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

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

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

OMB No 1545-0047

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION		D Employer identification number 23-7268394
	Doing Business As		E Telephone number (202) 962-4600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 328,315,592.
	777 NORTH CAPITOL STREET, NE., STE. 600-TAX		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20002-4240			
F Name and address of principal officer: JOAN MCCALLEN SAME AS C ABOVE			
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: WWW.ICMARC.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 1972	M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LESSEN THE BURDENS OF STATE AND LOCAL GOVERNMENTS AND THEIR AGENCIES AND INSTRUMENTALITIES IN			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	726	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7,540,980.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-3,363,051.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 0.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)		127,106,837.	152,107,164.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,997,969.	13,342,173.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		415,410.	440,305.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		135,520,216.	165,889,642.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		630,150.	1,031,047.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		98,036,560.	96,590,941.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		41,626,878.	40,192,537.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (D), line 25)		140,293,588.	137,814,525.
	19 Revenue less expenses. Subtract line 18 from line 12		-4,773,372.	28,075,117.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 287,733,800.	End of Year 319,307,254.
	21 Total liabilities (Part X, line 26)		54,129,710.	52,107,736.
	22 Net assets or fund balances. Subtract line 21 from line 20		233,604,090.	267,199,518.

Part II Signature Block

AUSTIN, TEXAS

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

Sign Here	Signature of officer		Date		
	ELIZABETH GLISTA, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	HOWARD LEVENSON				
Firm's Name	Firm's name ▶ ERNST & YOUNG LLP		Firm's EIN ▶		
	Firm's address ▶ 1101 NEW YORK AVENUE, NW. WASHINGTON, DC 20005		Phone no. (202) 327-6000		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED DEC 29 2011

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

THE CORPORATION SERVES TO LESSEN THE BURDENS OF STATE AND LOCAL
GOVERNMENTS AND THEIR AGENCIES AND INSTRUMENTALITIES BY ADMINISTERING
QUALIFIED AND DEFERRED COMPENSATION RETIREMENT PLANS, THEREBY HELPING
PUBLIC SECTOR EMPLOYEES BUILD RETIREMENT SECURITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 116,361,633. including grants of \$) (Revenue \$ 145,006,489.)
THE CORPORATION PROVIDED ITS PLAN ADMINISTRATION, INVESTMENT
MANAGEMENT, RETIREMENT PLANNING, AND INVESTMENT EDUCATION SERVICES TO
STATE AND LOCAL GOVERNMENT RETIREMENT AND DEFERRED COMPENSATION
PROGRAMS SERVING 4,883 STATE AND LOCAL GOVERNMENT EMPLOYERS THAT OFFER,
IN TOTAL, 9,066 RETIREMENT PLANS COVERING 928,688 PUBLIC SECTOR
RETIREMENT ACCOUNTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **116,361,633.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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 "Yes," 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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, 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 assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	113		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
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.	726		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		X	
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)?		X	
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	N/A		
b Did the organization make a distribution to a donor, donor advisor, or related person?	N/A		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	N/A		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A		
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10	
b Enter the number of voting members included in line 1a, above, who are independent	9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AZ, CA, DE, GA, ID, NM, NH, NC, IN, OH, OK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 ELIZABETH GLISTA, TREASURER - (202) 962-4600
 777 NORTH CAPITOL STREET, NE., STE. 600-TAX, WASHINGTON, DC 20002

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN MCCALLEN PRESIDENT/CEO/DIRECTOR	40.00	X		X				2,851,940.	0.	34,846.
ERIC ANDERSON DIRECTOR	2.00	X						2,074.	0.	0.
JACQUELINE CHARNLEY DIRECTOR	2.00	X						0.	0.	0.
COLLETTE CHILTON DIRECTOR	2.00	X						0.	0.	0.
SCOTT KISTING DIRECTOR	2.00	X						380.	0.	0.
THOMAS LUNDY DIRECTOR	2.00	X						6,237.	0.	0.
ERIC MCKISSACK DIRECTOR	2.00	X						0.	0.	0.
DAVID MORA DIRECTOR	2.00	X						4,632.	0.	0.
ROBERT O'NEILL DIRECTOR	2.00	X						4,139.	0.	0.
ALISON RUDOLF DIRECTOR	2.00	X						1,885.	0.	0.
ELIZABETH GLISTA TREASURER/CFO	40.00			X				587,310.	0.	112,090.
JOHN BENNETT ASST TREAS/FINANCE VP	40.00			X				360,051.	0.	42,204.
GEORGE SUZICH ASST TREAS/FINANCE VP	40.00			X				278,036.	0.	45,892.
BARBARA STOTLER ASST TREAS/FINANCE DIRECTR	40.00			X				147,427.	0.	37,912.
KATHRYN MCGRATH SECRETARY/GEN COUNSEL	40.00			X				1,291,843.	0.	35,607.
ANGELA MONTEZ ASST SEC/DEPUTY GEN CNSL	40.00			X				441,515.	0.	26,383.
GREGORY DYSON SENIOR VICE PRESIDENT	40.00				X			695,401.	0.	152,847.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER MATZKE SENIOR VICE PRESIDENT	40.00				X			770,208.	0.	101,963.
WAYNE WICKER SENIOR VICE PRESIDENT	40.00				X			1,483,274.	0.	212,828.
KAREN CHONG-WULFF VICE PRESIDENT	40.00					X		632,868.	0.	48,599.
JULIE DELLINGER MANAGING VICE PRESIDENT	40.00					X		659,809.	0.	48,276.
KRISTINE HEURICH SENIOR VICE PRESIDENT	40.00					X		513,638.	0.	132,107.
JAMES ROHRBACHER SENIOR VICE PRESIDENT	40.00					X		495,857.	0.	160,437.
KEITH SENDALL SENIOR VICE PRESIDENT	40.00					X		825,003.	0.	110,586.
1b Sub-total								12,053,527.	0.	1,302,577.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								12,053,527.	0.	1,302,577.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

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- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICROSOFT LICENSING GP 6100 NEIL ROAD, RENO, NV 89511	INFORMATION SYSTEMS	367,707.
DAVIS & HARMAN LLP, 1455 PENNSYLVANIA AVENUE, NW., STE. 1200, WASHINGTON, DC 200	LEGAL SERVICES	256,865.
SB & COMPANY, LLC, 200 INTERNATIONAL CIRCLE, STE. 5500, HUNT VALLEY, MD 21030	INDEPENDENT AUDIT	226,778.
MAYER BROWN LLP 230 SOUTH LASALLE STREET, CHICAGO, IL 60604	LEGAL SERVICES	151,357.
ERNST & YOUNG U.S. LLP 200 PLAZA DRIVE, SECAUCUS, NJ 07094	TAX AND ASSURANCE	137,723.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		8

Form **990** (2010)

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2 a RETIREMENT PLANS/TRUST	Business Code 523920	145,006,489.	145,006,489.	
	b RETIREMENT ACCOUNTS	523920	7,075,725.	7,075,725.	
	c INVESTMENT ACCOUNTS	523920	24,950.	24,950.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		152,107,164.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,655,712.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross Rents		(i) Real (ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other 169,073,044. 39,367.			
b Less: cost or other basis and sales expenses		162,396,851. 29,099.			
c Gain or (loss)		6,676,193. 10,268.			
d Net gain or (loss)			6,686,461.		6,686,461.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a			
b Less: direct expenses		b			
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold		b			
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a TELEPHONE SERVICES	561700	292,000.		292,000.	
b ACCOUNTING SERVICES	541200	120,000.		120,000.	
c					
d All other revenue	523920	28,305.		28,305.	
e Total. Add lines 11a-11d		440,305.			
12 Total revenue. See instructions.		165,889,642.	145,006,489.	7,540,980.	13,342,173.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,031,047.	1,031,047.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,728,924.	7,305,561.	2,423,363.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,167,772.	56,739,759.	11,428,013.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,556,653.	5,725,782.	830,871.	
9 Other employee benefits	7,506,015.	6,149,438.	1,356,577.	
10 Payroll taxes	4,631,577.	3,844,506.	787,071.	
11 Fees for services (non-employees).				
a Management				
b Legal	930,933.	522,905.	408,028.	
c Accounting	698,399.	443,972.	254,427.	
d Lobbying	7,500.	7,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	165,004.	165,004.		
g Other				
12 Advertising and promotion	391,947.	391,947.		
13 Office expenses	1,996,757.	1,774,518.	222,239.	
14 Information technology	4,309,604.	3,998,296.	311,308.	
15 Royalties	355,098.	355,098.		
16 Occupancy	4,997,184.	4,440,997.	556,187.	
17 Travel	2,869,923.	2,767,086.	102,837.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,264,122.	979,242.	284,880.	
20 Interest	28,658.	28,658.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,221,880.	4,640,685.	581,195.	
23 Insurance	1,447,596.	800,521.	647,075.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PLAN MAILING/POSTAGE	5,569,550.	4,951,790.	617,760.	
b PLAN PRINTING/PUBLISHING	2,655,336.	2,655,336.		
c PROFESSIONAL SUBSCRIPTNS	1,149,404.	816,234.	333,170.	
d THIRD-PARTY PLAN ADMIN.	973,354.	973,354.		
e SECURITIES LICENSES	688,397.	688,397.		
f All other expenses	4,471,891.	4,164,000.	307,891.	
25 Total functional expenses. Add lines 1 through 24f	137,814,525.	116,361,633.	21,452,892.	0.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	37,293,415.	2	29,077,921.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,976,483.	4	21,141,242.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,420,646.	9	2,456,953.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 62,800,783.		
	b Less accumulated depreciation	10b 56,728,760.	10c	6,072,023.
	11 Investments - publicly traded securities	139,965,091.	11	169,928,004.
	12 Investments - other securities. See Part IV, line 11	77,599,816.	12	87,571,458.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,536,433.	15	3,059,653.
16 Total assets. Add lines 1 through 15 (must equal line 34)	287,733,800.	16	319,307,254.	
Liabilities	17 Accounts payable and accrued expenses	45,580,847.	17	42,104,807.
	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	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	8,548,863.	25	10,002,929.
	26 Total liabilities. Add lines 17 through 25	54,129,710.	26	52,107,736.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	233,604,090.	27	267,199,518.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	233,604,090.	33	267,199,518.
	34 Total liabilities and net assets/fund balances	287,733,800.	34	319,307,254.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	165,889,642.
2	Total expenses (must equal Part IX, column (A), line 25)	2	137,814,525.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,075,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233,604,090.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,520,311.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	267,199,518.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION** Employer identification number **23-7268394**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entry of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 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) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	117,913,216.	128,509,558.	124,270,556.	121,504,041.	145,006,489.	637,203,860.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	117,913,216.	128,509,558.	124,270,556.	121,504,041.	145,006,489.	637,203,860.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	1,598,310.	3,329,944.	2,831,027.	2,218,845.	2,615,872.	12,593,998.
c Add lines 7a and 7b	1,598,310.	3,329,944.	2,831,027.	2,218,845.	2,615,872.	12,593,998.
8 Public support (Subtract line 7c from line 6.)						624,609,862.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	117,913,216.	128,509,558.	124,270,556.	121,504,041.	145,006,489.	637,203,860.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,416,225.	11,775,726.	10,595,997.	7,298,092.	6,655,712.	46,741,752.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,416,225.	11,775,726.	10,595,997.	7,298,092.	6,655,712.	46,741,752.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	128,329,441.	140,285,284.	134,866,553.	128,802,133.	151,662,201.	683,945,612.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	91.32 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	90.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	6.83 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	7.52 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**

► **See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **INTERNATIONAL CITY MANAGEMENT**

ASSOCIATION RETIREMENT CORPORATION

Employer identification number

23-7268394

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		13,537.													
c Total lobbying expenditures (add lines 1a and 1b)		13,537.													
d Other exempt purpose expenditures		137,800,988.													
e Total exempt purpose expenditures (add lines 1c and 1d)		137,814,525.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	61,280.	76,184.	69,826.	13,537.	220,827.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	61,280.	76,184.	69,826.		207,290.

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV	Supplemental Information
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Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010**Open to Public
Inspection****Name of the organization** INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION**Employer identification number**
23-7268394**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ 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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,146,542.	2,884,210.	262,332.
d Equipment		23,147,542.	20,359,291.	2,788,251.
e Other		36,506,699.	33,485,259.	3,021,440.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,072,023.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VANGUARD VFSUX (2,217,328 SH)	23,880,624.	END-OF-YEAR MARKET VALUE
(B) VANTAGEPOINT VPBMX (1,156,652 SH)	11,878,817.	END-OF-YEAR MARKET VALUE
(C) VANGUARD VINIX (231,708 SH)	26,648,712.	END-OF-YEAR MARKET VALUE
(D) VANGUARD VITSX (797,064 SH)	25,163,305.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	87,571,458.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	7,567,067.
(3) DEFERRED LIABILITIES	472,967.
(4) DEFERRED RETIREMENT BENEFITS	1,452,335.
(5) OBLIGATIONS UNDER CAPITAL LEASES	510,560.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	10,002,929.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053
12-20-10

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	165,889,642.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	137,814,525.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	28,075,117.
4	Net unrealized gains (losses) on investments	4	5,856,192.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-335,881.
9	Total adjustments (net). Add lines 4 through 8	9	5,520,311.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	33,595,428.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	165,879,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	165,879,374.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	10,268.
c	Add lines 4a and 4b	4c	10,268.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	165,889,642.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	137,804,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	137,804,257.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	10,268.
c	Add lines 4a and 4b	4c	10,268.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	137,814,525.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: FIN 48 (ASC 740) FOOTNOTE TO THE CORPORATION'S AUDITED

FINANCIAL STATEMENTS PROVIDES THE FOLLOWING DISCLOSURE:

IN 2009, ICMA-RC ADOPTED FASB ASC TOPIC 740, INCOME TAXES, WHICH

ESTABLISHES GUIDELINES FOR RECOGNIZING, MEASURING AND DISCLOSING TAX

RETURN POSITIONS IN FINANCIAL STATEMENTS. MANAGEMENT HAS EVALUATED THE TAX

POSITIONS OF ICMA-RC AND DETERMINED THAT THE APPLICATION OF FASB ASC TOPIC

740 HAD NO MATERIAL IMPACT ON ITS FINANCIAL STATEMENTS. ACCORDINGLY, NO

ADJUSTMENTS FOR UNRECOGNIZED TAX BENEFITS OR RELATED INTEREST OR PENALTIES

Part XIV Supplemental Information (continued)

WERE REQUIRED AS OF DECEMBER 31, 2010 AND 2009.

IF APPLICABLE, ICMA-RC WOULD RECOGNIZE ACCRUED INTEREST RELATED TO

UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN "OTHER

EXPENSES" IN THE CONSOLIDATED STATEMENTS OF REVENUE, EXPENSES AND CHANGES

IN NET ASSETS. MANAGEMENT IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT

IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS

WOULD SIGNIFICANTLY INCREASE OR DECREASE DURING THE NEXT TWELVE MONTHS.

EACH OF THE TAX YEARS IN THE FOUR-YEAR PERIOD ENDING DECEMBER 31, 2010

REMAINS SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES,

ALTHOUGH CERTAIN STATE TAXING AUTHORITIES MAY LENGTHEN THIS PERIOD TO FIVE

YEARS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ANNUAL INCREASE IN UNRECOGNIZED DEFERRED RETIREMENT BENEFIT

COSTS -335,881.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON DISPOSAL OF PROPERTY, PLANT, AND EQUIPMENT 10,268.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON DISPOSAL OF PROPERTY, PLANT, AND EQUIPMENT 10,268.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

INTERNATIONAL CITY MANAGEMENT

ASSOCIATION RETIREMENT CORPORATION

Employer identification number

23-7268394

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		0.
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 3: DURING THE YEAR, THE CORPORATION SOLD NEW

ZEALAND GOVERNMENT BONDS, ITS SOLE INTERNATIONAL INVESTMENT, FOR

\$772,698.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

2010

**Open to Public
Inspection**

Name of the organization	INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION	Employer identification number 23-7268394
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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ **3.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR STATE AND LOCAL GOVERNMENT EXCELLENCE, INC. - 777 NORTH CAPITOL STREET, NE., 5TH FLOOR - WASHINGTON, DC 20002	26-2661207	501(C)(3)	1,016,047.	0.			GRANT FOR PUBLIC RESEARCH INTO STATE AND LOCAL GOVT. RETIREMENT COMPENSATION AND BENEFITS
ROBERT TOIGO FOUNDATION 180 GRAND AVENUE OAKLAND, CA 94612	13-3565420	501(C)(3)	10,000.	0.			CONTRIBUTION TO SUPPORT DIVERSITY LEADERSHIP PROGRAM
AMERICAN RED CROSS 2025 EAST STREET, NW. WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,000.	0.			CONTRIBUTION FOR HAITI DISASTER RELIEF

2 Enter total number of section 501(c)(3) and government organizations **3.**

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SUPPLEMENTAL INFORMATION ON GRANTS MADE BY THE CORPORATION:

TO ADVANCE ITS MISSION, THE CORPORATION SUPPORTS RESEARCH INTO RETIREMENT COMPENSATION AND BENEFIT ISSUES FACING STATE AND LOCAL GOVERNMENT EMPLOYERS. IN PROVIDING SUCH SUPPORT, THE CORPORATION MADE GRANT PAYMENTS TO A SECTION 501(C)(3) PUBLIC CHARITY. THE CORPORATION MONITORS THE ACTIVITIES OF THIS ORGANIZATION BY ATTENDING PRESENTATIONS AND REVIEWING PUBLICATIONS, THROUGH WHICH RESEARCH FINDINGS ON STATE AND LOCAL GOVERNMENT EMPLOYER AND EMPLOYEE RETIREMENT TOPICS ARE DISSEMINATED. THE CORPORATION

Part IV Supplemental Information

WILL ALSO MONITOR THE ACTIVITIES OF THIS ORGANIZATION BY MAINTAINING
REPRESENTATION ON ITS BOARD OF DIRECTORS.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010**Open to Public
Inspection**Name of the organization
INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATIONEmployer identification number
23-7268394**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☒ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment from the organization or a related organization? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- | | | |
|------------------------------------|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- | | | |
|------------------------------------|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOAN MCCALLEN	(i) 647,172.	1,698,667.	506,101.	24,500.	10,346.	2,886,786.	96,243.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 ELIZABETH GLISTA	(i) 253,277.	320,000.	14,033.	90,441.	21,649.	699,400.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 JOHN BENNETT	(i) 186,112.	155,743.	18,196.	24,500.	17,704.	402,255.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 GEORGE SUZICH	(i) 162,179.	115,163.	694.	24,500.	21,392.	323,928.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 BARBARA STOTLER	(i) 110,718.	36,325.	384.	15,180.	22,732.	185,339.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 KATHRYN MCGRATH	(i) 395,871.	598,667.	297,305.	24,500.	11,107.	1,327,450.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 ANGELA MONTEZ	(i) 222,655.	202,000.	16,860.	24,500.	1,883.	467,898.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 GREGORY DYSON	(i) 258,462.	434,507.	2,432.	126,428.	26,419.	848,248.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 CHRISTOPHER MATZKE	(i) 278,429.	489,560.	2,219.	78,457.	23,506.	872,171.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 WAYNE WICKER	(i) 407,932.	1,055,704.	19,638.	184,743.	28,085.	1,696,102.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 KAREN CHONG-WULFF	(i) 238,804.	348,315.	45,749.	24,500.	24,099.	681,467.	26,626.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 JULIE DELLINGER	(i) 249,468.	391,969.	18,372.	24,500.	23,776.	708,085.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 KRISTINE HEURICH	(i) 206,636.	288,213.	18,789.	124,034.	8,073.	645,745.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 JAMES ROHRBACHER	(i) 210,061.	267,220.	18,576.	143,982.	16,455.	656,294.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 KEITH SENDALL	(i) 262,202.	543,733.	19,068.	100,923.	9,663.	935,589.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16							

Schedule J (Form 990) 2010

Part III Supplemental Information

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

PART I, LINE 1A: FIRST-CLASS TRAVEL: THE CORPORATION'S TRAVEL GUIDELINES

PROVIDE DIRECTORS THE OPTION OF FIRST-CLASS TRAVEL IN LIMITED

CIRCUMSTANCES, INCLUDING LATE NIGHT OR LONG TRAVEL TIMES. THIS ALTERNATIVE

IS PERMITTED WHEN BUSINESS CLASS TRAVEL MAY NOT BE AVAILABLE. WHILE

ATTENDING BOARD MEETINGS IN 2010, THREE OF TEN DIRECTORS USED THIS OPTION.

TRAVEL FOR COMPANIONS: IN CONSIDERATION OF THE PERSONAL AND FAMILY

OBLIGATIONS OF ITS DIRECTORS, WHO ARE NOT PAID DIRECTOR FEES FOR THEIR

SERVICES, THE CORPORATION'S TRAVEL GUIDELINES PROVIDE ASSISTANCE IN

DEFRAYING THE COSTS OF COMPANION OR FAMILY MEMBER TRAVEL WHEN THEY

ACCOMPANY DIRECTORS TO BOARD MEETINGS. IN 2010, SIX OF TEN DIRECTORS

RECEIVED PAYMENTS UNDER THIS POLICY, ALL OF WHICH HAVE BEEN REPORTED AS

TAXABLE INCOME TO THE DIRECTORS.

PART I, LINE 4B: SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

IN 2000, THE BOARD OF DIRECTORS ADOPTED A SECTION 457(F) SUPPLEMENTAL

RETIREMENT PLAN FOR SENIOR EXECUTIVES. THE BOARD REVIEWED COMPARABILITY

DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT BEFORE APPROVING

THIS PLAN AS PART OF AN OVERALL PROGRAM OF REASONABLE COMPENSATION. THE

BOARD PERIODICALLY REVIEWED COMPARABILITY DATA THEREAFTER, THROUGH 2010, AS

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

THE RIGHTS OF ITS PARTICIPANTS ACCRUED OR VESTED UNDER THE PLAN, AND AFTER

EACH SUCH REVIEW HAS DETERMINED THAT THE AMOUNTS ACCRUED OR PAID UNDER THE

PLAN ARE REASONABLE AS PART OF THE INDIVIDUAL PARTICIPANTS' OVERALL

COMPENSATION PACKAGES. NONE OF THE PLAN PARTICIPANTS TOOK PART IN THE

BOARD'S DELIBERATIONS OR DECISIONS RELATING TO THIS PLAN.

PERSONS LISTED IN FORM 990, PART VII, SECTION A, WHO WERE ELIGIBLE AND

APPROVED BY THE BOARD TO PARTICIPATE IN THIS PLAN AND EARNED UNVESTED

CREDIT TOWARD RETIREMENT BENEFITS UNDER THIS PLAN DURING 2010 INCLUDED THE

FOLLOWING: ELIZABETH GLISTA, GREGORY DYSON, CHRISTOPHER MATZKE, WAYNE

WICKER, KRISTINE HEURICH, JAMES ROHRBACHER, AND KEITH SENDALL.

AMOUNTS REPORTED IN FORM 990, SCHEDULE J, PART II, COLUMN C FOR EACH

PARTICIPANT IN THIS PLAN INCLUDE THE ANNUAL INCREASE, IF ANY, IN THE

PRESENT VALUE OF ACCRUED BENEFITS UNDER THE PLAN, AS ADJUSTED FOR

DISTRIBUTIONS, AND AS DETERMINED BY THE CORPORATION'S ACTUARIES.

THE PRESIDENT AND CEO, JOAN MCCALLEN, HAS MET ALL SERVICE AND AGE

REQUIREMENTS AND VESTED UNDER THIS PLAN, AND MAY RECEIVE FUTURE PAYMENTS

BEGINNING AT RETIREMENT. THE COMPENSATION TOTAL REPORTED IN FORM 990,

SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$388,000 REPRESENTING A VESTED

CREDIT TOWARDS ANY SUCH FUTURE RETIREMENT PAYMENTS. THIS COLUMN ALSO

Part III Supplemental Information

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

INCLUDES A PAYMENT OF \$112,000 PAID UNDER A SEPARATE SECTION 457(F) PLAN,

OF WHICH \$96,000 HAS ALREADY BEEN REPORTED ON THE PRIOR FORMS 990. THE

CORPORATION REPORTED THESE AMOUNTS AS TAXABLE INCOME TO THE PRESIDENT AND

CEO IN 2010 UNDER THE REQUIREMENTS OF SECTIONS 61 AND 457(F) OF THE

INTERNAL REVENUE CODE.

THE SECRETARY AND GENERAL COUNSEL, KATHRYN MCGRATH, HAS ALSO MET ALL

SERVICE AND AGE REQUIREMENTS AND VESTED UNDER THIS PLAN, AND MAY RECEIVE

FUTURE PAYMENTS BEGINNING AT RETIREMENT. THE COMPENSATION TOTAL REPORTED IN

FORM 990, SCHEDULE J, PART II, COLUMN B(III) INCLUDES \$239,000 REPRESENTING

A VESTED CREDIT TOWARDS ANY SUCH FUTURE RETIREMENT PAYMENTS, ALONG WITH A

PAYMENT OF \$54,000 UNDER THIS PLAN. THE CORPORATION REPORTED THESE AMOUNTS

AS TAXABLE INCOME TO THE SECRETARY AND GENERAL COUNSEL IN 2010 UNDER THE

REQUIREMENTS OF SECTIONS 61 AND 457(F) OF THE INTERNAL REVENUE CODE.

PART I, LINE 7: NON-FIXED PAYMENTS: THE CORPORATION OFFERS SHORT-TERM,

FUNCTIONAL AND LONG-TERM INCENTIVE COMPENSATION PROGRAMS FOR CERTAIN

EXECUTIVES. THESE PLANS ARE ESTABLISHED BY THE CORPORATION'S BOARD BASED ON

RECOMMENDATIONS OF THE ADMINISTRATION AND COMPENSATION COMMITTEE OF THE

BOARD. THE PROGRAMS HAVE SPECIFIC GOALS AND OBJECTIVES THAT ARE APPROVED IN

Part III Supplemental Information

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

ADVANCE BY THE BOARD, AND IN THE BOARD'S DISCRETION, PARTICIPANTS MAY BE

AWARDED COMPENSATORY AMOUNTS BASED ON PERFORMANCE IN ACCORDANCE WITH SUCH

GOALS AND OBJECTIVES. THE CORPORATION'S BOARD APPROVES ALL AMOUNTS UNDER

THESE PROGRAMS AND RELIES ON MARKET DATA FROM AN INDEPENDENT COMPENSATION

CONSULTANT TO DETERMINE THEIR REASONABLENESS AS PART OF THE PARTICIPANTS'

OVERALL COMPENSATION. ALL PERSONS LISTED ON FORM 990, SCHEDULE J, PART II

EARNED AND RECEIVED A FORM OF SUCH PAYMENTS DURING 2010.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION

Employer identification number
23-7268394

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

THE ESTABLISHMENT AND ADMINISTRATION OF QUALIFIED AND DEFERRED

COMPENSATION RETIREMENT PLANS UNDER SECTIONS 457 AND 401 OF THE

INTERNAL REVENUE CODE, BY PROVIDING THEM WITH EXTENSIVE RETIREMENT PLAN

RECORDKEEPING, ASSET MANAGEMENT, RETIREMENT PLANNING, AND INVESTMENT

EDUCATION SERVICES. THE CORPORATION MAKES ITS SERVICES AVAILABLE TO ALL

STATE AND LOCAL GOVERNMENT EMPLOYERS, INCLUDING MANY THAT HAVE LIMITED

OR NO VIABLE RETIREMENT PLAN ADMINISTRATION OR PUBLIC TRUST INVESTMENT

OPTIONS AVAILABLE TO THEM.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AUSTRALIA, AUSTRIA, BELGIUM, BERMUDA,

CANADA, CZECH REPUBLIC, DENMARK, FINLAND,

FRANCE, GERMANY, HONG KONG, HUNGARY,

IRELAND, ITALY, JAPAN, LUXEMBOURG,

MEXICO, NETHERLANDS, NEW ZEALAND, NORWAY,

PHILIPPINES, PORTUGAL, SINGAPORE, SOUTH AFRICA,

SPAIN, SWEDEN, SWITZERLAND, THAILAND,

UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN ACTIONS OF THE

CORPORATION'S BOARD OF DIRECTORS MAY BE REVIEWED OR APPROVED BY ANOTHER

SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, INTERNATIONAL CITY/COUNTY

MANAGEMENT ASSOCIATION. DIRECTORS WHO HAVE BEEN SELECTED BY THE

CORPORATION'S BOARD ARE ALSO SUBJECT TO APPOINTMENT BY THIS SECTION

501(C)(3) ORGANIZATION. IN ADDITION, ANY DECISION BY THE CORPORATION'S

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION

Employer identification number
23-7268394

BOARD TO REMOVE A DIRECTOR OR AMEND ITS CHARTER WOULD BE SUBJECT TO

CONCURRENCE OR APPROVAL BY THIS SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: THE CORPORATION'S ANNUAL FORM 990

UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH

THE IRS. IT IS REVIEWED BY AN INDEPENDENT TAX ACCOUNTING FIRM AND COUNSEL.

THE FORM IS ALSO EXAMINED BY SENIOR MANAGEMENT AND PROVIDED TO THE

CORPORATION'S DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CORPORATION'S BOARD OF

DIRECTORS HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY THAT APPLIES TO

ALL OF ITS DIRECTORS. IN ADDITION, SENIOR MANAGEMENT OF THE CORPORATION HAS

ALSO ADOPTED AND IMPLEMENTED A SEPARATE WRITTEN CONFLICT OF INTEREST POLICY

THAT APPLIES TO OFFICERS AND ALL OTHER EMPLOYEES. THE CORPORATION'S

CONFLICT OF INTEREST POLICIES DEFINE "CONFLICTS OF INTEREST," SPECIFY THE

CLASSES OF COVERED INDIVIDUALS, AND ESTABLISH REPORTING, REVIEW, AND

DISCIPLINARY PROCEDURES. BOTH POLICIES ARE REVIEWED BY THE BOARD OF

DIRECTORS ON AN ANNUAL BASIS.

THE CORPORATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICIES

THROUGH DISCLOSURE, WHISTLEBLOWER, AND OTHER PERIODIC REPORTING PROCESSES

DESIGNED TO SOLICIT AND IDENTIFY INVESTMENT AND BUSINESS TRANSACTIONS OR

AFFILIATIONS THAT MAY BE SIGNIFICANT AND GIVE RISE TO CONFLICTS OF

INTEREST. ALL OFFICERS, DIRECTORS, AND EMPLOYEES MUST COMPLETE WRITTEN

ACKNOWLEDGEMENTS OF THE RESPECTIVE CONFLICT OF INTEREST POLICIES EACH YEAR.

IN ADDITION, THE OFFICERS, DIRECTORS, AND SENIOR MANAGERS (INCLUDING KEY

EMPLOYEES) ARE REQUIRED TO REPORT ANY EMPLOYMENT, INVESTMENT, BUSINESS, OR

FAMILY RELATIONSHIPS THAT MAY INVOLVE THE CORPORATION, OTHER EMPLOYEES, OR

CERTAIN THIRD PARTIES THAT MAY HAVE MATERIAL BUSINESS OR FINANCIAL

032212
01-24-11

Name of the organization INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION

Employer identification number
23-7268394

RELATIONSHIPS WITH THE CORPORATION, INCLUDING SIGNIFICANT VENDORS AND
SERVICE PROVIDERS.

THE CORPORATION AND ITS BOARD OF DIRECTORS HAVE ESTABLISHED PROCEDURES FOR
REVIEWING AND ENFORCING MATTERS INVOLVING POTENTIAL OR ACTUAL CONFLICTS OF
INTEREST IN ORDER TO PRECLUDE OFFICERS, DIRECTORS, OR EMPLOYEES (IN A
DECISION-MAKING CAPACITY) FROM PARTICIPATING IN DELIBERATIONS OR DECISIONS
IN WHICH CONFLICTS MAY BE FOUND TO EXIST. THE CORPORATION'S CONFLICT OF
INTEREST POLICIES ARE ADMINISTERED BY THE COMPLIANCE AND LEGAL DEPARTMENTS,
WITH DETERMINATIONS MADE AND EFFECTED BY THE CHIEF EXECUTIVE OFFICER OR THE
AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THESE MATTERS ARE ALSO SUBJECT
TO FINAL REVIEW AND DECISION BY THE BOARD OF DIRECTORS, WITH ANY
POTENTIALLY CONFLICTED PARTIES BEING RECUSED.

FORM 990, PART VI, SECTION B, LINE 15: THE 2010 COMPENSATION OF THE
CORPORATION'S CEO AND OTHER SENIOR EXECUTIVES WAS REVIEWED AND APPROVED, IN
ADVANCE, BY VOTE OF THE INDEPENDENT MEMBERS OF THE CORPORATION'S BOARD OF
DIRECTORS. IN EVALUATING SUCH COMPENSATION, THE BOARD HAD THE BENEFIT OF
RECOMMENDATIONS FROM ITS ADMINISTRATION AND COMPENSATION COMMITTEE, ALSO
COMPRISED OF INDEPENDENT DIRECTORS, WHICH SEPARATELY REVIEWED AND APPROVED
THE COMPENSATION. NO MEMBER OF THE BOARD OR THE COMMITTEE VOTING ON SUCH
COMPENSATION HAD OR HAS A CONFLICT OF INTEREST IN RESPECT THERETO. AS PART
OF THE REVIEW AND APPROVAL PROCESS, THE BOARD AND COMMITTEE OBTAINED FROM
AN INDEPENDENT COMPENSATION CONSULTANT, AND RELIED ON, DATA ON COMPARABLE
COMPENSATION FOR SIMILAR POSITIONS AT SIMILARLY-SITUATED ORGANIZATIONS,
INCLUDING DATA OBTAINED FROM FORMS 990 OF OTHER TAX-EXEMPT ORGANIZATIONS,
FINANCIAL AND MARKET DATA ON RELEVANT PRIVATE SECTOR ENTITIES OBTAINED FROM
PUBLIC SOURCES, AND COMPENSATION STUDIES CONDUCTED BY OTHER INDEPENDENT

THIRD-PARTY COMPENSATION CONSULTANTS. BOARD AND COMMITTEE DELIBERATIONS AND

032212
01-24-11

Name of the organization INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION

Employer identification number
23-7268394

DECISIONS ON SUCH COMPENSATION MATTERS WERE FULLY AND CONTEMPORANEOUSLY
DOCUMENTED.

DURING 2010, THIS REVIEW AND APPROVAL PROCESS WAS UNDERTAKEN FOR EACH OF

THE FOLLOWING PERSONS AND POSITIONS: JOAN MCCALLEN (PRESIDENT, CHIEF

EXECUTIVE OFFICER); ELIZABETH GLISTA (TREASURER, CHIEF FINANCIAL OFFICER);

KATHRYN MCGRATH (SECRETARY, GENERAL COUNSEL); GREGORY DYSON (SENIOR VICE

PRESIDENT); CHRISTOPHER MATZKE (SENIOR VICE PRESIDENT); WAYNE WICKER

(SENIOR VICE PRESIDENT); KAREN CHONG-WULFF (VICE PRESIDENT); JULIE

DELLINGER (MANAGING VICE PRESIDENT); KRISTINE HEURICH (SENIOR VICE

PRESIDENT); JAMES ROHRBACHER (SENIOR VICE PRESIDENT); AND, KEITH SENDALL

(SENIOR VICE PRESIDENT).

THE CORPORATION ALSO CONDUCTS BIENNIAL INTERNAL STUDIES OF COMPENSATION

AMOUNTS PROVIDED TO THE MEMBERS OF ITS BOARD OF DIRECTORS. THIS REVIEW

PROCESS WAS UNDERTAKEN IN 2010 USING COMPARABILITY DATA GATHERED FROM

RECENT FORMS 990 OF OTHER TAX-EXEMPT ORGANIZATIONS AND FROM

PUBLICLY-DISCLOSED FINANCIAL AND MARKET INFORMATION OF RELEVANT PRIVATE

SECTOR ENTITIES. (ALTHOUGH THEY ARE NOT PAID DIRECTOR FEES FOR THEIR

SERVICES, MEMBERS OF THE BOARD OF DIRECTORS RECEIVE TAXABLE COMPENSATION

PAYMENTS INTENDED TO DEFRAY OCCASIONAL TRAVEL COSTS OF COMPANION OR FAMILY

MEMBERS ACCOMPANYING DIRECTORS TO BOARD MEETINGS).

FORM 990, PART VI, SECTION C, LINE 19: SENIOR MANAGEMENT OF THE

CORPORATION HAS APPROVED AND IMPLEMENTED A PUBLIC DISCLOSURE POLICY WHICH

SETS OUT PROCEDURES FOR MAKING ITS GOVERNING DOCUMENTS, CONFLICTS OF

INTEREST POLICIES, FINANCIAL DATA AND TAX DOCUMENTS AVAILABLE FOR

INSPECTION UPON REQUEST BY THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION

Employer identification number
23-7268394

NET UNREALIZED GAINS ON INVESTMENTS: 5,856,192.

ANNUAL INCREASE IN UNRECOGNIZED DEFERRED RETIREMENT BENEFIT

COSTS -335,881.

TOTAL TO FORM 990, PART XI, LINE 5 5,520,311.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES, ADDITIONAL DISCLOSURE

THE CORPORATION ENGAGED JPMORGAN CHASE BANK TO SERVE AS A THIRD-PARTY

CUSTODIAN OF ITS INVESTMENTS. THE CUSTODIAN INCLUDED THE CORPORATION IN

ITS GLOBAL CUSTODY NETWORK AND ESTABLISHED FINANCIAL ACCOUNTS IN THE 29

COUNTRIES LISTED ABOVE.

DURING THE YEAR, THE CORPORATION SOLD NEW ZEALAND GOVERNMENT BONDS, ITS

SOLE INTERNATIONAL INVESTMENT, FOR \$772,698. OTHERWISE, THE CORPORATION

HAD NO FINANCIAL ACTIVITY OR INVESTMENT HOLDINGS IN THE OTHER 28

COUNTRIES LISTED ABOVE.

FORM 990, PART VI, LINE 14, DOCUMENT RETENTION AND DESTRUCTION POLICY

SENIOR MANAGEMENT OF THE CORPORATION HAS APPROVED AND IMPLEMENTED A

WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. THIS POLICY WILL BE

REVIEWED AND ADOPTED BY THE CORPORATION'S BOARD (OR A COMMITTEE

THEREOF) DURING 2011.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

Name of the organization

**INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION**

Employer identification number
23-7268394

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ICMA-RC SERVICES, LLC - 52-2138303 777 NORTH CAPITOL STREET, NE., STE. 600-TAX WASHINGTON, DC 20002	SEC-REGST'D BROKER-DEALER: DISTRIBUTES MUTUAL FUND & RETRMT TRUST INTERESTS	DELAWARE	14,291,702.	4,573,072.	INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION
VANTAGEPOINT TRANSFER AGENTS, LLC - 52-2138305, 777 NORTH CAPITOL STREET, NE., STE. 600-TAX, WASHINGTON, DC 20002	SEC-REGST'D TRANSFER AGENT: SERVICES RETIREMENT TRUST & MUTUAL FUND ASSETS	DELAWARE	117,445,476.	0.	INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION
VANTAGEPOINT INVESTMENT ADVISERS, LLC - 52-2138307, 777 NORTH CAPITOL STREET, NE., STE. 600-TAX, WASHINGTON, DC 20002	SEC-REGST'D ADVISER: MANAGES MUTUAL FUND ASSETS HELD BY RETIREMENT TRUST	DELAWARE	16,339,598.	0.	INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

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

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (iii) annuities or (iv) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) VANTAGETRUST COMPANY	K	77,436,380	COMPARABLE MARKET SERVICE PRICE
(2)			
(3)			
(4)			
(5)			
(6)			

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (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 INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION	Employer identification number 23-7268394
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 777 NORTH CAPITOL STREET, NE - TAX #600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002-4240	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELIZABETH GLISTA, TREASURER - 777 NORTH CAPITOL ST., NE,

- The books are in the care of ► **STE. 600-TAX - WASHINGTON, DC 20002**

Telephone No ► **(202) 962-4600**

FAX No ► **(202) 962-4601**

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2010** or
- ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION	Employer identification number 23-7268394
	Number, street, and room or suite no. If a P.O. box, see instructions. 777 NORTH CAPITOL STREET, NE - TAX #600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002-4240	

Enter the Return code for the return that this application is for (file a separate application for each return)

011

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

ELIZABETH GLISTA, TREASURER - 777 NORTH CAPITOL ST., NE,

- The books are in the care of **STE. 600-TAX - WASHINGTON, DC 20002**

Telephone No. **(202) 962-4600**

FAX No. **(202) 962-4601**

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

THE ORGANIZATION REQUIRES ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature **Elizabeth Glista** Title **SR MANAGER TAX & REG COMPL** Date **7/25/2011**

Form 8868 (Rev. 1-2011)