

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2002**Open to Public  
Inspection**A** For the 2002 calendar year, or tax year period beginning and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Number and street (or P O box if mail is not delivered to street address)

**727 ATLANTIC AVE.**

City or town, state or country, and ZIP + 4

**BOSTON, MA 02111****D** Employer identification number**13-3772904****E** Telephone number**617-292-2363****F** Accounting method☐ Cash ☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**G** Web site ▶ **WWW.ICIC.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,952,044.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received.		<b>1a</b>	<b>2,181,727.</b>	<b>1d</b>	<b>2,181,727.</b>
<b>a</b> Direct public support		<b>1b</b>		<b>2</b>	<b>701,309.</b>
<b>b</b> Indirect public support		<b>1c</b>		<b>3</b>	
<b>c</b> Government contributions (grants)				<b>4</b>	<b>40,082.</b>
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,181,727.</b> noncash \$ )				<b>5</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>6a</b>		<b>6c</b>	
<b>3</b> Membership dues and assessments		<b>6b</b>		<b>7</b>	
<b>4</b> Interest on savings and temporary cash investments				<b>8d</b>	
<b>5</b> Dividends and interest from securities					
<b>6 a</b> Gross rents					
<b>b</b> Less rental expenses					
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)					
<b>7</b> Other investment income (describe in Part VII, line 93)					
<b>8 a</b> Gross amount from sale of assets other than inventory		(A) Securities	(B) Other		
<b>b</b> Less cost or other basis and sales expenses		<b>8a</b>	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, column (A), and (B))					
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)		<b>9a</b>	<b>1,028,926.</b>	<b>9c</b>	<b>882,926.</b>
<b>b</b> Less direct expenses other than fundraising expenses		<b>9b</b>	<b>146,000.</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)					
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>		<b>10c</b>	
<b>b</b> Less cost of goods sold		<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	<b>3,806,044.</b>
<b>13</b> Program services (from line 44, column (B))				<b>13</b>	<b>2,805,985.</b>
<b>14</b> Management and general (from line 44, column (C))				<b>14</b>	<b>1,077,113.</b>
<b>15</b> Fundraising (from line 44, column (D))				<b>15</b>	
<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))				<b>17</b>	<b>3,883,098.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18</b>	<b>&lt;77,054.&gt;</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19</b>	<b>155,287.</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)				<b>20</b>	<b>&lt;47,594.&gt;</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21</b>	<b>30,639.</b>

SCANNED DEC 17 2003

Revenue

Expenses

Net Assets

16 9/3

**INITIATIVE FOR A COMPETITIVE INNER  
CITY, INC.**

13-3772904

<b>Part II Statement of Functional Expenses</b>		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	247,667.	182,617.	65,050.	0.
26	Other salaries and wages	1,752,596.	1,292,278.	460,318.	
27	Pension plan contributions	61,688.	43,594.	18,094.	
28	Other employee benefits	155,558.	109,930.	45,628.	
29	Payroll taxes	158,718.	112,164.	46,554.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	197,314.	46,193.	151,121.	
34	Telephone				
35	Postage and shipping	24,987.	16,548.	8,439.	
36	Occupancy	194,192.	125,275.	68,917.	
37	Equipment rental and maintenance	659.		659.	
38	Printing and publications	75,443.	64,444.	10,999.	
39	Travel	179,487.	152,010.	27,477.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	22,741.	17,246.	5,495.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	<b>SEE STATEMENT 3</b>	812,048.	643,686.	168,362.	
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15</b>	3,883,098.	2,805,985.	1,077,113.	0.

Joint Costs Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>INNER CITY ECONOMIC DEVELOPMENT</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
<b>a RESEARCH - INNOVATIVE RESEARCH IN ECONOMIC DEVELOPMENT STRATEGIES FOR INNER CITY</b>	
(Grants and allocations \$ _____)	705,061.
<b>b CITY ADVISORY PRACTICE - PROVIDES STRATEGIC PLANNING FOR ECONOMIC DEVELOPMENT IN INNER CITY AREAS</b>	
(Grants and allocations \$ _____)	855,340.
<b>c COMMUNICATIONS - DEVELOP STRATEGIES TO COMMUNICATE RESEARCH AND OTHER FINDINGS</b>	
(Grants and allocations \$ _____)	267,409.
<b>d NATIONAL BUSINESS SCHOOL NETWORK - HOLDS ANNUAL CONFERENCES FOR BUSINESS SCHOOLS TO PUBLICIZE AND PROMOTE RESEARCH</b>	
(Grants and allocations \$ _____)	81,156.
<b>e Other program services (attach schedule) STATEMENT 4</b>	897,019.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	2,805,985.

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	164,449.	45	160,377.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	157,495.		
	b Less: allowance for doubtful accounts		47c	157,495.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	50,000.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	27,482.	53	32,266.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	222,170.			
b Less: accumulated depreciation	198,270.	57c	23,900.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 5 )	178,772.	58	155,575.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	744,734.	59	579,613.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	193,357.	60	226,595.
	61 Grants payable		61	
	62 Deferred revenue	296,090.	62	110,200.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 6 )	100,000.	65	212,179.
66 <b>Total liabilities</b> (add lines 60 through 65)	589,447.	66	548,974.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	25,287.	67	<588,653.>
	68 Temporarily restricted	130,000.	68	619,292.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	155,287.	73	30,639.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	744,734.	74	579,613.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

## Form 990 (2002)

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Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	4,508,044.	a	Total expenses and losses per audited financial statements	a	4,585,098.
b	Amounts included on line a but not on line 12, Form 990*	b		b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Net unrealized gains on investments \$	(1)		(1)	Donated services and use of facilities \$ 702,000.	(1)	
(2)	Donated services and use of facilities \$ 702,000.	(2)		(2)	Prior year adjustments reported on line 20, Form 990 \$	(2)	
(3)	Recoveries of prior year grants \$	(3)		(3)	Losses reported on line 20, Form 990 \$	(3)	
(4)	Other (specify) \$	(4)		(4)	Other (specify): \$	(4)	
	Add amounts on lines (1) through (4)	b	702,000.		Add amounts on lines (1) through (4)	b	702,000.
c	Line a minus line b	c	3,806,044.	c	Line a minus line b	c	3,883,098.
d	Amounts included on line 12, Form 990 but not on line a	d		d	Amounts included on line 17, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$	(1)		(1)	Investment expenses not included on line 6b, Form 990 \$	(1)	
(2)	Other (specify) \$	(2)		(2)	Other (specify) \$	(2)	
	Add amounts on lines (1) and (2)	d	0.		Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,806,044.	e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,883,098.

[illegible]

☐ Yes ☒ No

Form 990 (2002)

**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <b>ICIC ENTERPRISES, INC.</b> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	702,000.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed <b>MASSACHUSETTS</b>		
b Number of employees employed in the pay period that includes March 12, 2002	90b	36
91 The books are in care of <b>THE CORPORATION</b> Telephone no <b>617-292-2363</b>		

Located at **727 ATLANTIC AVE. SUITE 600, BOSTON, MA**ZIP + 4 **02111**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here  
and enter the amount of tax-exempt interest received or accrued during the tax year

92

0.

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CONSULTING FEES					701,309.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	40,082.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					882,926.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		40,082.	1,584,235.
105 Total (add line 104, columns (B), (D), and (E))					1,624,317.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	CONSULTING FEES ARE GENERATED ON CONSULTING ENGAGEMENTS THAT ARE RELATED TO THE AGENCY'S MISSION

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
ICIC ENTERPRISES, INC.	100%	MANAGEMENT OF INVESTMENT FUNDS	155,475.	484,169.
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct.  
 Information of which preparer has any knowledge

17-03

▶ Anne S. Healy, Co Executive Director  
 Type or print name and title

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

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

Employer identification number  
**13 3772904**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>DEIRDRE COYLE</u> 727 ATLANTIC AVE. BOSTON, MA 02111	SENIOR VP 40	91,875.	3,991.	
<u>TOD COWEN</u> 727 ATLANTIC AVE. BOSTON, MA 02111	SENIOR VP 40	90,000.	12,567.	
<u>ALVARO LIMA</u> 727 ATLANTIC AVE. BOSTON, MA 02111	SENIOR VP 40	85,000.	9,129.	
<u>ALEN AMRIKHANIAN</u> 727 ATLANTIC AVE. BOSOTN, MA 02111	VICE PRES 40	78,190.	7,323.	
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	0	

**INITIATIVE FOR A COMPETITIVE INNER  
CITY, INC.**

Schedule A (Form 990 or 990-EZ) 2002

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**Part III Statements About Activities** (See page 2 of the instructions )

**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B )

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box.)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school. Section 170(b)(1)(A)(ii) (Also complete Part V )

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)

(b) Line number  
from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

Schedule A (Form 990 or 990-EZ) 2002



## INITIATIVE FOR A COMPETITIVE INNER

Schedule A (Form 990 or 990-EZ) 2002 CITY, INC.

13-3772904 Page 3

**Part IV-A****Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,594,610.	2,095,706.	1,260,899.	2,318,235.	8,269,450.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	805,649.	859,418.	652,846.	122,921.	2,440,834.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,952.	27,866.	9,431.	15,061.	75,310.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 7 4,265.	15,376.	19,641.
23 Total of lines 15 through 22	3,423,211.	2,982,990.	1,927,441.	2,471,593.	10,805,235.
24 Line 23 minus line 17	2,617,562.	2,123,572.	1,274,595.	2,348,672.	8,364,401.
25 Enter 1% of line 23	34,232.	29,830.	19,274.	24,716.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					167,288.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					1,763,272.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					8,364,401.
d Add: Amounts from column (e) for lines 18 75,310. 19 19,641. 22 1,763,272.					1,858,223.
e Public support (line 26c minus line 26d total)					6,506,178.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					77.7841%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**INITIATIVE FOR A COMPETITIVE INNER  
CITY, INC.**

Schedule A (Form 990 or 990-EZ) 2002

13-3772904 Page 4

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

**Yes No**

**29**

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

**30**

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

**31**

If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)

**32** Does the organization maintain the following

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**32a**

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

**32b**

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

**32c**

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

**32d**

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)

**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

**33a**

**b** Admissions policies?

**33b**

**c** Employment of faculty or administrative staff?

**33c**

**d** Scholarships or other financial assistance?

**33d**

**e** Educational policies?

**33e**

**f** Use of facilities?

**33f**

**g** Athletic programs?

**33g**

**h** Other extracurricular activities?

**33h**

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

**34a**

**b** Has the organization's right to such aid ever been revoked or suspended?

**34b**

If you answered "Yes" to either 34a or b, please explain using an attached statement.

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

**35**

Schedule A (Form 990 or 990-EZ) 2002

## INITIATIVE FOR A COMPETITIVE INNER

Schedule A (Form 990 or 990-EZ) 2002 CITY, INC.

13-3772904 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

<b>Part VII</b>	<b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable</b>
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**Exempt Organizations** (See page 12 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of**

(1) Cash

**(ii) Other assets**

**b Other transactions\***

**(I) Sales or exchanges of assets with a noncharitable exempt organization**

**(ii) Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

**N/A**

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

b. If "Yes," complete the following schedule

N/A

[illegible]

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
EVENT REVENUE	1,028,926.		1,028,926.	146,000.	882,926.
TO FM 990, PART I, LINE 9	1,028,926.		1,028,926.	146,000.	882,926.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	<47,594.>
TOTAL TO FORM 990, PART I, LINE 20	<47,594.>

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL DEVELOPMENT	7,379.	5,900.	1,479.	
CONTRACTED/LABOR	195,043.	190,475.	4,568.	
EVENT EXPENSE	210,834.	159,089.	51,745.	
PROFESSIONAL FEES	288,809.	216,048.	72,761.	
MISCELLANEOUS	16,032.	2,590.	13,442.	
COMMUNICATIONS	93,951.	69,584.	24,367.	
TOTAL TO FM 990, LN 43	812,048.	643,686.	168,362.	

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FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
BOSTON ADVISORS - CONSULTING SERVICES IN BOSTON'S INNER CITY		413,826.
INNER CITY 100 - IDENTIFIES 100 TOP GROWING COMPANIES IN INNER CITY		483,193.
TOTAL TO FORM 990, PART III, LINE E		897,019.

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	AMOUNT
DUE FROM AFFILIATES	0.
ICV INVESTMENT	155,575.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	155,575.

FORM 990	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	AMOUNT
LINE OF CREDIT DUE TO AFFILIATE	100,000.
	112,179.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	212,179.

SCHEDULE A	OTHER INCOME	STATEMENT	7
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DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
OTHER REVENUE	0.	0.	4,265.	15,376.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	4,265.	15,376.

INITIATIVE FOR A COMPETATIVE INNER CITY, INC.  
ATTACHMENT FOR 990, PAGE 3, LINE 57  
12/31/2002  
FEIN # 13-3772904

**FURNITURE AND EQUIPMENT**

**COST:**

EQUIPMENT	\$ 207,296
FURNITURE	12,707
LEASEHOLD IMPROVMENTS	<u>2,167</u>
<b>TOTAL COST</b>	<b>222,170</b>
LESS. ACCUM DEPRECIATION	<u>198,270</u>
<b>NET BOOK VALUE</b>	<b><u>\$ 23,900</u></b>

List of Current Officers and Directors of ICIC

Michael E. Porter	President/CEO and Chairman
Ronald A. Homer	Treasurer
Barry B. White	Secretary
Anne S. Habiby	Assistant Secretary
Marcia I. Lamb	Assistant Secretary

List of Current Board Members

John W. Bachman  
Albert C. Black  
Thomas H. Castro  
Henry G. Cisneros  
Floyd H. Flake  
Chris Gabrieli  
George Gendron  
Dennis W. Green  
Robert K. Green  
Paul S. Grogan  
Carlton S. Guthrie  
Douglas A. P. Hamilton  
Edmund F. Kelly  
Charles R. Kendrick, Jr.  
Jonathan A. Kraft  
Mark R. Kramer  
Jeffrey L. Levitan  
Victor B. McFarlane  
John H. McArthur  
Georgia Murray  
John O'Connor  
JoAnn H. Price  
Robert L. Reynolds  
Thomas A. Ruppanner  
Eli J. Segal  
Matthew R. Simmons  
Gail Snowden  
Michael E. Stegman  
Carl W. Stern  
Steven Walske  
William Julius Wilson  
Willie E. Woods

All Board Members and Officers can be reached at 727 Atlantic Ave, Suite 600, Boston MA 02111



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

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>INITIATIVE FOR A COMPETITIVE INNER CITY, INC.</b>	Employer identification number <b>13-3772904</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>727 ATLANTIC AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BOSTON, MA 02111</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 month, for 990-T corporation) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☒ calendar year **2002** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

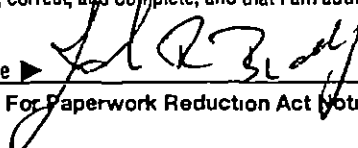
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  Title ► **CFO** Date ► **4/25/03**  
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ X

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>INITIATIVE FOR A COMPETITIVE INNER CITY, INC.</b>	Employer identification number <b>13-3772904</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>727 ATLANTIC AVE.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BOSTON, MA 02111</b>	

Check type of return to be filed (File a separate application for each return)

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870  
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does not have an office or place of business in the United States, check this box ☐  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until NOVEMBER 15, 2003  
 5 For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension  
INFORMATION NECESSARY TO FILE A RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_  
 b If this application is for Form 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 and any amount paid previously with Form 8868 \$ \_\_\_\_\_  
 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CEO Date 8/6/03

**Notice to Applicant - To Be Completed by the IRS**

☒ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.  
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>ALEXANDER, ARONSON, FINNING &amp; CO., P.C.</b>
	Number and street (include suite, room, or apt. no.) Or a P O box number <b>21 E. MAIN STREET</b>
	City or town, province or state, and country (including postal or ZIP code) <b>WESTBORO, MA 01581</b>