**	Public	Disclosu	ure Copy **
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Form **990** 

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 ſ l 16 Open to Public Inspection

Depa Inter	artment nal Rev	of the Treasury	-	•		Open to Public Inspection						
B	Check i applica	C Name of organization		D Employer ide	ntifica	tion number						
	Add char	ess ge Inner City Impact										
Department Networks Bervice       ▶ Go to www.irs.gov/Form990 for instructions and the latest information.       In         A For the 2021 Calendar year, or tax year beginning       APR 1, 2021       and ending       MAR 31, 2022         B Check if applicable.       C Name of organization       Inner City Impact       D Employer identification number for the provide in the intervence of the provide interv												
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone nu	nber							
				•								
	term	termin-										
	Ame retur	nded attacks TI COCAT	Ī	H(a) Is this a grou	up retu	urn						
	pend	lind										
1	Tax-e	xempt status: 🗴 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) or 🗌	527									
J١	Webs	ite: > www.innercityimpact.org		H(c) Group exem	ption	number 🕨						
κ	orm o	of organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year o	of formation: 1972	M	State of legal domicile: IL						
Pa	art I	Summary										
<u>ە</u>	1	Briefly describe the organization's mission or most significant activities: Engage at	-risk	youth in								
anc.		relational programs, develop leaders and share the love of Chris	st.									
srna	2	Check this box      if the organization discontinued its operations or disposed	l of more	than 25% of its n	et asse	ets.						
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			3	10						
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	8						
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	31									
iti	6	Total number of volunteers (estimate if necessary)			6	351						
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.						
_	k	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.						
						Current Year						
ē	8			2,328,1	34.	1,681,612.						
ent.	9					11,766.						
Be	10			2,8		11,069.						
_	11					-35,447.						
	12					1,669,000.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		337,7		123,666.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4 955 9	0.	0.						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,255,9		1,232,228.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.						
Ä	k	Total fundraising expenses (Part IX, column (D), line 25) 321,822		464.2	0.1	460.250						
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		464,3		468,350.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,058,0		1,824,244.						
-s	19	Revenue less expenses. Subtract line 18 from line 12		272,9		-155,244.						
Net Assets or Fund Balances		Tatal accests (Datt V, line 10)		<b>jinning of Current Y</b> 3 , 355 , 3		End of Year 3,182,913.						
Bal	20	Total assets (Part X, line 16)		105,5		92,937.						
let / und	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	····	3,249,8		3,089,976.						
	22 art l			5,249,0		5,000,000.						
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	nd stateme	onts and to the hest	of my k	nowledge and belief it is						
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which			ST My P	anomougo and bollor, it is						
	,	William A Bechtel	p. sparor		/20	22						
Sig	n	Signature of officer		Date		<u> </u>						
Her		William Bechtel, CEO/President										
		Type or print name and title										

	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	Daren Daiga	Daren Barga	12/1/2022	self-employed P01074795
Preparer	Firm's name 🍃 Capin Crouse, LLP	0	Firm	i's EIN ▶ 36-3990892
Use Only	Firm's address 👞 55 Shuman Blvd, Suite 30	0		
	Naperville, IL 60563		Pho	ne no.505-502-2746
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2021) Inner City Impact	23-716522	D Page <b>2</b>						
Pa	rt III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III		X						
1	Briefly describe the organization's mission:								
	Presenting the living Christ, primarily to unchurched inner city								
	children and youth, discipling and integrating them into a local								
	church. We serve all people regardless of religion, race, ethnicity,								
	or gender.								
2	Did the organization undertake any significant program services during the year which were not listed on the		Yes X No						
	prior Form 990 or 990-EZ?								
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?	Yes X No						
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by	expenses.						
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	thers, the total e	xpenses, and						
	revenue, if any, for each program service reported.								
4a	(Code:) (Expenses \$1,000,574. including grants of \$) (Rev	venue \$	9,405.)						
	Programs, Clubs, Outings, and Activities:								
	We run after-school programs that are focused on providing an								
	alternative to children and youth as well as teaching them the Word of								
	God. We had 413 different kids that attend our various clubs. At the								
	clubs, the children are given a chance to play games, do crafts, and								
	learn about the Bible. During the year we also provide various special								
	events for the kids that consist of special days in our building or								
	taking kids to events. We had 200 children attend the special events in								
	our building where we informed them about how they could become								
	involved in our programs that we run. We also had an event we took the								
	kids to once a month where we average 13 children per event. Each of								
	these are focused on spending time with children while providing a fun								
4b	(Code: ) (Expenses \$ 117,514. including grants of \$ 113,666. ) (Rev	venue \$	)						
	Food distribution:								
	During fiscal 2022, the food distribution ministry that served 2,937								
	different families. This was done through food delivery to individual								
	houses as well as mass distributions out of our Cicero location.								
_			1 096 \						
4c	(Code:) (Expenses \$including grants of \$) (Rev Leadership Development:	enue \$	1,986.)						
	The leadership development program is focused on helping develop								
	Christian leaders from the communities where we minister. The program								
	consists of small group Bible studies, leadership training, hiring								
	interns, helping pay for college, and helping to provide funding for								
	full-time staff from the community. This year we had a total of 51								
	people that were a part of the leadership development program. We had								
	an average of 23 kids per week in Bible study/discipleship relationship								
	with staff, 5 kids in the beginning stages of the leadership training,								
	3 that work as interns, 1 student we are helping to pay for college and								
	4 full time staff members that were partially funded through this part								
	of our ministry.								
44	Other program services (Describe on Schedule O.)								
-tu		772							
4e		, , , 2	•)						
-+0	Total program service expenses 1, 255, 741.		Form 000 (2021)						

	990 (2021) Inner City Impact 23-7165220		P	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7		0		
'	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>.</u> _
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		^

Form	990 (2021) Inner City Impact 23-7165220		Р	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<b> </b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
, D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula I. David	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
00	"Yes," complete Schedule L, Part IV	28c 29	x	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	x	l
Pa	Note: All Form 990 filers are required to complete Schedule O <b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Bart V	30	л	L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
12200	4 10 00 01	Form	990	(2021)

Form	990 (2021) Inner City Impact 23-7165220		Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
_	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990 (2021) Inner City Impact		23-7165220		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr	ough	7b below, and for	a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sec	tion A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
-				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			-		
5	of officers, directors, trustees, or key employees to a management company or other person?		•	3		x
4				4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			5		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse			6		X
6	Did the organization have members or stockholders?			0		^ _
<i>/</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or app			_		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?	•••••		8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed LIL, MD, MN, NH, SC, TN, VA	,wi,w	v			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and			B)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain of	on Sch	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			nd finai	ncial	
	statements available to the public during the tax year.		. ,,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨			
	Nikolas S Sarago - 773-384-4200		-			
	3327 W Fullerton Avenue Chicago IL 60647					

Form 990 (2		23-7165220	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	to this table for all more any invality has listed. Departs compared in faulte calcular departs and		+

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and titleAverage (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensationName and titleAverage (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensationReportable compensation	Estimated amount of other compensation from the
hours per week     box, unless person is both an officer and a director/trustee)     compensation     compensation       from     from related	other compensation from the
week Iron Iron Iron Iron Iron Iron Iron Iron	compensation from the
(list any   2         the   organizations	from the
hours for but related but we have but hours for but hours	
related end organizations end of the second end	organization and related
	organizations
(list any hours for related organizations below line) up to hours for related below	organizatione
(1) William Bechtel 50.00 50.00	
CEO/President X X 40,460. 0.	62,754.
(2) Robert C. Weaks 40.00	
CFO (part year)/Treasurer X X 86,307. 0.	2,750.
(3) Nikolas Sarago 50.00	
CFO X 24,279. 0.	2,540.
(4) John Kuvshinikoc 1.00	
Chairman of the Board/Director X X 0. 0.	0.
(5) William Dever 1.00	
Director/Acting Secretary X X 0. 0.	0.
(6) Juanita Reyes 1.00	
Director X 0. 0.	0.
(7) Tad Lagestee 1.00	
Director X 0. 0.	0.
(8) Scott Fowle	
Director X 0. 0.	0.
(9) Tonette Alexander 1.00	
Director X 0. 0.	0.
(10) Ken Bodel 1.00	•
Director X 0. 0.	0.
(11) Juan Estupinan     1.00       Director     X	0
Director X 0. 0.	0.

Form 990 (2021) Inner City In	npact								23-716	5220		Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box, offic	not c , unle	Posi heck ss per id a di	ition more rson i	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	on	an	<b>(F)</b> stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	e ion ed
1b Subtotal								151,046.		0.		68	044.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							0. 151,046.		0. 0.			0.044.
2 Total number of individuals (including but r compensation from the organization ▶	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	),000 of reportab	le			C
												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		x
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from			5		
<ul><li>and related organizations greater than \$15</li><li>5 Did any person listed on line 1a receive or a</li></ul>			•						idual for services		4		X
rendered to the organization? If "Yes," con					-			-			5		х
Section B. Independent Contractors           1         Complete this table for your five highest complete the	mpensated inc	depe	ende	ent c	ontr	racto	ors 1	that received more than	\$100,000 of con	npens	ation 1	rom	
the organization. Report compensation for (A)	-			ng w	vith	or w	ithiı	(B)	-		(0		
Name and business	address	NOI	NE				_	Description of s	services		ompe	nsatio	n
2 Total number of independent contractors ( \$100.000 of compensation from the organi	•	ot lir	nite	d to		se li: 0	stec	d above) who received n	nore than				

				ity Impa	ct				23-7165220	Pag
Part	VII	Statement of Re	even	ue						_
		Check if Schedule O	conta	ains a resp	onse	or note to any lin	e in this Part VIII			L
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue exclue
								function revenue	business revenue	from tax under sections 512 - 5
(0)										300110113 012
ť	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
ξ		Fundraising events				94,725.				
1		Related organizations				,				
E						101 700				
		Government grants (cont		·		101,760.				
2	f	All other contributions, gifts,	grant	s, and						
Ĩ		similar amounts not included	d abov	/e1f		1,485,127.				
2	a	Noncash contributions included in	n lines	1a-1f <b>1g</b>	\$	119,576.				
	-					· · · ·	1,681,612.			
	n	Total. Add lines 1a-1f					1,001,012.			
						Business Code				
	2 a	Camp Fees				900099	10,552.	10,552.		
•	b	Kids Clubs and Even	nts			900099	1,214.	1,214.		
ž	с							,		
2										
	d									
Revenue	е									
	f	All other program service	reve	nue						
	a	Total. Add lines 2a-2f					11,766.			
	3	Investment income (inclu								
	0	· ·	Ũ				11 060			11,0
		other similar amounts)				Г	11,069.			11,0
	4	Income from investment	of tax	exempt b	ond p	proceeds 🕨				
	5	Royalties	<u></u>			🕨				
				(i) Rea	al	(ii) Personal				
	6 9	Gross rents	62	3	714.					
				•,	0.					
		Less: rental expenses $\dots$	6b							
	С	Rental income or (loss)	6c	3,	714.					
	d	Net rental income or (loss	s)			🕨	3,714.			3,7
	7 a	Gross amount from sales of		(i) Secur	ities	(ii) Other				
		assets other than inventory	7a	5	923.					
	<b>b</b>	,	14							
	b	Less: cost or other basis		_						
		and sales expenses		5,	923.					
	с	Gain or (loss)	7c		Ο.					
	d	Net gain or (loss)					0.			
		Gross income from fundraisi								
	0 a			-						
		including \$								
		contributions reported or		,						
		Part IV, line 18			8a	٥.				
	b	Less: direct expenses			8b	39,558.				
							-39,558.			-39,5
		Net income or (loss) from				<b>&gt;</b>	35,330.			5,5
	9 а	Gross income from gamir								
1		Part IV, line 19								
1	b	Less: direct expenses								
		Net income or (loss) from								
4		Gross sales of inventory,	-	-	<u> </u>					
'	Ja				1.0					
		and allowances								
	b	Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	s of invent	ory	🕨				
Τ						Business Code				
	1 ~									
וא	1 a					<u>├</u> ───┤				
lei	b									
é	С									
1 Hevenue	d	All other revenue				900099	397.	397.		
		Total. Add lines 11a-11d					397.			
	-	Total revenue. See instruction					1,669,000.	12,163.	0.	-24,7
- 4	2						T,009,000	1 14,103.	U.	- 24,/

Inner City Impact

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	123 666	123 666		
~	individuals. See Part IV, line 22	123,666.	123,666.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	234,735.	146,138.	35,890.	52,707.
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	17,559.		14,552.	3,007.
7	Other salaries and wages	736,838.	457,619.	116,105.	163,114.
8	Pension plan accruals and contributions (include	,,			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	195,853.	136,827.	12,648.	46,378.
9 10	Payroll taxes	47,243.	26,561.	9,207.	11,475.
11	Fees for services (nonemployees):				
	Management				
b		200.		200.	
	Accounting	25,238.		25,238.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f		342.		342.	
	Other. (If line 11g amount exceeds 10% of line 25,			•	
9	column (A), amount, list line 11g expenses on Sch 0.)	6,627.		6,627.	
12	Advertising and promotion	11,087.	100.	-,	10,987.
13	Office expenses	40,782.	15,745.	20,099.	4,938.
14	Information technology	9,356.	2,151.	1,918.	5,287.
15	Royalties	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
16	Occupancy	106,921.	104,213.	1,282.	1,426.
17	Travel	45,703.	24,487.	145.	21,071.
18	Payments of travel or entertainment expenses	, -	, -		, -
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	300.	300.		
20	Interest	394.	-	394.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	147,444.	146,536.	582.	326.
23		47,560.	46,458.	706.	396.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If	, ,			
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.) Direct Programs	21 014	21 002	12.	710.
a		21,814.	21,092.	734.	/10.
b		734.		/ 34.	
C A					
d		3 0 1 0	3,848.		
e or	· · · · · · · · · · · · · · · · · · ·	3,848. 1,824,244.	,	21E E01	201 000
25	Total functional expenses. Add lines 1 through 24e	1,024,244.	1,255,741.	246,681.	321,822.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
1000	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

Page **10** 

Form 990 (		I
Part X	Balance Sheet	

		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			298,959.	1	171,626.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	196,801.	3	300,965.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,245,302.			
	b	Less: accumulated depreciation	10b	2,600,997.	2,791,749.	10c	2,644,305.
	11	Investments - publicly traded securities	67,867.	11	66,017.		
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	3,355,376.	16	3,182,913.
	17	Accounts payable and accrued expenses	105,548.	17	92,937.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
ilit;		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			105,548.	26	92,937.
ŷ		Organizations that follow FASB ASC 958, che	eck her	e 🕨 🔟			
JCe		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			3,149,896.	27	3,039,929.
	28	Net assets with donor restrictions			99,932.	28	50,047.
ĥ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
۲F		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or ec				30	
ťΑ	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			3,249,828.	32	3,089,976.
	33	Total liabilities and net assets/fund balances			3,355,376.	33	3,182,913.

Form 990 (2021)

Inner City Impact

Form	990 (2021) Inner City Impact	23-7165220		Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,669	,000.
	Total expenses (must equal Part IX, column (A), line 25)	2	1	,824	,244.
	Revenue less expenses. Subtract line 2 from line 1	3		-155	,244.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,249	,828.
5	Net unrealized gains (losses) on investments	5		-4	,608.
	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	,089	,976.
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash 🛛 🖾 Accrual 📖 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis I Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a .	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	i T		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

r

Department of the Treasury Internal Revenue Service				<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection
Nar	ne of t	the organizati	ion						Employer	r identification number
				City Impact						3-7165220
Pa	nrt I	Reason	for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructio	ns.	
The	organ	ization is not a	a private found	dation because it is: (	(For lines 1 through 12, c	check only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3					anization described in <b>s</b> e		)(b)(1)(A)(i	ii).		
4		•	•		njunction with a hospita			•	(iii). Enter	the hospital's name.
		city, and stat	0		,				~ /	, , , , , , , , , , , , , , , , , , ,
5		-		or the benefit of a co	ollege or university owned	d or opera	ted bv a d	overnmental	unit descrik	bed in
-		0	•	Complete Part II.)	5 ,	•	, ,			
6					mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	antial part of its support 1				the general	l public described in
		•		omplete Part II.)		. en e ger			general	
8					(1)(A)(vi). (Complete Par	t II )				
9	$\square$				l in section 170(b)(1)(A)(		ed in conii	inction with a	land-grant	college
·					culture (see instructions).					
		university:		grant conego er agne			name, en	, and otato t		
10			ion that norma	ally receives (1) more	than 33 1/3% of its sup	nort from	contributio	ons member	shin fees a	nd aross receipts from
					ct to certain exceptions;					
				• • •	e (less section 511 tax) fr	. ,				
				mplete Part III.)					gamzation	
11				. ,	ively to test for public sa	afety. See	section 50	)9(a)(4).		
12		•	-	-	sively for the benefit of, to	•			arry out the	e purposes of one or
		-	-	-	ed in <b>section 509(a)(1)</b> o	-			-	
					of supporting organizatio					
а		7	-		supervised, or controlled		-		-	v aivina
-				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se	• • • •	amajonty				sapporting
b					d or controlled in connec	tion with it	ts sunnort	ed organizati	on(s) by ha	avina
~				-	anization vested in the s			-		-
			-	at complete Part IV,					ugo ino our	oportod
с					g organization operated	in connec	tion with	and function:	ally integrat	ed with
			-		6). You must complete I				iny intograt	
d		- ··	0		porting organization oper				orted organi	ization(s)
Ū			-		zation generally must sa				-	
					nplete Part IV, Sections					
е		- ·	·		written determination fro					
Ŭ			Ũ		nally integrated support			x 1900 1, 190	, rype m	
f	Ente			orgonizationo		ing organi	201011.			
				n about the supporte	ed organization(s)					•
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10	Yes	No	support (see i	nstructions)	support (see instructions)
					above (see instructions))					

Sch		nner City Impa				23-7165220	r ugo 🖬
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	1 170(b)(1)(A)(vi	)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I or	if the organization	n failed to qualify u	inder Part III. If the	organization
	fails to qualify under the tests	s listed below, pleas	se complete Part II	II.)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,564,085.	1,478,406.	1,557,997.	2,328,533.	1,681,612.	8,610,633.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,564,085.	1,478,406.	1,557,997.	2,328,533.	1,681,612.	8,610,633.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						188,548.
6	Public support. Subtract line 5 from line 4.						8,422,085.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,564,085.	1,478,406.	1,557,997.	2,328,533.	1,681,612.	8,610,633.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,654.	9,922.	4,923.	2,973.	14,783.	50,255.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					397.	397.
11	Total support. Add lines 7 through 10						8,661,285.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	140,351.
	First 5 years. If the Form 990 is for th	•	,		-		
	organization, check this box and <b>stor</b>	-					
Sec	ction C. Computation of Publ						
-	Public support percentage for 2021 (			olumn (f))		14	97.24 %
15	Public support percentage from 2020					15	97.67 %
16a	33 1/3% support test - 2021. If the c					ore, check this bo	< and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances tes	-		• • • •	-		
	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							Form 990) 2021

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
in a substantian <b>510</b>						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1				
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's f	irst second third	fourth or fifth tax	vear as a section	501(c)(3) organ	ization
check this box and <b>stop here</b>	e eigenzaher e i					
Section C. Computation of Publi	c Support Pe					
15 Public support percentage for 2021 (li			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						/0
17 Investment income percentage for 202					17	%
					18	
<ul><li>18 Investment income percentage from 2</li><li>19a 33 1/3% support tests - 2021. If the </li></ul>			on line 14 and lin			%
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2020.</b> If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	1 did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions	▶∟

Page 4

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
1		
2		
3a		
Ja		
3b		
20		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
-		
9a		
9b		
9c		
10a		
10h		

10b

Pa	dule A (Form 990) 2021     Inner City Impact     2       t IV     Supporting Organizations (continued)     2			age (
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	fficers,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	·		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	titv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization(s) to which the organization was responsive if in res, and in rat vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		20		
h	that these activities constituted substantially all of its activities.	2a		
α	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
~	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
3 a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
а		3a		

Schedule A (Form 990) 2021

Schedu	e A (Form 990) 2021 Inner City Impact			23-7165220 Page
Part V				
1 L	Check here if the organization satisfied the Integral Part Test as a qualify	•		Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	(B) Current Year
Section	A - Adjusted Net Income		(A) Prior Year	(b) Current Year (optional)
<b>1</b> Ne	et short-term capital gain	1		
<b>2</b> Re	ecoveries of prior-year distributions	2		
<b>3</b> O	ther gross income (see instructions)	3		
<b>4</b> Ad	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Po	ortion of operating expenses paid or incurred for production or			
cc	llection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
<b>7</b> O	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aç	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	<b>1</b> a		
b Av	verage monthly cash balances	1b		
<b>c</b> Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(e	xplain in detail in <b>Part VI</b> ):			
<b>2</b> Ad	equisition indebtedness applicable to non-exempt-use assets	2		
3 SI	ubtract line 2 from line 1d.	3		
<b>4</b> Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> M	ultiply line 5 by 0.035.	6		
<b>7</b> Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
ection	C - Distributable Amount			Current Year
<b>1</b> Ac	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> Er	nter 0.85 of line 1.	2		
<b>3</b> M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
<b>4</b> Er	nter greater of line 2 or line 3.	4		
5 In	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

	dule A (Form 990) 2021 Inner City Impact				-7165220	Page <b>7</b>		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current V	Year		
1	Amounts paid to supported organizations to accomplish exe			1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distribut Amount fo			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
с	c From 2018							
d	d From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
e	Excess from 2021							

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021
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Part VI Supplemental Information. Provide the explanations required by Part II, line 17, and 17, by Part II, line 32, Part IV, Section C, line 1, 28, 28, 34, 65, 68, 98, 96, 68, 58, 98, 96, 58, 58, 98, 96, 59, 58, 58, 59, 59, 59, 59, 59, 59, 59, 59, 59, 59	Schedule A	(Form 990) 2021	Inner Cit	y Impact		23-	-7165220	Page <b>8</b>
	Part VI	Supplemental Infor Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Pro 2, 3b, 3c, 4b lines 2 and 3;	vide the explanations require , 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 Part IV, Section E, lines 1c, 2a	b, and 11c; Part IV, Section B, lin a, 2b, 3a, and 3b; Part V, line 1; P	es 1 and art V, Sec	2; Part IV, Sectio ction B, line 1e; P	on C.

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## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

er

Internal Revenue Service		
Name of the organization	n	Employer identification numb
	Inner City Impact	23-7165220
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
General Rule		
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot any one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		

#### X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

 $\perp$  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ...... \* \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B

Department of the Treasury

(Form 990)

	B (Form 990) (2021)		Page <b>2</b>
Name of c	organization	Emp	loyer identification number
Inner Ci	ity Impact	2	3-7165220
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$101,760.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,924.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)			Page 3	
Name of o	rganization		Employ	yer identification number	
Inner Ci	ty Impact		23-	7165220	
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	ed.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		
2	Food	—			
		\$100	,924.	02/11/22	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	

Name of or	ganization		Employer identification number				
Inner Cit	ty Impact		23-7165220				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through <b>(e) and</b> the following line en haritable, etc., contributions of <b>\$1,000 o</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yentry. For organizations r less for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Γ		(e) Transfer of gi	ft				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
_	(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ŀ		(e) Transfer of gi	ft				
ŀ	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 9	<del>9</del> 90)
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132051 10-28-21

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

►Go '	to www.irs.g	ov/Form990 f	or instructions	and the la	test informatio	n.

Employer identification number

	Inner City Impact			23-7165220
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
			-	
Pa				
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	biotorically	important land area
	Preservation of land for public use (for example, recreation of natural habitat		-	important land area
		Preservation of	a certined his	stone structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	fied conservation contribution in the form of	of a conserva	Held at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization	n during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserval	ion easemer	nts during the year
_	► \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes LI No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that des	cribes the
Des	organization's accounting for conservation easements.			<b>A A</b> -
Pa	t III Organizations Maintaining Collections o		ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pul			public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	erance of pu	ıblic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X		►	\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provid	e
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
<u>b</u>	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021

	dule D (Form 990) 2021 Inner City							71652			age <b>2</b>
Pa	t III Organizations Maintaining (	Collections of A	rt, Histo	rical Tre	asures, o	or Othe	er Similar <i>I</i>	Asset	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	any of the fo	ollowing that	t make s	ignificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	d			ange progra						
b	Scholarly research	e	Ot 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical treas	ures, or othe	er similar	assets		,		-
	to be sold to raise funds rather than to be m		U						Yes		No
Pa	t IV Escrow and Custodial Arrar		ete if the o	rganization	answered "	Yes" on	Form 990, Pa	art IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custoo		2						1		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:							
									Amoun		
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						<b>1</b> f		1		1
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •		Yes		No
_	If "Yes," explain the arrangement in Part XIII										]
Pai	<b>t V</b> Endowment Funds. Complete							haak	(-) [	Vaara	haali
		(a) Current year	<b>(b)</b> Pric	or year	(C) TWO years	S DACK	( <b>d)</b> Three years	DACK	(e) roui	years	Jack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	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 cur	rrent year end balanc		column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	·	_%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held an	d administer	red for th	ne organizatio	on	г	Vee	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organize								3b		
4	Describe in Part XIII the intended uses of the	<u> </u>	owment fur	nds.							
Pa	t VI Land, Buildings, and Equipn				- F 000	Dent V	line <b>1</b> 0				
	Complete if the organization answere		· · ·								
	Description of property	(a) Cost or o		(b) Cost o		• •	cumulated		( <b>d)</b> Boo	< value	÷
		basis (investr	nent)	basis (c		dep	preciation	-			
	Land				266,000.				-	266,	
	Buildings			4,	525,432.		2,178,392	²•	2	,347,	υ40.
	Leasehold improvements							_			
	Equipment				215,922.		205,475	_			447.
	Other				237,948.		217,130		~	,	818.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 10	)c.)		🕨		2	,644,	305.

Schedule D (Form 990) 2021

Complete fit we organization answered "Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Biostightion failury intervatives (c) Method of valuation: Cost or end of year market value (c) francial derivatives (c) Closely held equity intervats (c) Closely held equity intervative (c) Closely held equity intervative (c) Closely held equity intervats (c) Closely held equity intervative (c) Closely held equity	Part VII Investments - Other Securities.	on Form 000 Port IV/ line	11b See Form 000 Dart V line 10	
(1)       Financial derivatives         (2)       Closely held equify interests         (3)       Other         (4)       (5)         (5)       (6)         (6)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (7)       (7)         (8)       (7)         (9)       Description of investment         (9)       Description of investment         (9)       Description of investment         (9)       (9)         (10)       (1)         (2)       (2)         (6)       (2)         (7)       (2)         (9)       (2)         (9)       (2)         (9)       (2)         (9)       (2)         (9)       (2)         (9)       (2)         (9)       (2)         (1)       (2				l-of-vear market value
(2)       Closely held equity interests         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (10)       (7)         (11)       (7)         (12)       (7)         (13)       (7)         (14)       (10)         (14)       (10)         (12)       (11)         (13)       (12)         (14)       (12)         (14)       (12)         (15)       (12)         (16)       (12)         (17)       (12)         (18)       (11)         (19)       (11)         (10)       (11)         (10)       (11)         (10)       (11)         (10)       (11)         (10)       (11)         (10)       (11)         (11)       (11)         (12)				or year market value
(3) Other				
(A)				
(B)       (C)         (C)       (C)         (D)       (C)         (E)       (C)         (F)       (C)         (G)				
(C)         (D)           (B)         (D)           (G)         (D)           (P)				
(0)         (6)           (6)         (7)           (7)         (9)           (9)         (9)           (10)         (10)           (11)         (11)           (12)         (12)           (13)         (12)           (14)         (12)           (15)         (12)           (11)         (12)           (12)         (12)           (13)         (12)           (14)         (12)           (15)         (12)           (12)         (12)           (13)         (12)           (14)         (12)           (15)         (12)           (16)         (12)           (17)         (12)           (18)         (12)           (19)         (12)           (10)         (12)           (11)         (12)           (12)         (13)           (14)         (14)           (15)         (16)           (16)         (16)           (17)         (12)           (13)         (14)           (14)         (15)           (16)				
[C]         [C]           (G)				
(F)         (G)           (G)         (H)           Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►         (A)           Part XUII Investments - Program Related.         (G) Method of valuation: Cost or end of year market value           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (a) Description         (b) Book value         (c) Method of valuation: Cost or end of year market value           (G)         (G)         (G)         (G)         (G)           (G)         (G)         (G)         (G)         (G)           (G)         (G)         (G)         (G)         (G)           (G)         (G) Description         (b) Book value         (f)           (g)         (G) Description         (f)         (f)           (g)         (G)         (G)         (G)         (G)           (g)         (G)         (G)         (G)         (G)           (g)         (				
(G)         (H)           (H)         (H)           Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►         (a) Description of investment           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a) Description         (b) Description         (c) Method of valuation: Cost or end-of-year market value           (1)         (a) Description         (c) Method of valuation: Cost or end-of-year market value         (c) Description           (a) Description         (c) Method of valuation: Cost or end-of-year market value         (c) Description         (c) Description           (a) Description         (b) Description         (c) Description         (c) Description         (c) Description           (1)         (a) Description         (b) Book value         (c) Description         (c) Description         (c) Description           (1)         (a) Description of subservers </td <td></td> <td></td> <td></td> <td></td>				
(h)       (				
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 12.)         Part Viiii       Investments - Program Related.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (c)       Method of valuation: Cost or end-of-year market value         (1)       (c)         (a)       (c)         (a)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)				
Part VIII         Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (3)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)				
Complete if the organization answered "Ves" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (3)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (6)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           (a) Description         (c) Book value         (c)         (c)         (c)         (c)           (1)         (c) Book value         (c)         (c)         (c)         (c)         (c)         (c)           (11)         (c) Book value         (c)           (3)         (c)         (c)         (c)         (c)         (c)         (c)         (c)				
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c)         (		on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(1)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (7)         (1)       (1)         (1)       (2)         (1)       (3)         (1)       (4)         (1)       (1)         (2)       (3)         (3)       (4)         (4)       (4)         (5)       (6)         (7)       (9)         (3)       (1)         (4)       (2)         (3)       (4)         (4)       (4)         (5)       (6)         (7)       (6)         (7)       (7)         (8)       (9)         (9)       (1)         (1)       Federal income taxes         (2)       (2)         (3)       (4)         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (5)       (6)         (6)       (7)         (7)       (9)         (8)       (9)				l-of-year market value
(2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         1otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         FPart IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (1)       (a)         (2)       (a)         (3)       (b) Book value         (7)       (a)         (6)       (c)         (7)       (c)         (a)       (c)         (b) Book value       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (h) Conter Liabilitities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1)       (c) Book value         (1)       Federal income taxes				,
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       (1)         (1)       (2)         (3)       (1)         (2)       (2)         (3)       (4)         (6)       (2)         (3)       (4)         (6)       (7)         (8)       (9)         (7)       (8)         (9)       (1)         (7)       (8)         (9)       (1)         (1)       (2)         (3)       (1)         (6)       (2)         (7)       (8)         (9)       (1)         (1)       (2)         (3)       (1)         (4)       (2)         (3)       (1)         (4)       (1)         (5)       (1)         (6)       (1)         (1)       Federal income taxes         (2)       (3)         (1)       Federal income taxes         (2)       (3)         (4)       (5)				
(4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (3)       (4)       (5)         (6)       (7)       (6)       (7)         (8)       (9)       (b) must equal Form 990, Part X, col. (B) line 15.)       (b)         Part X       Other Liabilities.       (c) Book value       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (c)       (d)         (2)       (3)       (b)       (c)         (3)       (4)       (5)       (6)       (7)         (6)       (6)       (6)       (7)       (7)         (6)       (6)       (6)				
(5)       (6)         (7)       (8)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a)       (b) Book value         (1)       (2)         (3)       (4)         (6)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Fart X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Book value       (b) Book value         (1)       (b) Book value         (1)       (b) Book value         (1)       Federal income taxes         (2)       (3)         (3)       (b) Book value         (1)       Federal income taxes         (2)       (b)         (3)       (b)         (4)       (c)         (5)       (6)         (6)       (7)				
(6)       (7)         (8)       (9)         (9)       Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Book value       (b) Book value         (1)       Federal income taxes         (2)       (3)         (4)       (b) Book value         (1)       Federal income taxes         (2)       (3)         (4)       (b) Book value         (5)       (6)         (6)       (7)         (6)       (6)         (7)       (6)				
(7)       (8)         (9)       (1)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (a) Description         (a) Description       (b) Book value         (1)       (2)         (3)       (4)         (6)       (7)         (7)       (a) Description         (7)       (b) Book value         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (2)         (9)       (2)         (1)       (2)         (3)       (2)         (4)       (2)         (5)       (2)         (6)       (2)         (7)       (2)         (8)       (2)         (9)       (2)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1)       Federal income taxes         (2)       (3) </td <td></td> <td></td> <td></td> <td></td>				
(8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       Part IX         Other Assets.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (c)         (2)       (a)         (3)       (b) Book value         (4)       (c)         (6)       (c)         (7)       (c)         (3)       (c)         (4)       (c)         (6)       (c)         (6)       (c)         (6)				
(9)       Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1)       Federal income taxes         (2)       (c)         (3)       (d)         (4)       (f)         (6)       (f)     <				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (c)         (1)       Federal income taxes         (2)       (c)         (3)       (b) Book value         (4)       (c)         (6)       (c)         (6)       (c)         (6)       (c)         (6)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)				
Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description         (b) Book value         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (Part X)       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (b) Book value         (7)         (6)         (7)         (8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b)         (3)       (b)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         (a) Description of liability       (c)         (a) Description of liability       (b) Book value         (1)       Federal income taxes       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)				
(a) Description       (b) Book value         (1)       (2)         (3)       (3)         (4)       (4)         (5)       (6)         (7)       (8)         (9)       (2)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (6)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (5)       (6)         (7)       (6)         (6)       (7)         (8)       (6)		on Form 990, Part IV, line	e 11d. See Form 990. Part X. line 15.	
(1)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)			, ,	(b) Book value
(2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (6)         (5)       (6)         (7)       (6)         (7)       (8)		•		
(3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (4)         (5)       (6)         (7)       (6)         (7)       (7)         (8)       (1)				
(4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)				
(5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (1)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (2)				
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (1)				
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)				
(8)				
(9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (2)         (3)       (4)       (5)         (6)       (7)       (8)				
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)		e 15.)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)		/		
(1) Federal income taxes       (2)         (3)       (3)         (4)       (5)         (5)       (6)         (7)       (8)		on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(1) Federal income taxes       (2)         (2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (6)         (8)       (6)	1. (a) Description of liability			(b) Book value
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (8)				
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (8)				
(4)     (5)       (6)     (7)       (8)     (8)				
(5)       (6)       (7)       (8)				
(6)       (7)       (8)				
(7) (8)				
(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		e 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2021 Inner City Impact		23-7165220	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1.	2a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 99 to www.irs.gov/Form990 for inst				ion.		Open to Public Inspection
Name of the organization							Employer i	dentification number
	Inner City	Impact					23-716522	20
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	rered "	es" o	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a 🔄 Mail solicitat	tions	e Solicita	ation of	non-g	overnment grants			
<b>b</b> Internet and	email solicitations				nment grants			
c Phone solici		g 🛄 Specia	l fundra	aising	events			
d In-person so			l (in als s	alia a a	fficere divertere two	_		
•		or oral agreement with any individua art VII) or entity in connection with	•	•			·	es No
		viduals or entities (fundraisers) purs			•			
compensated at le	•	. ,.		agree				o be
	., ,				1			.
(i) Name and addres	s of individual		(iii) fund	Did raiser ustody	(iv) Gross receipts		Amount paid or retained b	A I (VI) Amount paid
or entity (fund		(ii) Activity	or cor	ntrol of	from activity		fundraiser	y) to (or retained by) organization
			contrib	utions?		lis	ted in col. (i)	
			Yes	No				
			_					
			_					
			-					
Total				. 🕨				
<b>3</b> List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt fron	n registration

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

Schedule G (Form 990) 2021

Inner City Impact

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Banquet		None	(add col. <b>(a)</b> through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	94,725.			94,725.
2	Less: Contributions	94,725.			94,725.
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	900.			900.
7	Food and beverages	13,010.			13,010.
8	Entertainment				
9					25,648.
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b>&gt;</b>	39,558.
11	Net income summary. Subtract line 10 from I	ine 3, column (d)	<u></u>	🕨	-39,558.
	3 4 5 6 7 8 9 10	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 throug</li> <li>11 Net income summary. Subtract line 10 from I</li> </ul>	Banquet         (event type)         1 Gross receipts         2 Less: Contributions         94,725.         3 Gross income (line 1 minus line 2)         4 Cash prizes         5 Noncash prizes         6 Rent/facility costs         900.         7 Food and beverages         13,010.         8 Entertainment         9 Other direct expenses         25,648.         10 Direct expense summary. Add lines 4 through 9 in column (d)	Banquet         (event type)       (event type)         1 Gross receipts       94,725.         2 Less: Contributions       94,725.         3 Gross income (line 1 minus line 2)       94,725.         4 Cash prizes       900.         5 Noncash prizes       900.         6 Rent/facility costs       900.         7 Food and beverages       13,010.         8 Entertainment       25,648.         9 Other direct expenses summary. Add lines 4 through 9 in column (d)       11 Net income summary. Subtract line 10 from line 3, column (d)	Banquet       None         Banquet       (event type)       (total number)         1 Gross receipts       94,725.         2 Less: Contributions       94,725.         3 Gross income (line 1 minus line 2)       94,725.         4 Cash prizes       900.         5 Noncash prizes       900.         6 Rent/facility costs       900.         7 Food and beverages       13,010.         8 Entertainment       25,648.         9 Other direct expenses summary. Add lines 4 through 9 in column (d)       >

\$15,000 on Form 990-EZ, line 6a.

Revenue	-	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	Yes%	Yes%	
	7 Direct expense summary. Add lines 2 through	5 in column (d)		▶	
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming ac If "No," explain:	tivities in each of these	states?		
	Were any of the organization's gaming licenses re- If "Yes," explain:		-	• · · · · · · · · · · · · · · · · · · ·	Yes No

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	Inner City Impa	ict	23-7	165220	Page <b>3</b>
11	Does the organization conduct g	jaming activities with no	onmembers?		Yes	No
	Is the organization a grantor, be	neficiary or trustee of a	trust, or a member of a partne			
13	Indicate the percentage of gamin					
					13a	%
						%
				special events books and records:	. [	,
	Name 🕨					
	Address ►					
15a	a Does the organization have a co	ntract with a third party	y from whom the organization	receives gaming revenue?	Yes	No No
k	If "Yes," enter the amount of gar	ning revenue received ł	by the organization 🕨 \$	and the amount		
	of gaming revenue retained by th					
c	If "Yes," enter name and addres					
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	▶ \$				
	Description of services provided					
	· · ·					
	Director/officer	Employee	Independent con	tractor		
17	Mandatory distributions:					
a	a Is the organization required unde	er state law to make cha	aritable distributions from the	gaming proceeds to		
	retain the state gaming license?				📖 Yes	└── No
k		s required under state ia	aw to be distributed to other e	exempt organizations or spent in the		
De	organization's own exempt activ			t I, line 2b, columns (iii) and (v); and F		
Fa			e explanations required by Par ride any additional information		Part III, lines S	9, 90, 100,

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasur Internal Revenue Service	у	Go	irants and Oth vernments, ar ete if the organizatio Go to www.ir	nd Individua n answered "Yes" Attach to For	<b>ls in the Ŭn</b> i " on Form 990, Pa	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
Name of the organi								Employer identification number
Part I Genera	Inner City Im I Information on Grants a							23-7165220
1 Does the orga criteria used t	anization maintain records o award the grants or assi art IV the organization's pro	to substantiate the stance?						
Part II Grants	and Other Assistance to It that received more than	Domestic Organi	zations and Domesti	c Governments. C	Complete if the org	anization answered "\	′es" on Form 990, Par	t IV, line 21, for any
• •	address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total nu	mber of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table			•	<b>&gt;</b>
	mber of other organization ork Reduction Act Notice							Schedule I (Form 990) 2021
	UR INCLUCTION ACT NOTICE	, see the monucl						Juneuule I (FUIII 330) 202 I

Schedule I (Form 990) 2021

Inner City Impact

23-7165220

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
cholarships	2	10,000.	0.		
ood	2937	0.	113,666.	FMV	Food
Part IV Supplemental Information. Provide the informatio	n required in Part L lin	e 2: Part III. column	(b): and any other a	dditional information	
	n required in r dirti, in				
art I, Line 2:					
ir leadership program focuses on developing Ch	ristian leaders.	We provide			
elected students with scholarships to help the	m obtain college	degrees in			
urtherance of this mission. The funds are paid	directly to the	educational			
nstitution.					

The ICI Food Assistance Program is set-up to assist families in need. The

majority of this program is conducted through large distribution events

where food is delivered or picked up by families in need. Staff and

Page 2

#### Part IV Supplemental Information

volunteers monitor the amount of food provided based on available

inventory. The number of families served is tracked in a database.

Smaller donations of food items are distributed to families or used during

club programs. The number of families or persons served is tracked in a

database.

SCHEDULE I	
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#### (Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

ОМВ	No.	1545-0047	

**Open To Public** 

Name	of the	organization

#### Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Inner City Impact 23-7165220 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disgualified (d) Corrected? (a) Name of disgualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. h) Approve (b) Relationship (d) Loan to or (i) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the agreement? interested person with organization of loan principal amount default? cómmittee? organization? To From Yes No Yes No Yes No

Total

▶ \$ Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance				

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

Schedule L (Form 990) 2021

Inner City Impact

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing c organization' revenues?		
				Yes	No	
Shanna Bechtel	Family member of Wi	11,546.	Compensatio		Х	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Shanna Bechtel

(b) Relationship Between Interested Person and Organization:

Family member of William Bechtel, CEO

(d) Description of Transaction: Compensation

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

202 1 **Open to Public** Inspection

Name of the organization

	Inner	City	Impact
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Employer identification number
23-7165220

23-	71	. 6	5	2

Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermini	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	5,910.	Selling price			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	71	108,882.	Purchase price			
20	Drugs and medical supplies			· · · ·				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Supplies)	Х	22	4,784.	Purchase price			
26	Other  (							
27	Other  (							
28	Other  (							
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828						0	
							Yes	No
30a	During the year, did the organization receive by	contributio	on any property rej	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31	х	
	Does the organization hire or use third parties of							
	contributions?		0	· ·		32a	_	X
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (o) fo	r a type of proport	v for which column (a) is she	ekod			
33			a type of propert	y for which column (a) is che	undu,			
	describe in Part II.			•	Cohodula		0001	0004

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

Schedule M (Form 990) 2021

Schedule N	l (Form 990) 2021 Inner City Impact	23-7165220	Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, o this part for any additional information.	and 33, and whether the orga r a combination of both. Also c	inization
Schedule	M, Part I, Column (b):		
The numbe	er of contributions represent the number of contributions		
received	not the number of items donated.		
132142 11-17	21	Schedule M (Fo	orm 990) 202

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

Employer identification number 23-7165220

Inner City Impact

Form 990, Part III, Line 4a, Program Service Accomplishments:

experience for them.

Form 990, Part III, Line 4d, Other Program Services:

Camp:

The camping ministry is designed to provide a focused time for children

to hear about God's Word without distractions of the city and to

experience and enjoy God's creation. Camping trips range from daily

getaways to week long overnight trips to a seven-week day camp program.

This year we had 190 different children attend the day camp program

with an average of 80 per day.

Expenses \$ 34,471. including grants of \$ 0. Revenue \$ 772.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by an independent CPA firm. The Form 990 is

reviewed by management in detail and is provided to every member of the

governing body prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Each board member, officer, and member of senior management of the

corporation, including related entities, complete an annual conflict of

interest questionnaire. The signed questionnaires are reviewed by the

board. Should any potential conflicts of interest be disclosed, the board

member or officer would be asked to refrain from participation in any

deliberation or decision with regard to matters affected by the

relationship.

Schedule O (	Form 990	2021
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Name of the organization

Inner City Impact

Page 2 Employer identification number 23-7165220

Form 990, Part VI, Section B, Line 15:

The board of directors, composed of independent persons, reviews the

compensation package of the CEO/President and CFO/Treasurer using market

comparability data for similar organizations. The independent board votes

on the proposed compensation packages as part of the annual budget process.

This process is documented in the corporate minutes and was last completed

during the fiscal year.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy, and

financial statements are available to the public upon request.

Form 990, Part VII

Compensation reported in Part VII, column D is the amount reported on

the individual's W-2, box 1 or 5 (whichever amount is greater) per the

IRS instructions. In the case of minister's compensation when box 5 of

the W-2 is not applicable, box 1 compensation is used. Employee

deferrals to qualified retirement plans are normally captured in box 5,

not box 1 of Form W-2. For reporting purposes we have included the

employee's retirement plan deferrals in Part VII, column F.

SCHEDULE R (Form 990) Department of the Treasur Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organiz	zation Inner City Impact						<b>oyer identi</b> -7165220		umber		
Part I Identific	cation of Disregarded Entities. Comp	blete if the organization answered "Y	/es" on Form 990, Part IV, line 3	33.							
	(a) ddress, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Dr Total inco	(e) End-of-year	assets	sets Direct c en		)		
		-									
Part II Identific organiza	cation of Related Tax-Exempt Orgar tions during the tax year.	nizations. Complete if the organizati	on answered "Yes" on Form 99	0, Part IV, line 34, l	pecause it had one	or more rel	lated tax-e	xempt			
	(a) lame, address, and EIN of related organization	address, and EIN Primary activity Legal d		(c)(d)(e)gal domicile (state or foreign country)Exempt Code sectionPublic chari status (if sect 501(c)(3))		<b>(f)</b> Direct controllin entity		Section 5 contr ent Yes	olled		
Chicago Gospel 3327 W Fullerto Chicago, IL 60		Missions	Illinois	501(c)(3)		Inner Cit Impact, 1	-	x			

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

Schedule R (Form 990) 2021

			(c) (d)			(e)		(f) (s		(g)		I)	(i)		(j)		(k)
Na	me, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predomir	ant income	Share	of total		are of	Dispropo	rtionate	Code V-UE amount in b	31	Genera	l or Pe	rcentag
of	related organization		(state or foreign	entity	excluded fr	elated, unrelated, ded from tax under		income		end-of-year assets		ions?	J 20 of Schedule		partite	1:	wnership
			country)		sections	512-514)				0010	Yes	No	K-1 (Form 10	065)	Yes	lo	
		-															
		-															
		-															
															$\vdash$	_	
		-															
		-															
		-															
	Identification of Related Or organizations treated as a co				omplete if t	ne organizat	ion ansv	vered "Yes	s" on Fo	rm 990, Pa	rt IV,	line 34	4, because it h	nad o	one or	more	e related
	(a)			(b)	(c)	(d)		(e)	)	(f)			(g)		(h)		(i) Section
	Name, address, and E	IN			Legal domicile	ile Direct controll		Type of entity Share		Share of	of total Share of		Share of	Percentage		ge	512(b)(13)
	of related organizatio	n			(state or foreign	state or entity	ty (C corp, S c		S corp, income			end-of-year		ownership		controlled entity?	
								Or tri	iet)	incon				1000			
					country)			or tru	ist)				assets			Y	es No
					country)			or tru	ist)							Y	es No
					country)			or tru	ist)							Y	es No
					country)			or tru	ist)							Y	es No
					country)			or tru	ist)							Y	es No
					country)			or tru	ist)							Y	es No
					country)			or tru	ist)							Y	es No
					country)			or tru	ist)							Y	es No
					country)			or tru	ist)							Y	
					country)			or tru	lst)							Y	
					country)			or tru	lst)							Y	
					country)			or tru	lst)							Y	
					country)			or tru	lst)							Y	
					country)			or tru	lst)							Y	

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

the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? ant, or capital contribution to related organization(s) ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s) or loan guarantees by related organization(s)	1a 1b 1c 1d 1e		X X X X
ant, or capital contribution to related organization(s) ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s)	1b 1c 1d		X X
ant, or capital contribution to related organization(s) ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s)	1c 1d		Х
ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s)	1d		
or loan guarantees to or for related organization(s)			х
	1e		
			Х
ds from related organization(s)	1f		Х
assets to related organization(s)	1g		Х
se of assets from related organization(s)	1h		Х
ge of assets with related organization(s)	1i		Х
of facilities, equipment, or other assets to related organization(s)	1j		Х
of facilities, equipment, or other assets from related organization(s)	1k		Х
nance of services or membership or fundraising solicitations for related organization(s)	11		Х
	1m		Х
	1n		Х
	10		Х
rsement paid to related organization(s) for expenses	1p		Х
rsement paid by related organization(s) for expenses	1q		Х
ansfer of cash or property to related organization(s)	1r		Х
F	1s		
	i facilities, equipment, or other assets to related organization(s) i facilities, equipment, or other assets from related organization(s) ance of services or membership or fundraising solicitations for related organization(s) ance of services or membership or fundraising solicitations by related organization(s) of facilities, equipment, mailing lists, or other assets with related organization(s) of paid employees with related organization(s) sement paid to related organization(s) for expenses	i facilities, equipment, or other assets to related organization(s)       1j         i facilities, equipment, or other assets from related organization(s)       1k         ance of services or membership or fundraising solicitations for related organization(s)       1l         ance of services or membership or fundraising solicitations by related organization(s)       1m         of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         of paid employees with related organization(s)       1o         sement paid to related organization(s) for expenses       1p         sement paid by related organization(s) for expenses       1p	i facilities, equipment, or other assets to related organization(s)       1j         i facilities, equipment, or other assets from related organization(s)       1k         ance of services or membership or fundraising solicitations for related organization(s)       1l         ance of services or membership or fundraising solicitations by related organization(s)       1m         of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         sement paid to related organization(s) for expenses       1p         sement paid by related organization(s) for expenses       1q

Na	(a) ame of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				

#### Schedule R (Form 990) 2021 Inner City Impact

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total o	<b>(g)</b> Share of end-of-year assets	(h Dispro tion allocati	) ate ons? <b>No</b>	<b>(i)</b> Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn <b>Yes</b>	al or F ging er?	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2021

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

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

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
-	Inner City Impact				23-7165220					
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. 3327 W Fullerton Avenue									
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60647									
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			0	1			
Application			Application			R	Return			
Is For			Is For			Code				
Form 990	) or Form 990-EZ	01	Form 1041-A				08			
Form 4720 (individual)			Form 4720 (other than individual)			09				
Form 990-PF			Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11			
Form 990	D-T (trust other than above)	06	Form 8870				12			
Form 990	D-T (corporation)	07								
Telephone No. ▶       773-384-4200       Fax No. ▶         ●       If the organization does not have an office or place of business in the United States, check this box       ▶         ●       If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)										
b If t est c Ba	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp lance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See	3a 3b 3c	\$		0. 0. 0.					
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	8453-TE ar	nd Form 8879-TE fo	or pay	yment			

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

Form 8868 (Rev. 1-2022)