NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Form **990**

Department of the Treasury Internal Revenue

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

2008
Open to Public Inspection

A Fo		2008 6	alandar vaa	r ortav voar beginning	01_01_2008	and anding 12-21-2009	•			
			alendar yea	r, or tax year beginning C Name of organization	01-01-2008	and ending 12-31-2006	3		D Employer	dentification number
	eck if a dress cl	ipplicable	Please use IRS	INITIATIVE FOR A COMPE	TITIVE INNER CIT	Y INC			12 2772	204
_			label or	Doing Business As				_	13-3772	
l Na	me cha	inge	print or type. See						(617) 201	
Ind	tıal retu	ırn	Specific Instruc-			ot delivered to street addres	ss) Room	n/suite	(617) 292	ipts \$ 3,072,200
Г Те	mınatı	on	tions.	200 HIGH STREET 3RD F	LOOR				G Gross rece	apts \$ 3,072,200
┌ Am	ended	return		City or town, state or cou	untry, and ZIP + 4					
_		n pending		BOSTON, MA 02110	,,					
, Ap	pileatio	ir perianig	ļ			1	ı			
				ne and address of Princ :1 E Porter	ıpal Officer		H(a)		a group retu	
				GH STREET 3RD FLO	O R			affiliate	es /	ΓYes Γ Nο
			•	ON,MA 02110			Н(Ь)	Are all	affiliates inclu	ided?
I Ta	x-exen	npt status	501(c))(3) ◄ (insert no)	947(a)(1) or 「	527		(If"No	," attach a lı	st See instructions)
j W	eb sit	: e: ► WV	vw icic oi	RG			H(c)	Group	Exemption	Number ►
К Тур	e of or	ganızatıon	Corporat	ion trust association	other ►		L Yea	r of Forn	nation 1994	M State of legal domicile MA
Pa	rt I	LSum	mary							
				e organization's missio	n or most siani	ficant activities				
a.							throug	h inner	city econom	ic development Italso
2				tes and supports the su					,	
8										
Governance	2	Check	this box 🦵	ıf the organızatıon dısc	ontinued its op	erations or disposed of	f more t	han 25	% of its ass	ets
Ĭ	3	Numbe	r of voting r	members of the governı	ng body (Part \	/I, line 1a)			3	21
2 6	4	Numbe	r of ındepen	ndent voting members o	fthe governing	body (Part VI, line 1b)		. 4	21
Activities &	5	Totaln	umber of en	nployees (Part V , line 2	(a)				5	29
ጀ	6	Totaln	umber of vo	olunteers (estimate if ne	ecessary) .				6	0
P	7a	Totalg	ross unrela	ted business revenue f	rom Part VIII,	line 12, column (C)			7a	0
				iness taxable income fr					71	0
								Prior	Year	Current Year
	8	Contr	ihiitions and	d grants (Part VIII, line	1h)				1,986,650	
₽	9			revenue (Part VIII, line	•				40,776	· · · · ·
Revenu	10			ne (Part VIII, column (1,073,845	
歪	11			art VIII, column (A), li					623,835	
	12		•	dd lines 8 through 11 (i			,		623,633	321,574
	12	12)	revenue—a	dd illies o tillodgii 11 (i	illust equal Fai	t viii, colullii (A), lille			3,725,106	2,523,222
	13	Grant	s and simila	ar amounts paid (Part I)	X, column (A),	lines 1-3)				0
	14	Benef	its paid to o	or for members (Part IX	, column (A), lı	ne 4)				0
	15	Saları	es, other co	ompensation, employee	benefits (Part	IX, column (A), lines 5	i -			
\$		10)							1,600,087	1,679,566
ā	16a	Profes	ssional fund	lraising fees (Part IX, c	olumn (A), lıne	11e)				0
Expenses	ь	(Total	fundraising ex	penses, Part IX, column (D),	line 25 385,570)				
ш	17	Other	expenses ((Part IX, column (A), lır	nes 11a-11d, :	L1f-24f)			1,085,493	1,271,657
	18	Total	expenses—	-add lines 13-17 (must	equal Part IX,	line 25, column (A))			2,685,580	2,951,223
	19	Rever	nue less exp	penses Subtract line 1	8 from line 12				1,039,526	-428,001
<u>항</u>							В	eginnin	g of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Da	rt X, line 16)					2,530,567	3,491,471
33.E									· ·	
高麗	21		•	Part X, line 26)					160,909	264,286
	22			ıd balances Subtract lıı	ne 21 from line	20			2,369,658	3,227,185
Pa	rt II		nature Blo							
				erjury, I declare that I have e correct, and complete Decla						to the best of my knowledge
Plea	ise	l.	***		.a.a.a.r ar propara	(candi anan amadi) ia badaa		ı		and had any midnieur
Sigr		I B	nature of office	er				2009-1 Date	.1-03	
Her		M Micl	naal a partar F	Board Chair/Intorim CEO						
			e or print nam	Board Chair/Interim CEO ie and title						
		15	-			Date			Dranarar's D	TIN (See Gen Inst)
D-:	4		parer's	OHN BUCKLEY CPA		2009-11-05	Check if self-		Fiehalei SP	TH (SEE OCH THSU)
Paid		-	nature P JC	DOUNTER OF A			empolye	ed 🕨 🦵		
	pare		m's name (or	yours L					1	
Use		ıf s	elf-employed) dress, and ZIP	(,					EIN Þ	
Onl	y	aud	aress, anu ZIP	ALEXANDER ARONSON	FINNING & COP	С				
				21 EAST MAIN STREE	Г				Dhama •	(E00) 266 0100
									Phone no	(508) 366-9100

Par	Statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission Inner City Economic Forum-national group of close to 300 leaders, committed to reduce economic inequalities in america's inner cities
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 609,463 including grants of \$) (Revenue \$ 30,550) Inner City Economic Forum-national group of close to 300 leaders, committed to reduce economic inequalities in america's inner cities
4b	(Code) (Expenses \$ 541,816 including grants of \$) (Revenue \$ 503,636)
	Inner city 100 - Now in its 12th year, the Inner City 100 identifies and recognizes 100 of the fastest growing private inner city companies, which are creating jobs, income and wealth for local residents. It is the most ambitious project in America to uncover and celebrate inner city entrepreneurship and business success. Companies who make the list are invited to the Inner City 100 Summit, a gathering of the CEOs of these incredible companies, and winning companies are profiled in BusinessWeek SmallBiz magazine. The Inner City 100 program has brought much needed attention and support to the little known companies that are fueling the rebirth of urban areas. Over the last 11 years, winners of ICIC's Inner City 100 program have created over 63,000 new jobs. During their time on the list, they collectively employed over 86,000 people, of which about forty percent are inner city residents. These companies have median annual revenues of \$8 million, and average ethnic-minority representation of 45%. The yearlong effort to find and rank these companies involves a wide network of mayors, economic development officials, business service providers and other nominating partners from more than 200 cities. The Inner City 100 has brought much needed attention to companies fueling the rebirth of urban areas. Past participants of the program have cited meeting major investors, winning multi-million dollar contracts and gaining increased credibility as direct results of appearing on the list. Winners are also invited to attend Inner City 100 Summit held annually in Boston, Massachusetts. The Summit is a one-day event in the spring that includes executive education seminars for CEOs at the Harvard Business School, sessions with industry experts, and networking opportunities cullimating with the Inner City 100 Gala Awards Dinner attended by more than 800 business and civic leaders. The Inner City 100 program conducts an experiment of the last 11 years of data to uncover trends among this subset of fast-growing urban companies to
4c	(Code) (Expenses \$ 517,812 including grants of \$) (Revenue \$ 119,831) research - ICIC has engaged in an intense research effort focused on understanding and documenting the economic and the business opportunities of America's inner cities, cities and regions. ICIC identifies existing and emerging business clusters as well as new business opportunities, assesses the competitive advantages and disadvantages of the inner city area and an understanding of the importance of industry clusters to the workings of a healthy economy. ICIC continues to help U.S. cities identify their competitive advantages and design private sector-led action strategies. In 2008, ICIC worked on city projects in Louisville, Philadelphia, and Worcester MA. In addition, ICIC began a study of the construction, housing, and real estate cluster on community economic development and stability. As part of this study, ICIC performed case studies of cluster activity in four inner cities across the U.S. ICIC also supports continued development of retail in inner cities. In 2008, ICIC hosted an inner city retail modeling forum at the Federal Reserve in Boston. The forum brought together national retailers to analyze how their real estate models perform in inner city, other urban, and suburban stores, and to discuss best practices in real estate modeling. Also in 2008, ICIC worked with investment funds to provide data on retail demand in inner city neighborhoods. ICIC commenced a multi-year project to analyze the underlying causes of inner city economic stagnation and devise appropriate federal policy responses to address these. The first phase of this project involved research and national roundtables on cluster development, capital access, and in conjunction with Brookings Institution, inner city business development.
4d	(Code) (Expenses \$ 289,612 including grants of \$) (Revenue \$) Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 1,958,703 Must equal Part IX, Line 25, column (B).

art TV	Check	klist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D. Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	103	Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	23			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the agreement on comply with healting withhelding rules for reportable neumants to					
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this		30			
	return	2a	29			
В	If at least one is reported in 2a, did the organization file all required federal employer Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule (0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acacount)?	count	, or other financial	4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
	Financial Accounts.	•	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
Ь	$\label{eq:definition} \mbox{Did any taxable party notify the organization that it was or is a party to a prohibited}$	tax sh	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization provide goods or services in exchange for any quid pro quo con	tributi	ion of \$75 or	7a	Yes	
	more?					
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-	7c		Νο
d	file Form 8282?	7d		<i>/</i> c		110
u	ir res, mulcate the number of forms 5252 med during the year	_ / u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
_	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a s					
	excess business holdings at any time during the year?			8		Νo
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		Νο
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities	•	•			
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders					
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
			I			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d I	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	, ·	L	ı			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing i	soay and Management	

								Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	cribe ti	he circi	umstar	nces,			
1a	Enter the number of voting members of the governing body	1a				21			
Ь	Enter the number of voting members that are independent	1b				21			
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?								
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co						3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?								Νο
6	Does the organization have members or stockholders?								Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								Νο
Ь	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .								Νο
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	nderta	aken d	urıng t	he			
а	the governing body?						8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?						8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?						9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				•		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the						10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc						11		Νο
	and organization making dealers 1. 100, provide the names and dealers in the				•	•			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Arthur romania icic inc 200 high street BOSTON,MA 02110 (617) 292-2363

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization di	a not compens	sate any	offic (C		ırec	tor, tru	uste	e or key employee		
		Posit		ched		II			(F)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Phil Angelides , Director	1 00	Х						0	0	ı
John W Bachmann , Director	1 00	Х						0	0	!
Barbara Berke , Director	1 00	Х						0	0	!
Mark F Blaxill , Director	1 00	Х						0	0	
Thomas H Castro , Director	1 00					1		0	0	
Tim Ferguson , Director	1 00	—		t		<u> </u>		0	0	
John F Fish , Director	1 00	-				†		0	0	
George Gendron , Director	1 00			t				0	0	
Dennis W Green , Director	1 00			t				0	0	
Charles R Kendrick Jr , Director	1 00							0	0	
Jeffrey L Levitan , Director	1 00			\vdash		 		0	0	
Victor B MacFarlane , Director	1 00	-		\vdash		1		0	0	
Georgia Murray , Director	1 00			\vdash		 		0	0	
JoAnn H Price , Director	1 00			\vdash		 		0	0	
Carl W Stern , Director	1 00			\vdash		 		0	0	
Kırk A Sykess , Director	1 00		<u> </u>	\vdash		1		0	0	
K Robert Turner , Director	1 00			\vdash		 		0	0	
Steven Walske , Director	1 00			\vdash		1		0	0	
Willie E Woods , Director	1 00			\vdash		 		0	0	
Michael E Porter , Chairman of Board	2 00			l x		 		0	0	
Ronald A Homer , Treasurer	1 00	-	<u> </u>	X	†			0		
Barry P White , Secretary/Clerk	1 00			X				0	0	
David Latimore , CEO	40 00		<u> </u>	X	†			197,500		
manjari raman , senior vp of programs	40 00			 ``		X		137,795	0	
Teresa lynch , senior vp of research	40 00		t	\vdash	 	X		141,750		
								,		,
				\vdash		 				
				\vdash		 				
						†				
				1		 				
				\vdash		1				
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				t						
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	1		1	1			I			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
										_
1b Total					_		-	477,045	5 0	92,547
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	e thar	n \$ 1	00.000 in reportabl	e	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo			
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No			

Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
lehrhoff production 18 wedgewood road natick, MA 01760	event management	145,650
aramark 415 summer street boston, MA 02210	catering	143,937
2 Total number of independent contractors (including those in 1) who	received more than \$100,000 in compensation	1

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
				Total Kevende	Exempt Function Revenue	Business Revenue	Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1		Revenue		512, 513, 01 514
発	ь	Membership dues					
gra		1b	· 				
ts, am	С	Fundraising events 10	. ———				
<u>ਜ਼</u> ੍ਹੇਰਾ	d	Related organizations1d					
a Siπ,	е	Government grants (contributions) 1e					
新年	f	All other contributions, gifts, grants, and similar amounts not included above	1,114,189				
Contributions, gifts, grants and other similar amounts	g	1f Noncash contributions included in					
SE.	9	lines 1a-1f \$					
•	h	Total (Add lines 1a-1f)	· · · · .	1,114,189			
			Business Code				
E.	2a	CONSULTING FEES	900,099	150,381	150,381		
-Be -84	b		-				
- 03 - 1	С		-				
ž Z	d						
<u> </u>	e		-				
Program Serwce Revenue	f	All other program service revenue					
_ <u>₹</u>	g	Total. Add lines 2a-2f ▶ \$ 150,381					
	3	Investment income (including div	i	727.670			777 070
		other similar amounts)	▶	737,078			737,078
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	Ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		17,938			17,938
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	1				
	0-		. •				
	8a	Gross income from fundraising events (not including					
e E		\$1,052,614					
듄		of contributions reported on line 1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds \$15,000					
4	ь	Less direct expenses b					
Other Revenue	c	Net income or (loss) from fundrais	ing events	503,636	503,636		
-	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		а					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming	activities P -				
	10a	Gross sales of inventory, less returns and allowances .					
		a a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of					
	-	Miscellaneous Revenue	Business Code				
	11a						
	Ь	-	-				
	С	-	-				
	d	All other revenue					
	12	Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3		2,523,222	654,017	0	755,016
	**	8c,		2,323,222	33 1,017		, 55,610
	1	9c, 10c, and 11e	▶				l

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				
Do i	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	569,592	402,163	127,340	40,089
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	929,296	626,736		180,804
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	68,077	36,071	11,702	20,304
10	Payroll taxes	112,601	77,034	19,317	16,250
11	Fees for services (non-employees)				
а	Management	85,865	34,346	51,519	
b	Legal				
c	Accounting	22,968		22,968	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	145,940	86,078	39,961	19,901
L2	Advertising and promotion				
13	Office expenses	218,640	156,632	20,454	41,554
L4	Information technology				
L 5	Royalties				
16	Occupancy	196,334	131,802	36,192	28,340
17	Travel	319,654	299,431	3,987	16,236
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,806	22,984	5,002	5,820
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTED labor	169,711	70,752	87,227	11,732
ь	bad debt	42,422	·	42,422	<u>. </u>
c	miscellaneous	21,382	13,258	4,459	3,665
d	moving expense	12,533		12,533	
e	PROFESSIONAL DEVELOPMEN	2,402	1,416	111	875
f	All other expenses	,			
25	Total functional expenses. Add lines 1 through 24f	2,951,223	1,958,703	606,950	385,570
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint	2,532,223	2,530,703	230,330	203,070
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200 /2/

Part X	Balance	Sheet

					(A) Beginning of year		(B	B) fyear
	1	Cash—non-interest-bearing			1,630,851	1	Liid 0	149,624
	2	Savings and temporary cash investments			.,	2		1,337,492
	3	Pledges and grants receivable, net			593,067	3		445,425
	4	Accounts receivable, net	• •		111,057	4		1,156,588
	5	Receivables from current and former officers, directors, trustees,	kev ei	mnlovees or	,			
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ţ	9	Prepaid expenses and deferred charges			49,413	9		86,609
Assets	10a	Land, buildings, and equipment cost basis	10a	164,096				
4	ь	Less accumulated depreciation Complete Part VI of	104	104,000				
		Schedule D	10b	67,688	57,882			96,408
	11	Investments—publicly traded securities	•			11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Pair Schedule D$	f		12			
	13	Investments—program-related See Part IV, line 11 Complete Pa of Schedule D .		88,297	13		219,325	
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,530,567	16		3,491,471
	17	Accounts payable and accrued expenses .			160,909	17		264,286
	18	Grants payable			100,000	18		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
တ္ဆ	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			21			
ja.		persons Complete Part II of Schedule L	_	_		22		
_	23	Secured mortgages and notes payable to unrelated third parties		-		23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			160,909	26		264,286
		Organizations that follow SFAS 117, check here ▶ 🗸 and comple	ete line	es 27	,			
ses		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			1,842,831	27		3,027,185
Bal	28	Temporarily restricted net assets			526,827	28		200,000
N	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ► and	comp	lete				_
, or	30	lines 30 through 34. Capital stock or trust principal, or current funds			30			
ets	31	Paid-in or capital surplus, or land, building or equipment fund.				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fur		• •		32		
	33	Total net assets or fund balances	u 3		2,369,658	33		3,227,185
Net	34	Total liabilities and net assets/fund balances			2,530,567	34		3,491,471
	J-7	rotal habilities and het assets/falla balances			2,000,007			
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Einancial	Statements a	and Reporting

				i
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

OMB No 1545-0047

Employer identification number

2008

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
INITIATIVE FOR A COMPETITIVE INNER CITY INC

		13-3772904							
Pa	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Instruction	s)						
The c	rganı	zation is not a private foundation because it is (Please check only one organization)							
1	\sqcap	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).							
2	Г	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	\sqcap	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach S	chedule H)					
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the							
		hospital's name, city, and state							
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		Section 170(b)(1)(A)(iv). (Complete Part II)							
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).							
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from th	e general p	ublic					
		described in Section 170(b)(1)(A)(vi) (Complete Part II)							
8	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)							
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross							
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3%	of					
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine	sses					
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)							
10	Γ	An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See in	nstructions	;)					
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr	y out the p	urpos	es of				
		one or more publicly supported organizations described in section $509(a)(1)$ or section $509(a)(2)$ See Section $509(a)(2)$	tion 509(a)(3).	Check				
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally Integrated d T	- Type III	O th	ar				
•	_	a Type I b Type II c Type III - Functionally Integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d							
e	,	other than foundation managers and other than one or more publicly supported organizations described in s							
		section 509(a)(2)		` /\	,				
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III su	pporting or	ganıza	ation,				
-		check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the			ı				
g		following persons?							
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	Γ	Yes	No				
		and (III) below, the governing body of the the supported organization?	11g(i)						
		(ii) a family member of a person described in (i) above?	11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)						
h		Provide the following information about the organizations the organization supports							

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		the orga	(v) Did you notify the organization in col (i) of your support?		s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	8 OF Part I.)				
	ublic Support	,						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,868,374	1,498,801	1,911,191	1,986,650		1,114,198	8,379,214
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	1,868,374	1,498,801	1,911,191	1,986,650		1,114,198	8,379,214
5	The portion of total contribution by each				, ,			· · ·
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							3,124,282
6	Public Support subtract line 5 from line							
ŭ	4							5,254,932
T	otal Support			'				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,868,374	` ′	1,911,191	1,986,650		1,114,198	8,379,214
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	58		9,809	1,073,845		755,016	1,838,728
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 IV)							
11	Total Support (Add lines 7 through 10)							10,217,942
12	Gross receipts from related activities, etc	(See instruction	s)			12		7,053,541
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		51 430 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		67 400 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp d not check the l	orted organizati oox on line 13 o	on r 16a, and line 1	·			
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. It	If the organization its and circumstances and circumstances ances test.	on did not check ances" test, che e organization qu	a box on line 13 eck this box and ualifies as a pub	stop here. Exp	laın ın organı	Part IV ho zation	w the
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ts and circumst mstances" test	ances" test, che The organizatio	eck this box and n qualifies as a	stop here. Exp publicly suppor	laın ın ted or	Part IV ho ganızatıon	

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	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 business under						
	section 513						
4	Tax revenues levied for the						
	organization'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						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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DLN: 93493317027039

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** INITIATIVE FOR A COMPETITIVE INNER CITY INC

			13-3772904	
Pa	rt I Organizations Maintaining Donor Ac		unds or Account	ts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	l other accounts
	Total number at end of year		(=,, :	
	Aggregate Contributions to (during year)			
	Aggregate Grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi	5	or advised	┌ Yes ┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	5 5	•	┌ Yes ┌ No
a	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part	IV, line 7.
	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualing on the last day of the tax year	Preservation of ce		ture
_				at the End of the Yea
a b	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
c 	Number of conservation easements on a certified hi	()	2c	
d	Number of conservation easements included in (c) a		2d	
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organizatio	n during
	the taxable year 🕨			
	Number of states where property subject to conserva	ation easement is located 🟲		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	┌ Yes ┌ No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	

- 6
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

-\$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	IIII Organizations Maintaining Co	llections of Art, I	listo	ric	al Treasur	es, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any o	f the f	follo	owing that are	a sıgnıfıcant ı	ıse of its collectior	ı	
а	Public exhibition	•	d [_	Loan or exch	ange programs	;		
b	Scholarly research		е Г	_	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how th	hey	further the or	ganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements. Co	omple	ete	ıf the orgar		ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedia	ary for	rcc	ontributions oi	other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mou	nt	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	17				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pai	rt V Endowment Funds. Complete								
4 -	D	(a)Current Year	(b) Prid	or Y	ear (c) Two	Years Back (d	Three Years Back (e	Four Ye	ears Back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment								
ь	Permanent endowment								
c	Term endowment ▶								
3a	Are there endowment funds not in the posses organization by	ssion of the organization	on tha	at a	re held and ad	lmınıstered foı	the	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments—Land, Buildings	s, and Equipment	. See						
	Description of investment				Cost or other (Investment)	(b)Cost or othe basis (other)	(c) Depreciation	(d) Bo	ook value
1a	_and						_		
b	Buildings								
c	_easehold improvements		·						
			1				i		
d I	Equipment		•			164,09	67,688		96,408
е (0.46					·	67,688		96,408

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method	l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Method	l of valuation
		Cost or end-of-	year market value
Program Investments	219,325		F
Table (California (b) about to any (5 pers 2000, Part V, and (2) than 12.)	210 225		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	219,325		
(a) Descrip			(b) Book value
			• •
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X		<u> </u>	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
		-	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		1	
, , , , , , , , , , , , , , , , , , , ,	<u> </u>	1	

Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8	2,951,223 -428,001 1,285,528 1,285,528 857,527
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8	1,285,528 1,285,528 857,527
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8	1,285,528 857,527 :urn
6 Investment expenses 6 Prior period adjustments 7 Other (Describe in Part XIV) 8	1,285,528 857,527 :urn
7 Prior period adjustments 7 Other (Describe in Part XIV) 8	1,285,528 857,527 :urn
8 Other (Describe in Part XIV)	1,285,528 857,527 :urn
o the (Describe in Face / Ev)	1,285,528 857,527 :urn
9 Total adjustments (net) Add lines 4 - 8	857,527 :urn
- Total adjustification (flet) Add files 4 0	urn
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	3,438,189
1 Total revenue, gains, and other support per audited financial statements	
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	914,967
3 Subtract line 2e from line 1	2,523,222
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	0
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	2,523,222
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	
1 Total expenses and losses per audited financial statements	3,866,190
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	914,967
3 Subtract line 2e from line 1	2,951,223
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	2,951,223

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		Part XI Line 8 - This item is presented on the financial statements as a cumulative effect of change in accounting principle. During 2008, management adopted requirements of FASB 157 which resulted in changes in the measurement of the carrying value of the program investments. As a result, ICIC revalued its program investments which resulted in an increase in investments of 1,285,528.
		Part XII Line 2d - This amount is direct fundraising event expenses that are included on the financial statements netted with fundraising event revenue on the 990
		Part XIII Line 2d - This amount is direct fundraising event expenses that are included on the financial statements netted with fundraising event revenue on the 990

Part XIV Supplemental In	formation(continued)	·
Ident if ier	Return Reference	Explanation
		Part XI Line 8 - This item is presented on the financial statements as a cumulative effect of change in accounting principle. During 2008, management adopted requirements of FASB 157 which resulted in changes in the measurement of the carrying value of the program investments. As a result, ICIC revalued its program investments which resulted in an increase in investments of 1,285,528.
		Part XII Line 2d - This amount is direct fundraising event expenses that are included on the financial statements netted with fundraising event revenue on the 990
		Part XIII Line 2d - This amount is direct fundraising event expenses that are included on the financial statements netted with fundraising event revenue on the 990
	+	

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SCHEDULE G

Department of the

Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493317027039

Supplemental Information Regarding Fundraising or Gaming Activities

| 2008

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service							
Name of the organization INITIATIVE FOR A COMPETI	TIVE INNER CITY I	NC				Employer ider	ntification number
						13-3772904	
Part I Fundraising Ac	tivities. Complet	e if the or	rganızat	ion answered "Yes" i	to Form	990, Part IV	, line 17.
1 Indicate whether the orga	nızatıon raısed funds	through ar	nv of the	following activities. Che	eck all tha	at apply	
a Mail solicitations		•	•	e Solicitation of r	non-aover	nment grants	
b Email solicitations				f Solicitation of	•	•	
c Phone solicitations				g Special fundrais	_	-	
d In-person solicitations	s				J		
 Did the organization have or key employees listed in If "Yes," list the ten highe to be compensated at leas 	n Form 990, Part VII st paid individuals or) or entity r entities (f anization f	in connecturing in connecturing indicates in the connecturing in t	ction with professional f rs) pursuant to agreeme	fundraisin ents unde	g activities? r which the fur	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
					 		
					1		
					1		
					<u> </u>		
					1		
					1		
Total	1		<u> </u>				
				·			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Comp more than \$15,000 on Form					report	ted				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To						
Revenue Breat Expenses Revenue Bart			IC 100 Summit	ICEF Forum	1	(Add col co	(a) th (c))	rough				
			(event type)	(event type)	(total number)							
ΞŒ	1	Gross receipts	956,130	32,900	63,584		1,05	2,614				
еле	2	Less Charitable contributions										
	3	Gross revenue (line 1 minus line 2)	956,130	32,900	63,584		1,05	2,614				
	4	Cash Prizes										
ses	5	Non-cash Prizes										
Direct	6	Rent/Facility costs	93,222	46,571				9,793				
ற் ர	7	Other direct expenses	289,256	37,682	82,247			9,185 8,978				
ē Ā	8 Direct expense summary Add lines 4 through 7 in column (d)											
	9	Net income summary Combine lin	es 3 and 8 in column (d)		•		50	3,636				
Par	t III	Gaming. Complete if the organical stress \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1				
-enne-		, ,	(c) O ther gaming	(d) Total col (a) th								
Rev				bingo								
	1	Gross revenue										
9 9	2	Cash prizes										
Direct Expenses	3	Non-cash prizes										
ញ់ ប្ដ	4	Rent/facility costs										
₽ B	5	Other direct expenses										
	6	Volunteer labor	┌ Yes <u> </u>	┌ Yes	┌ Yes							
	7	Direct expense summary Add lines	2 through 5 in column (d)								
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)								
							Yes	No				
9		er the state(s) in which the organiza he organization licensed to operate										
a b		No," Explain	gaining activities in eact	Torthese states		· 9a						
_		, ,										
10a	\/\/\o\r	e any of the organization's gaming li	conses revoked suspen	dod or torminated during	the tax year?							
b		Yes," Explain	censes revoked, suspen	ded of terminated during	the tax year.	10a						
11		es the organization operate gaming a				11	<u> </u>	<u> </u>				
12		he organization a grantor, beneficiar ned to administer charitable gaming´				.						

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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As Filed Data -

DLN: 93493317027039

Schedule J

Compensation Information

| 2

Employer identification number

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

INI	TIATIVE FOR A COMPETITIVE INNER CITY INC		12 2772004		
Da	rt I Questions Regarding Compensatio		13-3772904		
ΡG	Questions Regarding Compensation	II.		Yes	Νο
1_	Check the appropriate box(es) if the organization pro	and any of the following to or for a narrow li	isted in Form	res	NO
1a	990, Part VII, Section A, line 1a Complete Part II				
	First class or charter travel	Housing allowance or residence for			
	Travel for companions	Payments for business use of perso	·		
	Tax idemnification and gross-up payments	Health or social club dues or initiati			
	Discretionary spending account	Personal services (e g , maid, chauf	feur, chef)		
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		ment or		
2	Did the organization require substantiation prior to				
	officers, directors, trustees, and the CEO/Executive	e Director, regarding the items checked in lin	e 1a?	-	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t				
	Compensation committee	✓ Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensa	tion committee		
4	During the year, did any person listed in Form 990,	Part VII, Section A , line 1a			
а	Receive a severance payment or change of control	payment?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide the applicable amounts for each item ii	n Part III		
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue a	ny		
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue a	ny		
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 67 If "Yes,"		r-fixed 7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III				No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
David Latimore	(I) (II)	197,500				38,315	235,815		
manjarı raman	(I) (II)	137,795				26,732	164,527		
Teresa lynch	(ı) (ıı)	141,750				27,500	169,250		
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

See Additional Data Table

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Reference
Part I, Line 4a david latimore - separation payment was made as follows relocation expense - \$18,500 Rent - \$15,000

Schedule J (Form 990) 2008

Software ID:

Software Version:

EIN: 13-3772904

Name: INITIATIVE FOR A COMPETITIVE INNER CITY INC

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Part I, Line 4a david latimore - separation payment was made as follows relocation expense - \$18,500 Rent - \$15,000

DLN: 93493317027039

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public

Inspection <u>Se</u>rvice **Employer identification number** Name of the organization INITIATIVE FOR A COMPETITIVE INNER CITY INC Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction

Pai	rt II	Loans t	o a	nd/o	r Fı	rom	[nte	ere	ste	d P	ers	ons	5														
3	Enter	the amoun	ofta	ax, ıfa	ny,	on line	. 2 , a	abov	e, re	eımb	urs	ed b	y th	e or	gan	zatı	on .								•	\$	
	sectio	n 4958 .													•											\$ 	_
2	Enter	the amoun	: of ta	ax ımp	ose	d on th	ne or	ganı	ızatı	on n	nana	ager	s or	dis	qual	ified	i pe	rson	ıs d	urır	ıg t	the	yea	ır ur	ıder		

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)O riginal principal amount	(d)Balance due			(f) Approved by board or committee?		1 -	
	То	From			Yes	No	Yes	No	Yes	No
Total	•		h	•		•	•			

Total

Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c)A mount of grant or type of assistance			
_		_			

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
barry p white	Barry P White is an officer of the Board of Directors for ICIC		Barry White is a partner at a law firm that provided in-kind legal services to ICIC ICIC paid miscellaneous expenses to the law firm during the course of providing these in-kind legal services		No	
georgia murray	Georgia Murray is a member of ICIC's Board of Directors	·	The board member's spouse is a Board member of a non-profit corporation which subleases office space from ICIC		N o	

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
INITIATIVE FOR A COMPETITIVE INNER CITY INC

Employer identification number

13-3772904

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Inner City Capital Connections (ICCC) - Inner City Capital Connections (ICCC) is a national program designed to stimulate capital flow to underserved inner city markets, by educating inner city business leaders and matching them with investors. The ICCC program is a partnership between the national not-for-profit Initiative for a Competitive Inner City (ICIC), and Banc of America. In 2008 and 2009, the program was also co-sponsored by the United States Small Business Administration (SBA). Since 2005, ICCC has connected more than 150 companies with 115 equity funds. As a result, inner city firms have raised more than \$140 million in capital to grow their businesses. In order to further understanding of opportunities and challenges in inner city capital markets, each year ICCC surveys past attendees to discover how capital providers view inner city opportunities, and whether inner city companies have accessed new growth capital since completing the program. Expenses \$ 289612 including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		The following officers and directors have business relationships with one another 1 Phil Angelides, Director, and Robert Turner, Director - Business Relationship 2 Steven Walske, Director, and Michael Porter, President - Business Relationship 3 Charles Kendrick, Director and Ronald Homer, Director - Business Relationship 4 Ian Ferguson, Director, and Michael Porter, President - Business Relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 will be provided to the board of directors, before it is filed, by publishing it on an internal website accessible by Board members

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annually all Board Members and key employees must fill out a conflict of interest questionnaire

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		With respect to the approval of the salary for the CEO position, the practice has been as follows a sub-committee of the Board has been identified as the search committee. This committee works with a search firm to identify and screen candidates, and recommend finalists. Compensation is a consensus decision between the committee, the Chairman and the search firm. The final arrangement is then presented, after the fact, to the Board in executive session.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ICIC's governing documents, conflict of interest policies, and financial statements are available upon request

ldentifier	Return Reference	Explanation
form 990 part xı lıne 2c		The board of directors assume responsibility for the oversight of the audit of the financial statements and the selection of the independent auditor

Additional Data

Software ID: Software Version:

EIN: 13-3772904

Name: INITIATIVE FOR A COMPETITIVE INNER CITY INC

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

FOUNDED IN 1994 BY HARVARD BUSINESS SCHOOL PROFESSOR MICHAEL PORTER, ICIC'S MISSION IS TO PROMOTE ECONOMIC PROSPERITY IN AMERICA'S INNER CITIES THROUGH PRIVATE SECTOR ENGAGEMENT THAT LEADS TO JOB, INCOME AND WEALTH CREATION FOR LOCAL RESIDENTS. ICIC IS A NATIONAL NOTFOR-PROFIT FOCUSED ON BUSINESS-LED REVITALIZATION STRATEGIES FOR INNER CITIES AS THE ONLY MEANS TO ACHIEVABLE SUSTAINABLE ECONOMIC GROWTH IN UNDERSERVED LOW AND MODERATE INCOME COMMUNITIES BY DIRECTLY ATTACKING POVERTY THROUGH LOCAL JOB CREATION. ICIC BRINGS TOGETHER BUSINESS AND CIVIC LEADERS TO DRIVE INNOVATION AND ACTION, TRANSFORM THINKING, AND ACCELERATE INNER CITY BUSINESS GROWTH.

DLN: 93493317027039

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. ► Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return INITIATIVE FOR A COMF	PETITIVE INNE	RCITY	Business or activity to which this form relates Iden						ntifying number		
INC			Form 990 Pa	ge 10				13-3	7729	04	
	o Expense (
	ou have any li				re yo	u con	nplete i	Part I.		250,000	
1 Maximum amount See		-			-	•	•		1	250,000	
2 Total cost of section 1			•	·	• •				2		
3 Threshold cost of secti				•	uctions	s) .	•		3	800,000	
4 Reduction in limitation				•		•			4		
5 Dollar limitation for tax	year Subtract	line 4 fron	n line 1 If zero	or less, enter - 0	D- If m	arried	filing				
separately, see instruc	tions					•	• •		5		
(a) D	escription of pro	perty		(b) Cost	(busine	ss us	e (c)) Elected	cost		
6											
						<u> </u>					
7 Listed property Enter t	the amount from	line 29			•						
8 Total elected cost of se	ection 179 prop	erty Add	amounts in col	umn (c), lines 6	and 7	-			8		
9 Tentative deduction E	nter the smaller	of line 5 c	orline 8 .		•		•		9		
10 Carryover of disallowed	l deduction from	line 13 o	fyour 2007 Fo	rm 4562 .					10		
11 Business income limitation B	Enter the smaller of	business in	come (not less tha	n zero) or line 5 (se	ee instru	ctions)			11		
12 Section 179 expense d	eduction Add li	nes 9 and	l 10, but do not	enter more tha	n line 1	1 .	•		12		
13 Carryover of disallowed	deduction to 2	009 Add	lines 9 and 10	, less line 12	.▶	13					
Note: Do not use Part i	II or Part III b	elow for	listed proper	ty. Instead, u	se Pai	t V.	1				
							t ınclud	e listed pr	operty	(See instructions)	
14 Special depreciation al tax year (see instruction		ıfıed prop	erty (other thar	n listed property) place	d ın se	ervice d	uring the	14		
15 Property subject to sec	tion 168(f)(1) e	election				•			15		
16 Other depreciation (inc									16		
Part III MACRS De	preciation (I	Do not ii			e inst	ructio	ns.)				
4= 44.000				ection A							
17 MACRS deductions for			•	-		•			17	33,806	
18 If you are electing to		-	iced in servic	e during the t	ax yea	ar into	one o	_			
general asset accou								.▶		L'an Cartana	
Section B—Asse	ts Placed in			US lax Year	Using	tne	Gene	rai Depi	<u>recia</u>	tion System	
(a) Classification of property	(b) Month and year placed in service	dep (busines	Basis for reciation ss/investment use instructions)	(d) Recovery period	(e) C	onven	tion	(f) Metho	d	(g)Depreciation deduction	
19a 3-year property											
b 5-year property											
c 7 - year property											
d 10-year property											
e 15-year property									-		
f 20-year property				2.5				- C //			
g 25-year property				25 yrs	<u> </u>	4.54		S/L	-		
h Residential rental property				27 5 yrs 27 5 yrs	1	<u>им</u> им		S/L S/L			
i Nonresidential real				39 yrs	 	4 M		S/L			
property				33 713	+	<u>им</u>		S/L			
Sect io	n C—Assets Plac	ed in Serv	ice During 200	8 Tax Year Using			tive De		Syste	em	
20a Class life					ĺ			S/L			
b 12-year			12 yrs S/L								
c 40-year				40 yrs		ММ		S/L			
Part IV Summar	y (See ınstruc	tions)									
21 Listed property Enter a	amount from line	28 .			•		•		21		
22 Total. Add amounts fro and on the appropriate							e 21 E	nter here	22	33,806	
23 For assets shown abov portion of the basis att			-	t year, enter the	· ·	23					

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44