS SERVED OVER 13,600 SMALL BUSINESSES FROM ALL

50 STATES, DC AND PUERTO RICO. GRADUATES OF THE PROGRAM HAVE SEEN

INCREASED REVENUE AND 85% ARE ACTIVE IN ALUMNI GROUPS AS MENTORS OR

DOING BUSINESS WITH OTHER ALUMNI.

PROGRAM I, INITIATIVE 3. BLACK IN BUSINESS

IN 2022, ICIC EXPANDED ITS PART	VERSHIP WITH GOLDMAN SACHS TO BETTER
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 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization INITIATIVE FOR A COMPETITIVE INNER CITY, INC.	Employer identification number 13-3772904
SERVE BLACK WOMEN SOLE PROPRIETORS WITH THE CREATION OF T	HE ONE MILLION
BLACK WOMEN: BLACK IN BUSINESS PROGRAM. IN RESPONSE TO TH	E INCREASING
NUMBER OF BLACK WOMEN SOLE PROPRIETORS AND THE OBSTACLES	THEY FACE,
THIS PROGRAM TEACHES PARTICIPANTS HOW TO PRICE THEIR PROD	UCTS OR
SERVICES, HIRE EMPLOYEES AND UNDERSTAND FINANCES THROUGH	A TWELVE WEEK
IN PERSON AND VIRTUAL CURRICULUM. THE PROGRAM WAS MET WIT	H IMMENSE
ENTHUSIASM AND HAS SERVED 450 PARTICIPANTS SINCE ITS MAY	2022 LAUNCH.
PROGRAM I, INITIATIVE 4. CULTIVATE SMALL BUSINESS	
CULTIVATE SMALL BUSINESS IS DESIGNED TO HELP EARLY-STAGE	ENTREPRENEURS,

ESPECIALLY BLACK, INDIGENOUS AND PEOPLE OF COLOR (BIPOC), WORKING TO

BUILD AND SUSTAIN FOOD RELATED BUSINESSES IN DIVERSE NEIGHBORHOODS. THE

PROGRAM PROVIDES INDUSTRY SPECIFIC EDUCATION, PROFESSIONAL NETWORKS AND

MENTORING AS WELL AS SMALL CAPITAL GRANTS FOR BUSINESS OWNERS.

PROGRAM I, INITIATIVE 5. INNER CITY 100

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THE INNER CITY 100 (IC100) IS AN ANNUAL AWARD THAT RECOGNIZES THE

FASTEST-GROWING COMPANIES IN UNDER-RESOURCED COMMUNITIES ACROSS THE

NATION. AWARD BENEFITS INCLUDE NATIONAL AND LOCAL MEDIA COVERAGE,

EXCLUSIVE NETWORKING OPPORTUNITIES, AND THE OPPORTUNITY TO BE MATCHED

WITH AN EXPERT, LONG-TERM BUSINESS MENTOR. THE IC100 LIST IS ANNOUNCED

EACH YEAR AT THE ICIC ANNUAL CONFERENCE. THE 2022 IC100 WINNERS

REPRESENTED 25 INDUSTRIES AND 57 CITIES AND EXPERIENCED AN AVERAGE

4-YEAR REVENUE GROWTH OF OVER 400%.
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PROGRAM I, INITIATIVE	6,	BUILDING FOR	GROWTH			
232212 10-28-22			10			Schedule O (Form 990) 2022
12041025 715045 37212		2022.04030	45 INITIATIVE	FOR	A	COMPETITIV 372121

Schedule O (Form 990) 2022 Page 2									
Name of the organization	INITIATIVE	FOR	А	COMPETITIVE	INNER	Employer identification number			
	CITY, INC.					13-3772904			

LAUNCHED IN MAY 2022, BUILDING FOR GROWTH (BFG) IS A TUITION-FREE, NATIONAL EXECUTIVE EDUCATION PROGRAM THAT HELPS BIPOC- AND WOMAN-OWNED CONSTRUCTION COMPANIES BUILD CAPACITY THROUGH CONSTRUCTION INDUSTRY-SPECIFIC TRAINING, TECHNICAL ASSISTANCE, AND MENTORSHIP. THE PROGRAM SUPPORTS BUSINESSES IN INCREASING THEIR BONDING CAPACITY, ACCESSING CAPITAL, AND SECURING LARGER-SCALE CONTRACTS. BFG'S INAUGURAL COHORT SERVED 54 BUSINESSES IN 19 STATES, 91% OF WHICH WERE BIPOC-OWNED AND 53% OF WHICH WERE WOMAN-OWNED. IN 2023, THE BFG PROGRAM HAS EXPANDED TO OFFER TWO COHORTS.

PROGRAM I, INITIATIVE 7, SUCCESSION READY

SUCCESSION READY IS A FREE SERIES OF FIVE THREE-HOUR EDUCATIONAL WORKSHOPS TO HELP SMALL BUSINESS OWNERS DEVELOP AND NAVIGATE A SUCCESSFUL SUCCESSION PLAN FOR THEIR BUSINESSES. THIS NEW PROGRAM WAS LAUNCHED IN AUGUST OF 2022 IN COLLABORATION WITH THE COMMUNITY COLLEGE OF RHODE ISLAND, NEW MAJORITY CAPITAL FOUNDATION, BABSON COLLEGE, AND RHODE ISLAND COMMERCE, AND HOSTED AN INAUGURAL CLASS OF 19 BUSINESSES.

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

THE PROCESS AS WELL AS IN OUTCOMES.

RESEARCH PROJECTS IN 2022 INCLUDED:

- HOW THE CORONAVIRUS RECESSION AND RECOVERY HAVE AFFECTED BUSINESSES

AND JOBS IN THE 100 LARGEST METROPOLITAN AREAS

- TECHNICAL KNOCKOUT: CLOSING THE GAP IN REGIONAL SMALL BUSINESS

TECHNICAL ASSISTANCE SYSTEMS

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Schedule O (Form 990) 2022 Page 2							
Name of the organization	INITIATIVE CITY, INC.	FOR	A	COMPETITIVE	INNER	Employer identification number 13-3772904	
	CIII, INC.					15 5772504	

- BRIDGING THE CAPITAL ACCESS GAP: AN OVERVIEW OF THE SMALL BUSINESS

#### FINANCING INDUSTRY

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

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

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

ANNUALLY ALL BOARD MEMBERS AND KEY EMPLOYEES MUST FILL OUT A CONFLICT OF

INTEREST QUESTIONNAIRE. THESE QUESTIONNAIRES ARE MAINTAINED BY FISCAL

OFFICE.

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

THE CEO'S COMPENSATION ADJUSTMENT IS DETERMINED BY THE BOARD OF DIRECTORS

AND IS BASED ON COMPARABILITY DATA, PERFORMANCE, AND FINANCIAL LIMITATIONS

OF THE ORGANIZATION.

THE ANNUAL COMPENSATION ADJUSTMENTS FOR KEY EMPLOYEES FOLLOW THE SAME PROCEDURES AS COMPENSATION ADJUSTMENTS FOR ALL OTHER EMPLOYEES. IT'S BASED ON ONE'S PERFORMANCE, INTERNAL AND EXTERNAL EQUITY, AND FINANCIAL LIMITATIONS OF THE ORGANIZATION. THIS PROCESS IS DOCUMENTED 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 DOCUMENTS AND

CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

FORM	990,	PART	IX,	LINE	11G,	OTHER	FEES:
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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization INITIATIVE FOR A COMPETITIVE INNER CITY, INC.	Pa Employer identification num 13-3772904
CONTRACTED LABOR:	
PROGRAM SERVICE EXPENSES	896,64
MANAGEMENT AND GENERAL EXPENSES	32,64
FUNDRAISING EXPENSES	5
TOTAL EXPENSES	929,34
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	164,44
MANAGEMENT AND GENERAL EXPENSES	27,79
FUNDRAISING EXPENSES	3,95
TOTAL EXPENSES	196,19
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,125,53
FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
232212 10-28-22	Schedule O (Form 990) 2

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

**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/e-file-providers/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.

Type o print	Name of exempt organization or other filer, see instructions.       Tax         INITIATIVE FOR A COMPETITIVE INNER       CITY, INC.				axpayer identification number (TIN) $13 - 3772904$				
File by the due date t filing your return. Se	for Number, street, and room or suite no. If a P.O. box, s	Number, street, and room or suite no. If a P.O. box, see instructions.							
instruction		oreign adc	Iress, see instructions.						
Enter th	ne Return Code for the return that this application is for (fi	le a separa	ate application for each return)						
Applica	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870	12					
Form 9	90-T (corporation)	07							
<ul> <li>The</li> </ul>	books are in the care of PO BOX 191297								
• If the	phone No. ► <u>617-238-1740</u> e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ►	Group Exe	emption Number (GEN) I	f this is fo	r the whole gr	oup, check this			
tł	equest an automatic 6-month extension of time until <b>NOVEMBER 15, 2023</b> , to file the exempt organization return for e organization named above. The extension is for the organization's return for: $\boxed{X}$ calendar year $2022$ or								
2 If [	L 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								
	this application is for Forms 990-PF, 990-T, 4720, or 6069	¢	0.						
_	ny nonrefundable credits. See instructions.	) ontor cr	v rofundable credite and	3a	\$				
b       If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and         estimated tax payments made. Include any prior year overpayment allowed as a credit.       3b						0.			
<ul> <li><b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by</li> </ul>									
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.			
	n: If you are going to make an electronic funds withdrawa				1	TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form <b>88</b>	68 (Rev. 1-2022)			

223841 04-01-22