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DLN: 93493316045086

# Form **990**

Department of the

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
   Information about Form 990 and its instructions is at <a href="https://www.irs.gov/foim990">www.irs.gov/foim990</a>

	al Revenue Ser	vice					Inspection
A Fo	or the 2015	alendar year, or tax year beginn	ing 01-01-2015 , and ending 12-31-201	5			
	eck if applicable	INTERNATIONAL CITY MANAGEMEN			D Emplo	oyer id	lentification number
_	_	ASSOCIATION RETIREMENT CORPO	ORATION		23-7	26839	94
_	_	Doing business as					
		Number and street (or P.O. box if	mail is not delivered to street address) Room/sui	te	E Teleph	one nu	mber
`					(202	) 962-	-4600
_			untry, and ZIP or foreign postal code				
		·			<b>G</b> Gross	receipts	s \$ 281,013,785
			ipal officer	<b>H(a)</b> I	s this a grou	p retur	rn for
		1	600-TAX			•	│ Yes 🗸
		•	240	H(b) A	re all subord	linates	Yes E No
ı a:	x-exempt stati	s √ 501(c)(3)	(insert no ) 4947(a)(1) or 527			h a liet	·
W	ebsite: 🕨 🛚 🔻	WW ICMARC ORG			•		,
<b>C</b> Form	n of organization	on 🔽 Corporation Trust Associ	ciation				<b>M</b> State of legal domicile D
	<u>-</u>		·				
Pa		·					
				IR AGEN	CIES AND I	NSTR	UMENTALITIES IN
<u>ڌ</u>							
₹	<u>ADMIN</u>	STRATION OR PUBLIC TRUST	INVESTMENT OPTIONS AVAILABLE	TO THEM	1		
) }							
5							
<b>ಶ</b>	2 Check	this box 🕨 🧀 if the organization	discontinued its operations or disposed o	of more th	nan 25% of it	s net a	assets
<u> </u>							1
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	<b>b</b> Net unre	nated business taxable income i	rom Form 990-1, line 34	<del></del>	Duiau Vaau	/b	· · · · · · · · · · · · · · · · · · ·
	e Con	ributions and grants (Part VIII	line 1h)	-	Prior Year		Current Year
O,	l Con						
≆	<b>9</b> Proc	= '	•		208.031		212.208.360
venuk	_	ram service revenue (Part VIII,	line 2g)		-	,416	212,208,360
Ravenuk	<b>10</b> Inve	ram service revenue (Part VIII, stment income (Part VIII, colun	line 2g)		14,659	,416 ,591	
Ravenuk	<ul><li>10 Inve</li><li>11 Other</li><li>12 Total</li></ul>	ram service revenue (Part VIII, stment income (Part VIII, colun er revenue (Part VIII, column (A	Inne 2g)	:	14,659 151	,416 ,591 ,495	11,821,20 191,38
Ravenuk	10 Inve 11 Othe 12 Tota 12)	ram service revenue (Part VIII, stment income (Part VIII, colun er revenue (Part VIII, column (A l revenue—add lines 8 through 1	line 2g)		14,659 151 222,842	,416 ,591 ,495 ,502	11,821,204 191,380 224,220,944
Ravenue	10 Inve 11 Oth 12 Tota 12) 13 Gran	ram service revenue (Part VIII, stment income (Part VIII, colun er revenue (Part VIII, column (A I revenue—add lines 8 through 1 ats and similar amounts paid (Pa	Inne 2g)	2	14,659 151 222,842	,416 ,591 ,495 ,502	11,821,204 191,380
Ravenuk	10 Inve 11 Oth 12 Tota 12) 13 Gran 14 Bene	ram service revenue (Part VIII, stment income (Part VIII, colune revenue (Part VIII, column (A I revenue—add lines 8 through 1 ts and similar amounts paid (Paefits paid to or for members (Part	Inne 2g)	3	14,659 151 222,842 999	,416 ,591 ,495 ,502 ,500	11,821,204 191,380 224,220,944 936,000
	10 Inve 11 Oth 12 Tota 12) 13 Gran 14 Bend 15 Sala	ram service revenue (Part VIII, stment income (Part VIII, columer revenue (Part VIII, column (A I revenue—add lines 8 through 1 ats and similar amounts paid (Partitis paid to or for members (Partices, other compensation, employed)	Inne 2g)		14,659 151 222,842 999	,416 ,591 ,495 ,502 ,500	11,821,204 191,380 224,220,944
	10 Inve 11 Oth 12 Tota 12) 13 Gran 14 Bend 15 Sala 5-1	ram service revenue (Part VIII, stment income (Part VIII, columer revenue (Part VIII, column (A I revenue—add lines 8 through 1 lits and similar amounts paid (Partits paid to or for members (Partites, other compensation, employo)	Inne 2g)		14,659 151 222,842 999	,416 ,591 ,495 ,502 ,500	11,821,204 191,380 224,220,944 936,000
Expenses Revenue	10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 5-1 16a Proi	ram service revenue (Part VIII, stment income (Part VIII, columer revenue (Part VIII, column (A I revenue—add lines 8 through 1 ats and similar amounts paid (Partits paid to or for members (Partices, other compensation, employ) essional fundraising fees (Part II)	Inne 2g)  Inn (A), lines 3, 4, and 7d)  Inn (A), lines 3, 4, and 7d)  Innes 5, 6d, 8c, 9c, 10c, and 11e)  Innes 6, 6d, 8c, 9c, 10c, and 11e)  Innes 1 (Must equal Part VIII, column (A), lines  Int IX, column (A), lines 1 – 3 )  IX, column (A), line 4)  IX, column (A), line 4)  IX, column (A), line 11e)		14,659 151 222,842 999	,416 ,591 ,495 ,502 ,500 0	11,821,204 191,380 224,220,944 936,000
	10 Inve 11 Oth 12 Tota 12) 13 Gran 14 Bend 15 Sala 5-1 16a Prod b Total	ram service revenue (Part VIII, stment income (Part VIII, columer revenue (Part VIII, column (A I revenue—add lines 8 through 1 ats and similar amounts paid (Part III spand to or for members (Part III) spand to or for members (Part III spand to	Inne 2g)		14,659 151 222,842 999 122,695	,416 ,591 ,495 ,502 ,500 0 ,185 0	11,821,204 191,380 224,220,944 936,000
	10 Inventor   11 Other   12 Total   12)   13 Gran   14 Bendary   15 Salar   5-1   16a Protal   17 Other   18 Total   18 Total	ram service revenue (Part VIII, stment income (Part VIII, columer revenue (Part VIII, column (A I revenue—add lines 8 through 1 lits and similar amounts paid (Part its paid to or for members (Part its, other compensation, employ 0) lessional fundraising fees (Part II, fundraising expenses (Part IX, column (A) I expenses Add lines 13–17 (m.)	Inne 2g)		14,659 151 222,842 999 122,695 56,252 179,947	,416 ,591 ,495 ,502 ,500 0 ,185 0	11,821,204 191,380 224,220,944 936,000 (128,316,840 (171,169,917 200,422,755
Expenses	10 Inventor   11 Other   12 Total   12)   13 Gran   14 Bendary   15 Salar   5-1   16a Protal   17 Other   18 Total   18 Total	ram service revenue (Part VIII, stment income (Part VIII, columer revenue (Part VIII, column (A I revenue—add lines 8 through 1 lits and similar amounts paid (Part its paid to or for members (Part its, other compensation, employ 0) lessional fundraising fees (Part II, fundraising expenses (Part IX, column (A) I expenses Add lines 13–17 (m.)	Inne 2g)		14,659 151 222,842 999 122,695 56,252 179,947	,416 ,591 ,495 ,502 ,500 0 ,185 0	11,821,204 191,386 224,220,944 936,000 (128,316,846 (71,169,91
Expenses	10 Inventor   11 Other   12 Total   12)   13 Gran   14 Bendary   15 Salar   5-1   16a Protal   17 Other   18 Total   18 Total	ram service revenue (Part VIII, stment income (Part VIII, columer revenue (Part VIII, column (A I revenue—add lines 8 through 1 lits and similar amounts paid (Part its paid to or for members (Part its, other compensation, employ 0) lessional fundraising fees (Part II, fundraising expenses (Part IX, column (A) I expenses Add lines 13–17 (m.)	Inne 2g)		14,659 151 222,842 999 122,695 56,252 179,947 42,894	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581	11,821,204 191,380 224,220,944 936,000 (128,316,840 (171,169,917 200,422,755
Expenses	10 Inve 11 Other 12 Total 12) 13 Graf 14 Bend 15 Salat 5-1 16a Profe b Total 17 Other 18 Total 19 Rever	ram service revenue (Part VIII, stment income (Part VIII, colum er revenue (Part VIII, colum (A I revenue—add lines 8 through 1 ets and similar amounts paid (Part ets paid to or for members (Part eries, other compensation, emploid) essional fundraising fees (Part II, fundraising expenses (Part IX, column (er expenses (Part IX, column (A) I expenses Add lines 13–17 (menue less expenses Subtract line	Inne 2g)		14,659 151 222,842 999 122,695 56,252 179,947 42,894	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921	11,821,204 191,380 224,220,944 936,000 (128,316,840 71,169,917 200,422,757 23,798,183
Expenses	10 Inve 11 Other 12 Total 12) 13 Gran 14 Bene 15 Sala 5-1 16a Prof b Total 17 Other 18 Total 19 Reve	ram service revenue (Part VIII, stment income (Part VIII, colum er revenue (Part VIII, colum (A I revenue—add lines 8 through 1 ats and similar amounts paid (Part effits paid to or for members (Part IX, column (A) efficiency (Part IX, column (A) I expenses Add lines 13–17 (members) expenses Subtract lines (Part X, line 16)	Inne 2g)	Beginn	14,659 151 222,842 999 122,695 56,252 179,947 42,894 ang of Current	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b>	11,821,204 191,380 224,220,944 936,000 (128,316,840 (171,169,911 200,422,751 23,798,181 End of Year
Expenses	10 Inve 11 Other 12 Total 12) 13 Gran 14 Bene 15 Sala 5-1 16a Prof b Total 17 Other 18 Total 19 Reve	ram service revenue (Part VIII, stment income (Part VIII, colume revenue (Part VIII, column (A l revenue—add lines 8 through 1 lits and similar amounts paid (Part its paid to or for members (Part ries, other compensation, employ 0) essional fundraising fees (Part IX, column (A) I expenses (Part IX, column (A) I expenses Add lines 13–17 (menue less expenses Subtract lines I assets (Part X, line 16) I liabilities (Part X, line 26) .	Inne 2g)  Inn (A), lines 3, 4, and 7d)  Innes 5, 6d, 8c, 9c, 10c, and 11e)  I (must equal Part VIII, column (A), lines  IX, column (A), lines 1-3)  Yee benefits (Part IX, column (A), lines  X, column (A), line 11e)  ID), line 25)  In Innes 11a-11d, 11f-24e)  In Innes 12	Beginn	14,659 151 222,842 999 122,695 56,252 179,947 42,894 ing of Current 493,889 67,515	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b>	11,821,204 191,380 224,220,944 936,000 (128,316,840 (128,316,911 200,422,751 23,798,183 End of Year 489,002,619
Fund Balances Expenses	Attended and Company and Compa						
The Asses of Expenses	10 Inventor   11 Other   12 Total   12 Total   13 Gran   14 Bene   15 Sala   5-1   16a Protal   17 Other   18 Total   19 Rever   20 Total   21 Total   22 Net   11 Signal   11 Signal   11 Signal   12 Signal   12 Signal   13 Signal   14 Bene   15 Signal   16 Bene   16 Bene   17 Other   18 Total   19 Rever   18 Total   21 Total   22 Net   18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal    18 Signal     18 Signal     18 Signal     18 Signal     18 Signal	ram service revenue (Part VIII, stment income (Part VIII, column (A ir revenue (Part VIII), column (A ir revenue—add lines 8 through 1 its and similar amounts paid (Part its paid to or for members (Part iries, other compensation, employ) essional fundraising fees (Part II, column (A) ir expenses (Part IX, column (A) ir expenses (Part IX, column (A) ir expenses Add lines 13–17 (menue less expenses Subtract lines (Part X, line 16) I liabilities (Part X, line 26)	Inne 2g)	Beginn	14,659 151 222,842 999 122,695 56,252 179,947 42,894 <b>ing of Current</b> 493,889 67,515 426,374	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527	11,821,204 191,38( 224,220,944 936,000 ( 128,316,840 ( 71,169,913 200,422,753 23,798,183 End of Year 489,002,619 60,454,563 428,548,053
Net Assets of Expenses fund Balances	10 Invetors   10 Invetors   11 Other   12   13 Gran   14 Bender   15 Salar   5-1   16a Protein   17 Other   18 Total   19 Revolution   19 Revolution   10 Invetors   10 In	ram service revenue (Part VIII, stment income (Part VIII, column (A ir revenue (Part VIII, column (A ir revenue—add lines 8 through 1 its and similar amounts paid (Part its paid to or for members (Part iries, other compensation, employ 0) essional fundraising fees (Part IX, column (A) if expenses (Part IX, column (A) if expenses (Part IX, column (A) if expenses Add lines 13–17 (menue less expenses Subtract lines in a set of fundraising expenses Subtract lines in a set of fund balances Subtract in a se	Inne 2g)	Beginn	14,659 151 222,842 999 122,695 56,252 179,947 42,894 <b>ing of Current</b> 493,889 67,515 426,374	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527	11,821,204 191,38( 224,220,944 936,000 ( 128,316,840 ( 71,169,913 200,422,753 23,798,183 End of Year 489,002,619 60,454,563 428,548,053
Net Assets of Expenses fund Balances	10 Invetors   10 Invetors   11 Other   12   13 Gran   14 Bender   15 Salar   5-1   16a Protein   17 Other   18 Total   19 Revolution   19 Revolution   10 Invetors   10 In	ram service revenue (Part VIII, stment income (Part VIII, column (A ir revenue (Part VIII, column (A ir revenue—add lines 8 through 1 its and similar amounts paid (Part its paid to or for members (Part iries, other compensation, employ 0) essional fundraising fees (Part IX, column (A) if expenses (Part IX, column (A) if expenses (Part IX, column (A) if expenses Add lines 13–17 (menue less expenses Subtract lines in a set of fundraising expenses Subtract lines in a set of fund balances Subtract in a se	Inne 2g)	Beginn	14,659 151 222,842 999 122,695 56,252 179,947 42,894 <b>ing of Current</b> 493,889 67,515 426,374	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527	11,821,204 191,38( 224,220,944 936,000 ( 128,316,840 ( 71,169,913 200,422,753 23,798,183 End of Year 489,002,619 60,454,563 428,548,053
Day of Parameter Expenses	10 Inventor	ram service revenue (Part VIII, stment income (Part VIII, column (A I revenue—add lines 8 through 1 ats and similar amounts paid (Part Stands and similar amounts paid (Part Stands and similar amounts paid (Part II) and the stands are stands and similar amounts paid (Part II) and the stands are stands and similar amounts paid (Part II) and the stands are stands are stands and the stands are stand	Inne 2g)	Beginn	14,659 151 222,842 999 122,695 56,252 179,947 42,894 10g of Current 493,889 67,515 426,374 edules and st	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527	11,821,204 191,38( 224,220,944 936,000 ( 128,316,84(  71,169,917 200,422,757 23,798,187 End of Year 489,002,619 60,454,562 428,548,057
Mode   March   Manage   Mana		11,821,204 191,38( 224,220,944 936,000 ( 128,316,84(  71,169,917 200,422,757 23,798,187 End of Year 489,002,619 60,454,562 428,548,057					
us and Balances Expenses Lind Balances Expenses	10 Inverse 11 Other 12 Total 12) 13 Gran 14 Bene 5-1 15 Sala 5-1 16a Proof b Total 17 Other 18 Total 19 Revolution	ram service revenue (Part VIII, stment income (Part VIII, column (Part VIII), column (Part III), column (Part IIII), column (Part III), column (Part III), column (Part III), col	Inne 2g)	Beginn	14,659 151 222,842 999 122,695 56,252 179,947 42,894 10g of Current 493,889 67,515 426,374 edules and st	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527	11,821,204 191,38( 224,220,944 936,000 ( 128,316,840 ( 71,169,913 200,422,753 23,798,183 End of Year 489,002,619 60,454,563 428,548,053
The Parameter of Experses and Parameter of Experses of	10 Inverse 11 Other 12 Total 12) 13 Gran 14 Bene 5-1 15 Sala 5-1 16a Proof b Total 17 Other 18 Total 19 Revolution	ram service revenue (Part VIII, stment income (Part VIII, column (Part VIII), column (	Inne 2g)	Beginni	14,659 151 222,842 999 122,695 56,252 179,947 42,894 493,889 67,515 426,374 edules and st	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527	11,821,204 191,38( 224,220,944 936,000 ( 128,316,84(  71,169,917 200,422,757 23,798,187 End of Year 489,002,619 60,454,567 428,548,057
Par End Balances Expenses Index Balances	10 Inverse in the image of the	ram service revenue (Part VIII, stment income (Part VIII, column (Part VIII), column (Part Part Part Part Part Part Part Part	Inne 2g)  Inn (A), lines 3, 4, and 7d)  Innes 5, 6d, 8c, 9c, 10c, and 11e)  I (must equal Part VIII, column (A), lines  It IX, column (A), lines 1-3)  IX, column (A), line 4)  IY (Part IX, column (A), lines  IX, column (A), line 11e)  IX, column (A), line 25)  IX, column (A), line 26  IX, column (A), line 27  IX, column (A), lines  IX, column	Beginni	14,659 151 222,842 999 122,695 56,252 179,947 42,894 ang of Current 493,889 67,515 426,374 edules and st c) is based or 2016-11-11 Date  Check for self-employed	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527 ateme	11,821,204 191,380 224,220,944 936,000 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,
Paris Brances Expenses Inde Balances Paris Brances Paris B	10 Inversion Inv	ram service revenue (Part VIII, stment income (Part VIII, column (Part VIII), column (Part Part Part Part Part Part Part Part	Inne 2g)  Inn (A), lines 3, 4, and 7d)  Innes 5, 6d, 8c, 9c, 10c, and 11e)  I (must equal Part VIII, column (A), lines  It IX, column (A), lines 1-3)  IX, column (A), line 4)  IY (Part IX, column (A), lines  IX, column (A), line 11e)  IX, column (A), line 25)  IX, column (A), line 26  IX, column (A), line 27  IX, column (A), lines  IX, colum	Beginni	14,659 151 222,842 999 122,695 56,252 179,947 42,894 10 of Current 493,889 67,515 426,374 dules and st 1) is based or 2016-11-11 Date  Check   f self-employed Firm's EIN	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527 ateme	11,821,204 191,380 224,220,944 936,000 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,
Paris de Assets of Expenses Independent de Independent d	10 Inverse 11 Other 12 Total 12) 13 Gran 14 Bener 15 Salar 5-1 16a Protein 17 Other 18 Total 17 Other 19 Reverse 20 Total 22 Net 11 Sign repealties convoledge an arer has any Try	ram service revenue (Part VIII, stment income (Part VIII, column (Part VIII), column (Part VIIII), column (Part VIII), column	Inne 2g)	Beginni	14,659 151 222,842 999 122,695 56,252 179,947 42,894 10 of Current 493,889 67,515 426,374 dules and st 1) is based or 2016-11-11 Date  Check   f self-employed Firm's EIN	,416 ,591 ,495 ,502 ,500 0 ,185 0 ,896 ,581 ,921 <b>Year</b> ,563 ,036 ,527 ateme	11,821,204 191,380 224,220,944 936,000 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,316,840 (128,

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

Form	990 (2015)			Page <b>4</b>
Pai	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . 36

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

37

instructions for applicable filing thresholds, conditions, and exceptions)

24a 24b

24c

24d

25a

25h

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27

28a

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28c

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Part V	Statements	Regarding	Other	IRS Filin	as and	Tax	Complianc
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		Check if Schedule O contains a response of flote to any line in this	rait	<u>v</u>	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	143		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	967			
<b>L</b>	•	s return			2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	year <sup>?</sup>	3a	Yes	
b	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	, or other financial	4a		N.o.
L		int)?					No
b		s," enter the name of the foreign country ▶		Financial Assaunts			
	(FBAF	, , , , , , , , , , , , , , , , , , , ,	and	Financial Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
					20		
Ü	11 16	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement th not tax deductible?	at su-	cn contributions or gifts	<b>6</b> b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pi			<b>7</b> b		
C		le organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty 101		<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$	7d				
e	Did th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal henefit contract?			
_	D 14 C.	o organization receive any rando, aneces, or maneces, receipa, promising on a p			7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the of	rganız	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	· · ·	the organization file a	, 9		
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds.		c holdings at any time			
		donor advised fund maintained by the sponsoring organization have excess bus i the year?	ines:	s nordings at any time	8		
Qa	Did th	e sponsoring organization make any taxable distributions under section 49667	)		9a		
		ie sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on <b>501(c)(7) organizations.</b> Enter	ч р				
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı				' '		
		on 501(c)(12) organizations. Enter		I			
		Income from members or shareholders	11a				
D		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
-	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b> o	ote. S	See the instructions for			
		onal information the organization must report on Schedule O		1	<b>13</b> a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
r		the amount of reserves on hand	13c				
		the organization receive any payments for indoor tanning services during the tax		7	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> :	•		14a 14b		NU
,	11 10	5, 1.45 it med a form 726 to report these payments it mo, provide all explana		. concaute O i i	_70		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line 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 **1**a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are 1b ındependent R Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . . . . . . . . . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Νo

Se	e <b>ction B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal R</i>	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

# Section C. Disclosure L7 List the States with which a copy of this Form 990 is required to be filed▶

 $\mathsf{AZ}$  ,  $\mathsf{CA}$  ,  $\mathsf{DE}$  ,  $\mathsf{GA}$  ,  $\mathsf{ID}$  ,  $\mathsf{NM}$  ,  $\mathsf{NH}$  ,  $\mathsf{NC}$  ,  $\mathsf{IN}$  ,  $\mathsf{OK}$ 

.8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection Indicate how you made these available Check all that apply

- Own website | Another's website | Upon request | Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- O State the name, address, and telephone number of the person who possesses the organization's books and records
  ►RICHARD WHITTY ASST TREASURER 777 N CAPITOL ST NE STE 600-TAX WASHINGTON, DC 20002 (202) 962-4600

Part VII

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

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

1a Complete this table for all persons required to be listed 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unles s officer	3	<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						<b>&gt;</b>				
c Total from continuation sh d Total (add lines 1b and 1c)					٠.	. •		19,466,670	409,091	1,782,829

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
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			
	ındıvıdual	4	Yes	
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 I for such person	5		No

# Section B. Independent Contractors

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

compensation from the organization Report compensation for the cale	ndar year ending with or within the organization	n's tax year
(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE CONSULTING LLP	STRATEGIC CONSULTING	7,842,346
4022 SELLS DRIVE HERMITAGE, TN 37076		
IRON BOW TECHNOLOGIES LLC	INFORMATION SYSTEMS	1,092,297
4800 WESTFIELDS BOULEVARD CHANTILLY, VA 20151		
MICROSOFT LICENSING GP	INFORMATION SYSTEMS	558,985
6100 NEIL ROAD RENO, NV 89511		
CHESAPEAKE BENEFIT PARTNERS	STRATEGIC CONSULTING	309,016
6601 GLEAMING SAND CHASE COLUMBIA, MD 21044		
INERGEX LLC	INFORMATION SYSTEMS	266,614
50 FOUNTAIN PLAZA SUITE 700 BUFFALO, NY 14202		
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Form 99								Page <b>9</b>
Part V	. + + 1	Statement o						_
		Check II Schedu	ule O contains a respor	ise or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Contributions, Giffs. Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
Grants Amounts	С	Fundraising eve	ents 1c					
fts.	d	Related organiz	zations 1d					
છં.≅	e	Government grants	s (contributions) <b>1e</b>					
Sir	ر ا	_						
uği e gi	1	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
Contributions, Gifts, and Other Similar A	g	Noncash contribution	ons included in lines					
nd n	h	Total. Add lines	s 1a-1f					
OP				Business Code				
골	2a	RETIREMENT PLAN	IS/TRUST	523920	197,831,535	197,831,535		
F. Xe	ь	RETIREMENT ACCO	<del></del>	523920	14,243,085	157,031,333	14,243,085	
υ ČŽ	c	INVESTMENT ACCO		523920	133,740		133,740	
<u>ح</u> <u>ح</u>	d			323320	133,740		133,740	
Program Service Revenue	e		<del>-</del>					
ran	f	All other progra	am service revenue					
<b>√</b> og								
			s 2a-2f		212,208,360			
			ar amounts)		11,919,630			11,919,630
	4	Income from inves	stment of tax-exempt bond	proceeds >				
	5	Royalties		•				
	6-	Cross rents	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	с	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	56,694,415					
	ь	Less cost or other basis and	56,792,841					
		sales expenses						
	C	Gain or (loss)	-98,426		-98,426			-98,426
<u>e</u>	d 8a	Gross income f events (not inc	_		-30,420			-30,420
Other Revenue		\$	reported on line 1c)					
Je.			а					
Ö			penses b					
	C		(loss) from fundraising from gaming activities	events <b>&gt;</b>				
	94		ne 19					
	ь	Less direct ex	penses b					
	С	Net income or (	(loss) from gamıng actı	vities				
	10a	Gross sales of	inventory, less					
		returns and allo						
	h		a .					
		_	oods sold <b>b</b> (loss) from sales of inv	entory <b>&gt;</b>				
	<u> </u>	Miscellaneous	· · ·	Business Code				
	11a	ACCOUNTING		541200	185,196		185,196	
	b		_					
	С							
	d	All other revenue	ue		6,184		6,184	
	e	Total. Add lines	s 11a-11d	•	191,380			
	12	Total revenue.	See Instructions .	· · · · •	224,220,944	197,831,535	14,568,205	11,821,204

# 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	Section 501(c)	1(3) and 501(c)(4	) organizations must com-	plete all columns All other	er organizations must com	plete column (
---------------------------------------------------------------------------------------------------------------------------	----------------	-------------------	---------------------------	-----------------------------	---------------------------	----------------

Check if Schedu	O contains a response or note to any line in this Part IX								

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	936,000	936,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	14,623,055	7,720,566	6,902,489	
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	87,619,516	72,854,806	14,764,710	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	8,196,397	6,823,867	1,372,530	
9	Other employee benefits	11,641,315	8,453,540	3,187,775	
10	Payroll taxes				
		6,236,557	5,118,921	1,117,636	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,468,482	859,943	608,539	
С	Accounting	1,008,239	674,595	333,644	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	76,326	76,326		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	835,988	835,988		
13	Office expenses	3,114,274	2,799,421	314,853	
14	Information technology	8,444,582	7,590,835	853,747	
15	Royalties	423,769	423,769		
16	Occupancy	6,463,811	5,810,320	653,491	
17	Travel	3,562,157	3,397,375	164,782	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,154,205	1,017,615	1,136,590	
20	Interest	17,481	17,481		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,671,536	5,997,044	674,492	
23	Insurance	1,511,180	706,628	804,552	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DATA PROCESSING	13,142,575	13,134,537	8,038	
b	PLAN MAILING/POSTAGE	4,815,500	4,222,484	593,016	
c	PLAN PRINTING/PUBLISHNG	3,819,339	3,819,339		
d	TEMPORARY SERVICES	2,869,935	2,579,785	290,150	
e	All other expenses	10,770,538	9,767,840	1,002,698	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	200,422,757	165,639,025	34,783,732	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Shoo

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any	line in 1	this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			38,595,627	2	21,216,711
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			27,296,616	4	28,322,867
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em II of Schedule L					
						5	
Assets	6	Loans and other receivables from other disqualified per section 4958 (f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see institute of Schedule L	3 (c)(3) f sectio	(B), and on 501(c)(9)		6	
Š	7	Notes and loans receivable, net				7	
	8					8	
		Inventories for sale or use			2.542.602		4 111 004
	9	Prepaid expenses and deferred charges			2,542,602	9	4,111,994
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	86,461,716			
	ь	Less accumulated depreciation	<b>10</b> b	73,118,024	14,044,120	<b>10</b> c	13,343,692
	11	Investments—publicly traded securities		1	333,853,434	11	278,524,911
	12	Investments—other securities See Part IV, line 11 .			73,275,003	12	139,029,867
	13	Investments—program-related See Part IV, line 11 .			, ,	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,282,161	15	4,452,577
	16	Total assets.Add lines 1 through 15 (must equal line 34			493,889,563	16	489,002,619
	17	Accounts payable and accrued expenses			57,897,551	17	51,386,064
	18	Grants payable			01,001,001	18	31,000,001
	19	Deferred revenue	•			19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV				21	
Š		,				21	
Liabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o	disqual	ıfıed			
ф		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated thir	•			23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	ated third parties,	0.047.405		0.000.400
					9,617,485	25	9,068,498
	26	Total liabilities. Add lines 17 through 25			67,515,036	26	60,454,562
ces		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	nere 🟲	<b>√</b> and complete			
<u> </u>	27	Unrestricted net assets			426,374,527	27	428,548,057
z	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check l	here 🕨 🦵 and			
	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipmen				31	
ď	32	Retained earnings, endowment, accumulated income, of				32	
Zet L	33	Total net assets or fund balances			426,374,527	33	428,548,057
_	34	Total liabilities and net assets/fund balances			493,889,563	34	489,002,619
		· · · · · · · · · · · · · · · · · · ·			· · ·	-	· · ·

224,220,944

200,422,757

23,798,187

426,374,527

-22,548,231

923,574

No

Νo

Nο

Form 990 (2015)

428,548,057

Yes

Yes

Yes

# **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI							. 🔽

Total revenue (must equal Part VIII, column (A), line 12) . . . . .

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . Donated services and use of facilities .

Investment expenses

Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . .

1 Accounting method used to prepare the Form 990 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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Separate basis

Schedule O

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?

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate ✓ Consolidated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2a

2b

2c

3a

3b

Software ID: Software Version:

**EIN:** 23-7268394

Name: INTERNATIONAL CITY MANAGEMENT

ASSOCIATION RETIREMENT CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	A verage nours per more than one box, unless week (list person is both an officer and a director/trustee)  Position (do not check neportable compensation from the organization with the organization in the o					(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOAN MCCALLEN PRESIDENT/CEO/DIRECTOR	40 00	×		x				4,347,505	0	30,583
ROBERT SCHULTZE PRESIDENT/CEO/DIRECTOR	40 00	x		x				492,195	0	18,636
JACQUELINE CHARNLEY DIRECTOR	2 00	×						361	0	(
FRANCES GONZALEZ DIRECTOR	2 00	x						2,631	0	(
THOMAS LUNDY DIRECTOR	2 00	x						9,066	0	(
PEGGY MERRISS DIRECTOR	2 00	x						813	0	(
TANISHA BRILEY DIRECTOR	2 00	×						4,218	0	(
ROBERT O'NEILL DIRECTOR	2 00 37 50	×						6,357	409,091	83,449
TIMOTHY VAILL DIRECTOR	2 00	x						7,119	0	(
ROBERT VIVIAN DIRECTOR	2 00	х						8,553	0	(

#### Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (C)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
TINA BYLES WILLIAMS DIRECTOR	2 00	×						164	0	0
ELIZABETH GLISTA TREASURER/CFO	40 00			×				777,655	0	251,984
MICHAEL GUARASCI TREASURER/CFO	40 00			x				362,796	0	214,566
GEORGE SUZICH ASST TREAS/FINANCE MVP	40 00			×				420,337	0	59,639
PATRICIA VAUSE ASST TREAS/FINANCE VP	40 00			×				321,633	0	38,807
RICHARD WHITTY ASST TREAS/FINANCE VP	40 00			×				300,170	0	60,243
BARBARA STOTLER ASST TREAS/FINANCE DIRECTR	40 00			x				166,338	0	50,616
KATHRYN MCGRATH	40 00									

Х

721,468

518,584

437,100

30,835

29,595

56,889

40 00

40 00

. . . . . . . . . . . . . . . . . . .

ANGELA MONTEZ

SECRETARY/GEN COUNSEL

SECRETARY/GEN COUNSEL

ASST SEC/DEPUTY GEN CNSL

THOMAS MCANDREWS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					īrus	stee	s, F	(ey Employee	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Pos mo unles	sition nore tl ss pe offic direct	(C) Ition (do not check ore than one box, s person is both an officer and a irector/trustee)				(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	helow 1	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former		11133,	and related organizations
ERICA MCFARQUHAR ASST SEC/SENIOR COUNSEL	40 00			x				227,796	5 0	35,964
GREGORY DYSON SENIOR VICE PRESIDENT	40 00				х			870,930	0	59,499
CHRISTOPHER MATZKE SENIOR VICE PRESIDENT	40 00				x			1,002,726	0	448,765
WAYNE WICKER SENIOR VICE PRESIDENT	40 00				x			2,168,731	L	61,188
DAVID BRAVERMAN MANAGING VICE PRESIDENT	40 00					×		834,674	0	60,913

40 00

40 00

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KAREN CHONG-WULFF

JULIE DELLINGER

CATHERINE LEGGETT

KRISTINE HEURICH

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

MANAGING VICE PRESIDENT

MANAGING VICE PRESIDENT

.....

940,849

890,205

1,679,748

1,945,948

59,390

61,397

41,381

28,490

DLN: 93493316045086

Employer identification number

23-7268394

**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.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Open to Public Inspection

OMB No 1545-004

Department of the Treasury Internal Revenue Service

Part I

1

2

3

990EZ)

SCHEDULE A

Name of the organization

INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION

hospital's name, city, and state

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

(Form 990 or

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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 ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	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						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
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						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
<b>L</b>	organization  10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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.)

Se	ction A. Public Support	•	,		•		
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	(e)2015	<b>(f)</b> Total
(or f	Giscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do	(4)2322	(5,2322	(5,2020	(4,2 % 2 )	(0,2020	(1)
	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	153,194,401	160,271,865	176,800,998	194,814,326	197,831,535	882,913,12
3	organization's tax-exempt purpose 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	<b>Total.</b> Add lines 1 through 5	153,194,401	160,271,865	176,800,998	194,814,326	197,831,535	882,913,12
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						1
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	3,134,003	3,456,815	3,862,035	4,623,698	5,845,390	20,921,94
c	Add lines 7a and 7b	3,134,003	3,456,815	3,862,035	4,623,698	5,845,390	20,921,94
8	Public support. (Subtract line 7c						861,991,18
	from line 6 )						,
Se	ction B. Total Support		<u> </u>		ı		
(or f	Calendar year iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6	153,194,401	160,271,865	176,800,998	194,814,326	197,831,535	882,913,12
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,615,377	9,880,126	12,438,852	12,508,968	11,919,630	54,362,95
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	7.615.377	0.000.136	12 420 052	13 500 060	11.010.630	E4 363 0E
11	Add lines 10a and 10b  Net income from unrelated business activities not	7,615,377	9,880,126	12,438,852	12,508,968	11,919,630	54,362,95
	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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	160,809,778	170,151,991	189,239,850	207,323,294	209,751,165	937,276,07
14	First five years. If the Form 990 is	for the organizat	ion's first, second	, tnira, rourtn, or i	nith tax year as a	section 501(c)(3	· · ·
Se	check this box and stop here ection C. Computation of Pu	blic Support 5	Percentage				<b>•</b>
15	Public support percentage for 201			13 column (f))		45	01.070.0/
16	Public support percentage from 20	•	.,	15, column (1))		15	91 970 %
		<u> </u>	<u> </u>	~~		16	92 400 %
	Investment uncome percentage for			<del>-</del>	an (f\)		
17	Investment income percentage fo				IIII (1 <i>))</i>	17	5 800 %
18	Investment income percentage fro				Umo 15 :	18	5 580 %
19a	<b>33 1/3% support tests—2015.</b> If the	=					
b	more than 33 1/3%, check this bo 33 1/3% support tests—2014. If the	•				-	▶ 🔽 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.**If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

**SCHEDULE D** (Form 990)

Department of the

Internal Revenue Service

Treasury

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493316045086

Open to Public Inspection

	me of the organization ERNATIONAL CITY MANAGEMENT		Empl	oyer identification number
	SOCIATIONAL CITY MANAGEMENT SOCIATION RETIREMENT CORPORATION		23-7	268394
Pa		r <b>Advised Funds or Other Similar F</b> ed "Yes" on Form 990, Part IV, line 6.		
	<u> </u>	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to		or advis	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny other	r purpose <b>Yes No</b>
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	n Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e g , recreducation)	_	n hıstor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in t	he form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year <b>▶</b>			
4	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy regar violations, and enforcement of the conservation of		dling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	<b>&gt;</b>			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
•	<b>▶</b> \$			
В	Does each conservation easement reported on Ii (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4) <b>Yes No</b>
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		se statement, and
ar		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar			

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

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶** \$ \_\_

	edule D <b>t III</b>	(Form 990) 2015 Organization		Collections of	Art, His	torica	ıl Tr	easures,	or Ot	ther Simila	r Ass	ets	Page <b>2</b>
3	Heina	(continued)	's acquisition acce	ession, and other re	acorde ch	neck any	v of th	ne following t	hat ar	re a significant	. 115 0 0	of ite	
,		tion items (check		ession, and other re	ecorus, cr	ieck air	yord	ie following i	.iiat ai	e a significant	. use c	) I ICS	
а		Public exhibition			d	Γ I	Loan	or exchange	progr	ams			
b	_ :	Scholarly researc	h		е	Γ (	O ther	-					
c		Preservation for fu	uture generations										
4	Provide Part >		f the organization's	s collections and ex	xplaın hov	w they fo	urther	the organiz	ation's	s exempt purp	ose in		
5				cit or receive donat an to be maintained							Yes	□ No	<b>)</b>
Pa	rt IV			<b>ngements.</b> Inswered "Yes" o	n Form	990, Pa	art I\	/, line 9, o	r repo	orted an amo	ount o	on Forr	n 990,
<b>1</b> a		e organization an a ded on Form 990,		todian or other inte	ermediary	for con	trıbut	ions or othe	rasse	_	Yes	∏ No	<b>)</b>
b	If"	Yes," explain the	arrangement in Pa	art XIII and comple	ete the fol	lowing t	able				A mou	nt	
c	Вед	ginning balance							<b>1</b> c				
d	A d	ditions during the	year						<b>1</b> d				
е	Dis	tributions during	the year						1e				_
f	End	ding balance							1f				
<b>2</b> a	Did th	ne organization inc	clude an amount oi	n Form 990, Part X	, lıne 21,	for escr	ow or	custodial a	ccoun	t liability?	Yes	∏ No	<b></b>
b Pa	If"Ye			XIII Check here if te if the organiza									
				(a)Current year		or year		(c)Two years l		<b>d)</b> Three years ba		<b>e)</b> Four ye	ears back
1a	Begir	nning of year balar	nce										
b	C onto	ributions											
С	Net II losse	nvestment earning es	gs, gains, and										
d	Grant	ts or scholarships					$\perp$						
е		r expenditures for programs	facilities										
f	• A dmi	nistrative expens	es										
g		of year balance											
2	Provid	de the estimated	percentage of the o	current year end ba	ılance (lın	e 1g, co	olumn	n (a)) held as			ı		
а	Board	l designated or gu	ası-endowment <b>&gt;</b>			-							
b		anent endowment											
c	Temp	orarily restricted	endowment ▶	should equal 100%	ס								
За			unds not in the pos	session of the orga	anızatıon	that are	held	and adminis	tered	for the			
	_	ization by	0.00								25 (1)	Yes	No
		related organizati					•				3a(i) 3a(ii)		
ь 4	If"Ye	s" on 3a(II), are t		ations listed as required the organization's							3b		
	rt VI		ngs, and Equip		Chaowin	CITE TUTIE	4.5						
				inswered 'Yes' to	Form 9		rt IV,						
		Descriptior	n of property			(a) st or othe (investm		(b) Cost or othe (othe	er basıs	Accumula (c)depreciat		( <b>d</b> )Boo	k value
<b>1</b> a	Land												
b	Buildin	gs											
					<u> </u>				704 :-				2 72 / 5- :
		nold improvement	s		·				791,422		9,716		3,721,706
		nent			·			34,	187,346	5 29,388	3,267		4,799,079
е	Other							45,	482,948	40,660	0,041		4,822,907
Tota	al. A dd l	lines 1a through 1	e (Column (d) mus	t equal Form 990, Pa	art X, colui	mn (B),	line 1		•				3,343,692
										Sched	ule D (	Form 9	90) 2015

Part VII Investments—Other Securities. Com	plete if the orga	nızatıon answered 'Yes	on Form 990, Part IV, line 11b
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			cost of end of year market value
(2)Closely-held equity interests (3)O ther			
(A) I-SHARES MSCI EFA (547,000 SH)		32,136,250	F
(B) INVESCO ABRIX (1,511,727 SH)		15,691,724	F
(C) RIDGEWORTH SAMBX (3,145,668 SH)		25,983,214	F
(D) SPDR BARCLAYS JNK (824,326)		27,952,895	F
(E) VANGUARD VINIX (143,436)		26,768,018	F
(F) VANTAGEPOINT VPRGX (25,000)		250,000	F
(G) VANTAGEPOINT VQRGX (25,000)		250,000	F
(H) VOYA MORTGAGE FUND (63,286)		9,997,766	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	139,029,867	
Complete if the organization answered '	Yes' on Form 99		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	+		
	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	- 1	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
(a) Descrip	otion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	)		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answere	d 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book valu	е	
Federal income taxes			
RETIREMENT BENEFIT OBLIGATION, NONCURRENT	5,070	,567	
OBLIGATIONS UNDER CAPITAL LEASES	246	,982	
OTHER LIABILITIES	3,750	,949	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	9,068		
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FIN XIII.			

Total revenue, gains, and other support per audited in	(es' on Form 990, Part IV, line 12a.	1	
Amounts included on line 1 but not on Form 990, Pa		-	
Net unrealized gains (losses) on investments	i 1		
Donated services and use of facilities		1	
Recoveries of prior year grants	2c	1	
Other (Describe in Part XIII )	2d	1	
Add lines 2a through 2d		-   2e	
Subtract line <b>2e</b> from line <b>1</b>		3	
Amounts included on Form 990, Part VIII, line 12, I			
Investment expenses not included on Form 990, Pa	1 1		
Other (Describe in Part XIII )	'	1	
Add lines <b>4a</b> and <b>4b</b>		4 <sub>c</sub>	
Total revenue Add lines 3 and 4c.(This must equal F	Form 990. Part I. line 12 )	5	
Complete if the organization answered 'Y Total expenses and losses per audited financial stat		1	
A mounts included on line 1 but not on Form 990, Pa	rt IX, line 25		
	2a		
Donated services and use of facilities		_	
Donated services and use of facilities			
	2b		
Prior year adjustments	2b		
Prior year adjustments	2b		
Prior year adjustments	2b 2c 2d	2e 3	
Prior year adjustments	2b 2c 2d		
Prior year adjustments	2b 2c		
Prior year adjustments	2b 2c 2c 2d		
Prior year adjustments	2b 2c 2c 2d		

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

Return Reference	Explanation
PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE TO THE CORPORATION'S AUDITED FINANCIAL STATEMENTS
	PROVIDES THE FOLLOWING DISCLOSURE THE FASB ASC 740, INCOME TAXES,
	ESTABLISHES GUIDELINES FOR RECOGNIZING, MEASURING, AND DISCLOSING TAX RETURN
	POSITIONS IN FINANCIAL STATEMENTS MANAGEMENT HAS EVALUATED THE
	CORPORATION'S TAX POSITIONS AND DETERMINED THAT THE APPLICATION OF ASC 740
	HAD NO MATERIAL IMPACT ON ITS CONSOLIDATED FINANCIAL STATEMENTS
	ACCORDINGLY, NO ADJUSTMENTS FOR UNRECOGNIZED TAX BENEFITS OR RELATED
	INTEREST OR PENALTIES WERE REQUIRED AS OF DECEMBER 31,2015 IF APPLICABLE, THE
	CORPORATION 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, 2015 REMAINS SUBJECT
	TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, ALTHOUGH CERTAIN
	STATE TAXING AUTHORITIES MAY LENGTHEN THIS PERIOD TO FIVE YEARS

Schedule D (Form 990) 2015		Page <b>5</b>							
Part XIII Supplemental Information (continued)									
Return Reference	Explanation								
		_							

### **Additional Data**

Software ID: Software Version:

**EIN:** 23-7268394

Name: INTERNATIONAL CITY MANAGEMENT

ASSOCIATION RETIREMENT CORPORATION

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)O ther		
(A) I-SHARES MSCI EFA (547,000 SH)	32,136,250	F
(B) INVESCO ABRIX (1,511,727 SH)	15,691,724	F
(C) RIDGEWORTH SAMBX (3,145,668 SH)	25,983,214	F
(D) SPDR BARCLAYS JNK (824,326)	27,952,895	F
(E) VANGUARD VINIX (143,436)	26,768,018	F
(F) VANTAGEPOINT VPRGX (25,000)	250,000	F
(G) VANTAGEPOINT VQRGX (25,000)	250,000	F
(H) VOYA MORTGAGE FUND (63,286)	9,997,766	F

efile GRAPHIC print - DO NO	Γ PROCESS	As Filed Da	ta -	DLN:	DLN: 93493316045086		
SCHEDULE F (Form 990)	tement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047		
Department of the Treasury	•	Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. and its instructions is at wi		2015 Open to Public Inspection		
Name of the organization INTERNATIONAL CITY MANAGEME ASSOCIATION RETIREMENT CORP				<b>Employer iden</b> 23-7268394	ntification number		
Part I General Information Complete if the organ				14b.			
1 For grantmakers. Does the and other assistance, the grused to award the grants or	antees' eligibil			-	☐ Yes ☐ No		
2 For grantmakers. Describe i assistance outside the Unite	d States				nts and other		
3 Activites per Region (The follow	wing Part I, line	3 table can be d	uplicated if additional spa	ace is needed )			
(a) Region	<b>(b)</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			
(1) EUROPE (INCLUDING ICELAND & GREENLAND)	0		INVESTMENTS		9,998,000		
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		274,000		
(3) NORTH AMERICA	0	0	INVESTMENTS				
(4)							
( 5)							
<b>3a</b> Sub-total <b>b</b> Total from continuation sheets	0				10,272,000		
to Part I  c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	0			No 50082W <b>Sche</b>	10,272,000 dule F (Form 990) 2015		

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
( 5)							
( 6)							

(2)				
(3)				
(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
(11)				
( 12)				
(42)				

(4)							
( 5)							
(6)							
(7)							
(8)							
(9)							
( 10)							
( 11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							
( 17)							
( 18)							
	Schedule F (Form 990) 2015					le F (Form 990) 2015	

(9)							
( 10)							
(11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							,
( 17)							
( 18)							
	Schedule F (Form 990) 2015					ıle F (Form 990) 2015	

8621)

Yes

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 Yes (see Instructions for Form 8865)

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

Yes 5713, do not file with Form 990) Νo

IJ No

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); 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 (see instructions).

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE CORPORATION ENGAGED JPMORGAN CHASE BANK TO SERVE AS A THIRD-PARTY CUSTODIAN OF ITS FOR
	EIGN INVESTMENTS DURING THE YEAR, THE CORPORATION ACQUIRED AND SOLD SEVERAL FOREIGN GOVER
	MENT BONDS HELD IN THE CUSTODIAN'S OMNIBUS FINANCIAL ACCOUNTS IN NEW ZEALAND, EUROPE, AND
	CANADA THE CORPORATION ALSO PURCHASED SHARES OF A EUROPEAN INVESTMENT FUND THE MAXIMUM
	AGGREGATE VALUE OF INVESTMENT IN EUROPE WAS \$10,943,000, WITH A YEAR END VALUE OF \$9,998,0
	00 THE MAXIMUM AGGREGATE VALUE OF INVESTMENT IN EAST ASIA WAS \$1,706,000, WITH A YEAR-END
	VALUE OF \$274,000 THE MAXIMUM AGGREGATE VALUE OF THE INVESTMENT IN NORTH AMERICA WAS \$1,
	032,000, WITH A YEAR END VALUE OF \$0, AS HOLDINGS WERE SOLD BEFORE YEAR-END THE CORPORATI
	ON DID NOT HAVE AN INTEREST IN, OR SIGNATURE OR OTHER AUTHORITY OVER ANY FINANCIAL ACCOUNT
	S IN FOREIGN COUNTRIES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316045086 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL CITY MANAGEMENT 23-7268394 ASSOCIATION RETIREMENT CORPORATION **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

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

CHARITABLE PROGRAM GUIDELINES

(a)Type of grant or ass	ıstance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplement	tal Informa	<b>tion.</b> Provide the inf	ormation required in f	Part I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanat	ion				
PART I, LINE 2					TO ADVANCE ITS MISSION, T	THE CORPORATION SUPPORTS

RESEARCH INTO RETTREMENT COMPENSATION AND BENEFIT ISSUES FACING STATE AND LOCAL GOVERNMENT EMPLOYERS. IN PROVIDING SUCH SUPPORT, THE CORPORATION MADE GRANT PAYMENTS TO THE CENTER FOR STATE AND LOCAL GOVERNMENT EXCELLENCE, INC , 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 BEING DISSEMINATED IN ADDITION, THE CORPORATION MAINTAINS REPRESENTATION ON THE BOARD OF DIRECTORS OF THIS ORGANIZATION THE CORPORATION ALSO MADE GRANTS IN SUPPORT OF ICMA-RC PUBLIC EMPLOYEE MEMORIAL SCHOLARSHIP FUND, A SECTION 501(C)(3) PUBLIC CHARITY, WHICH INDEPENDENTLY AWARDS AND MAKES QUALIFYING HIGHER EDUCATION SCHOLARSHIP PAYMENTS TO DEPENDENTS OF PUBLIC SECTOR

EMPLOYEES WHO DIE IN THE LINE OF DUTY THE INDIVIDUAL RECIPIENTS ARE SELECTED BY THAT ORGANIZATION UNDER ITS OWN

#### **Additional Data**

Software ID:

Software Version:

EIN: 23-7268394

Name: INTERNATIONAL CITY MANAGEMENT

ASSOCIATION RETIREMENT CORPORATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount 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)	900,000				GRANT FOR PUBLIC RESEARCH INTO STATE AND LOCAL GOVERNMENT RETIREMENT COMPENSATION AND BENEFITS
ICMA-RC PUBLIC EMPLOYEE MEMORIAL SCHOLARSHIP FUND 777 NORTH CAPITOL STREET NE STE 600 600 WASHINGTON, DC 20002	52-2281478	501(C)(3)	26,000				SCHOLARSHIPS FOR DEPENDENTS OF PUBLIC SECTOR EMPLOYEES WHO DIE IN THE LINE OF DUTY
HABITAT FOR HUMANITY METRO MARYLAND INC 9110 GAITHER ROAD GAITHERSBURG, MD 208771422	52-1299516	501(C)(3)	10,000				ASSISTANCE IN BUILDING AFFORDABLE HOUSING FOR LOW- INCOME RESIDENTS OF MONTGOMERY COUNTY, MD

Schedule J (Form 990)

Department of the

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493316045086 OMB No 1545-0047

Open to Public

Intern	al Revenue Service	TURD	естю	Ш			
Νa	ne of the organization Employer identificat	ion nu	nber				
	ERNATIONAL CITY MANAGEMENT OCIATION RETIREMENT CORPORATION 23-7268394						
Pa	rt I Questions Regarding Compensation						
	tuestiene insgan anng eempeneatien		Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		1				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel						
	▼ Travel for companions Payments for business use of personal residence						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees		ļ	ļ			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	<b>b</b> If any of the boxes in 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III						
	▼ Compensation committee     ▼ Written employment contract						
	▼ Independent compensation consultant     ▼ Compensation survey or study						
	Form 990 of other organizations  A pproval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization	1					
а	Receive a severance payment or change-of-control payment?	4a		Νo			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	he organization?						
b	Any related organization?	5b		Νo			
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of						

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

The organization?

ın Part III

Any related organization?

section 53 4958-6(c)?

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

6a

6b

7

8

Yes

Νo

Νo

Νo

Selledales (Form 550) 2015					r age 🕳				
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·					
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
		compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information  Explanation
PART I, LINE 1A	FIRST-CLASS TRAVEL THE CORPORATION'S TRAVEL GUIDELINES PROVIDE DIRECTORS WITH THE OPTION OF FIRST-CLASS TRAVEL WHEN IT INVOLVES EXTENUATING CIRCUMSTANCES, SUCH AS LATE NIGHT ARRIVALS AND LONGER FLIGHT TIMES WHILE ATTENDING BOARD MEETINGS IN 2015, FIVE OF TEN DIRECTORS USED THIS OPTION TRAVEL FOR COMPANIONS IN CONSIDERATION OF PERSONAL AND FAMILY OBLIGATIONS, THE CORPORATION'S TRAVEL GUIDELINES PROVIDE FOR ASSISTANCE IN DEFRAYING TRAVEL COSTS OF COMPANIONS OR FAMILY MEMBERS WHO MAY ACCOMPANY DIRECTORS TO BOARD MEETINGS ALTHOUGH NOT PAID DIRECTOR FEES FOR THEIR SERVICES, DIRECTORS RECOGNIZE TAXABLE INCOME IN THE AMOUNT OF ANY SUCH ASSISTANCE IN 2015, NINE OF TEN DIRECTORS RECEIVED PAYMENTS UNDER THIS POLICY
PART I, LINE 4B	SUPPLEMENTAL NONDJALLITED RETIREMENT PLAN IN 2009, THE BOARD OF DIRECTORS ADOPTED BY THE BOARD OF STEPTIME RETIREMENT LANFOR SENIOR EXCEPTIVES (2009 PLAN) A SECOND SUCH PLAN MAS AD OPTED BY THE BOARD OF DIRECTORS, EFFECTIVE AS OF 2010 (2010 PLAN) THE BOARD REVIEWED COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT BEFORE THE PLAN SAPE AND TO AN OVERALL PROGRAM OF REASONABLE COMPENSATION, AND NO PLAN FROM THE BOARD AS ASSON OF AN OVERALL PROVIDED BY AN INDEPENDENT COMPENSATION, AND ASSON ASSON OF THE REPORT OF THE ADDRESS OF THE RESIST OF PARTICIPANT'S RESPECTIVELY ACCOUNTED BY AN EXPERT OF THE PLAN WERE REASONABLE AS PART OF FACE INDIVIDUAL PHANTICIPANT'S OVERALL COMPENSATION, AND NO PLAN PRATICIPANT'S TOOK PARTICIPANT'S OVERALL COMPENSATION, AND NO PLAN PRATICIPANT'S TOOK PARTICIPANT'S COVERALL COMPENSATION, AND NO PLAN PRATICIPANT'S TOOK PARTICIPANT'S COVERALL COMPENSATION, AND NO PLAN PRATICIPANT'S TOOK PARTICIPANT'S COVERALL COMPENSATION, AND NO PLAN PRATICIPANT'S TOOK PARTICIPANT'S COVERABLE ON THE PARTICIPANT'S COVERABLE OF THE SUMPSTEE PARTICIPANT'S COVERABLE OF THE SUMPSTEE PARTICIPANT'S COVERABLE OF THE PARTICIPANT'S COVERABLE OF THE SUMPSTEE PARTICIPANT'S COVERABLE AND APPROVED BY THE FORD AND ADDITIONABLE PARTICIPANT THE PARTICIPANT THE SUMPSTEE PARTICIPANT THE COUNTY OF THE PARTICIPANT THE COUNTY OF THE PARTICIPANT THE COUNTY OF THE PARTICIPANT THE PAR
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 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 2015

#### Software ID: **Software Version:**

**EIN:** 23-7268394

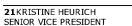
Name: INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION

Form 990	, Schedule J	, Part II	<ul> <li>Officers,</li> </ul>	, Directors,	Trustees,	Key	Emplo	yees,	, and	High	hest Con	npens	sated En	ıploy	ees	

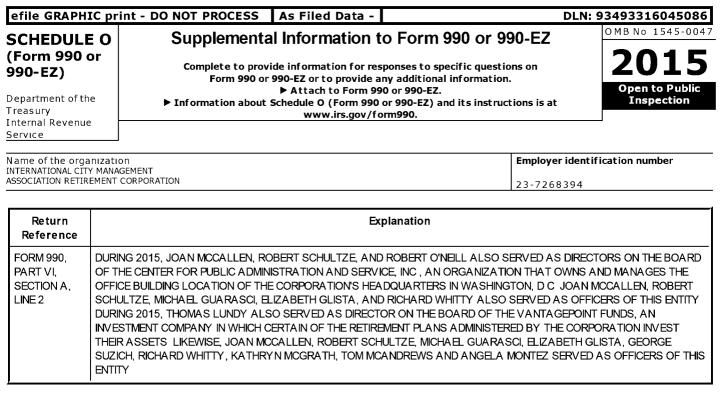
Form 990, Schedule J, Part II		- Officers, Direct	ors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	I I			
(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
		(i)	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column (B) reported as deferred		
		Base Compensation	Bonus & Incentive	O ther reportable	compensation			on prior Form 990		
		Compensation	compensation	compensation						
1JOAN MCCALLEN	(1)	246,995	2,978,636		26,500	4,083	4,378,088	0		
PRESIDENT/CEO/DIRECTOR	, ,									
	(11)	0	0	0	0	-	-	0		
1ROBERT SCHULTZE	(1)	405,003	20.000	57.400	47.200	4 220	510.031			
PRESIDENT/CEO/DIRECTOR	(')	405,005	30,000	57,192	17,308	1,328	510,831	0		
	(11)	0	0	0	0	-	-	0		
						0	0			
2ROBERT O'NEILLDIRECTOR	(1)	6,357	0	0	0	0	6,357	0		
	(11)	401,461	7,630		56,798					
	(,	,,,,,	7,030	0	30,790	26,651	492,540	0		
3 ELIZABETH GLISTA	(1)	256,154	504,625	16,876	218,759	33,225		0		
TREASURER/CFO	, ,									
	(11)	U	0	0	0	-	-	0		
4MICHAEL GUARASCI	(1)	95,064	100.000	167.722	200.000	14.566	577.262			
TREASURER/CFO			100,000	167,732	200,000	14,566	577,362	0		
	(11)	0	0	0	0	-	-	0		
						0	0			
<b>5</b> GEORGE SUZICH ASST TREAS/FINANCE MVP	(1)	235,304	183,464	1,569	26,500	33,139	479,976	0		
·	(11)	0	0	0				0		
	`		0	Ů	9	0	0			
6PATRICIA VAUSE	(1)	169,845	132,612	19,176	26,500	12,307	360,440	0		
ASST TREAS/FINANCE VP	, ,									
	(11)	U	0	0	0	-	-	0		
7RICHARD WHITTY	(ı)	174,706	121001		26 500	22.742	250.443			
ASST TREAS/FINANCE VP	(')	174,700	124,804	660	26,500	33,743	360,413	0		
	(11)	0	0	0	0	_	-	0		
						0	0			
8BARBARA STOTLER ASST TREAS/FINANCE	(1)	127,960	37,900	478	17,274	33,342	216,954	0		
DIRECTR	(11)	0								
	(,		U	0	U	0	0	0		
9KATHRYN MCGRATH	(1)	152,874	503,167	65,427	26,500	4,335	752,303	0		
SECRETARY/GEN COUNSEL	,									
	(11)	0	0	0	0	-	_	0		
10ANGELA MONTEZ	(1)	274,062			0.5.50	0				
SECRETARY/GEN COUNSEL	(')	2/4,002	225,471	19,051	26,500	3,095	548,179	0		
	(11)	0	0	0	0	_	-	0		
						0	0			
11THOMAS MCANDREWS ASST SEC/DEPUTY GEN CNSL	(1)	257,326	179,345	429	26,500	30,389	493,989	0		
	(11)	0								
			U	0	0	0	0			
12ERICA MCFARQUHAR	(1)	175,416	51,669	711	23,099	12,865	263,760	0		
ASST SEC/SENIOR COUNSEL										
	(11)	0	0	0	0	-	-	0		
13GREGORY DYSON	(1)	277,458					0			
SENIOR VICE PRESIDENT	(1)	277,436	544,817	48,655	26,500	32,999	930,429	0		
	(11)	0	0	0	0	_	_	0		
						0	0			
14CHRISTOPHER MATZKE SENIOR VICE PRESIDENT	(1)	283,902	717,500	1,324	416,832	31,933	1,451,491	0		
SENION FIGE FINESISEIN	(11)	0								
	(,		U	0	U	0	0	0		
15WAYNE WICKER	(1)	456,993	1,385,703	326,035	26,500	34,688	2,229,919	0		
SENIOR VICE PRESIDENT										
	(11)	0	0	0	0	-	_	0		
16DAVID BRAVERMAN	(1)	279,134				0	0			
MANAGING VICE PRESIDENT	(1)	2/9,134	535,557	19,983	26,500	34,413	895,587	0		
	(11)	0	0	0	0	_	-	0		
						0	0			
17KAREN CHONG-WULFF MANAGING VICE PRESIDENT	(1)	337,101	601,563	2,185	26,500	32,890	1,000,239	0		
VICE I RESIDENT	(11)	n								
	[`'']	Ĭ	U			_ 	0	0		
18JULIE DELLINGER	(1)	294,820	574,554	20,831	26,500	34,897	951,602	0		
MANAGING VICE PRESIDENT			5,4,534	20,031	20,300					
	(11)	0	0	0	0	-	-	0		
19CATHERINE LEGGETT	1	100.000				0	0			
SENIOR VICE PRESIDENT	(1)	189,802	229,360	1,260,586	26,500	14,881	1,721,129	0		
	(11)	0	0	0	0			0		
						0	0			

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (iii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 70,504 275,893 1.599.551 26,500 1,990 1,974,438

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees



(III)



Return Reference	Explanation
FORM 990, PART VI.	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
SECTION A,	DIRECTORS WHO HAVE BEEN SELECTED BY THE CORPORATION'S BOARD ARE ALSO SUBJECT TO APPOINTMENT BY THIS
LINE 7A	SECTION 501(C)(3) ORGANIZATION IN ADDITION, ANY DECISION BY THE CORPORATION'S 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 HOWEVER, THIS ORGANIZATION DOES NOT HAVE THE POWER TO REMOVE CORPORATION'S DIRECTORS AND DESIGNATE NEW DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A. LINE 7B	CERTAIN GOVERNANCE DECISIONS OF THE CORPORATION'S BOARD OF DIRECTORS MAY BE REVIEWED OR
SECTION A, LINE / B	APPROVED BY ANOTHER SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION SEE THE RESPONSE TO THE FORM 990, PART VI, SECTION A, LINE 7A, ABOVE

Return Reference	Explanation
,	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 OUTSIDE TAX COUNSEL AND AN INDEPENDENT TAX ACCOUNTING FIRM THE FORM IS ALSO EXAMINED BY SENIOR MANAGEMENT AND PROVIDED TO THE CORPORATION'S DIRECTORS BEFORE IT IS FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CORPORATIONS BOARD OF DIRECTORS HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL OF ITS DIRECTORS IN ADDITION, THE BOARD OF DIRECTORS HAS ADOPTED, AND THE SENIOR MANAGEMENT HAS IMPLEMENTED, A SEPARATE WRITTEN CONFLICT OF INTEREST POLICY THAT APPLIES TO OFFICERS AND ALL CLASSES OF EMPLOYEES THE CORPORATION'S CONFLICT OF INTEREST POLICIES DEFINE "CONFLICTS OF INTEREST AND ESTABLISH REPORTING, REVIEW, AND DISCIPLINARY PROCEDURES THE CORPORATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICIES THROUGH DISCLOSURE, WHISTLEBLOWER, AND OTHER PERIODIC REPORTING PROCESSES DESIGNED TO IDENTIFY INVESTMENT OR BUSINESS TRANSACTIONS AND AFFILIATIONS THAT MAY BE SIGNIFICANT AND GIVE RISE TO CONFLICTS OF INTEREST ALL DIRECTORS, OFFICERS, AND EMPLOYEES MUST ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE RESPECTIVE CONFLICT OF INTEREST POLICIES EACH YEAR. IN ADDITION, DIRECTORS, OFFICERS, AND SENIOR MANAGERS (INCLUDING KEY EMPLOYEES) ARE REQUIRED TO REPORT ANY EMPLOY MENT, INVESTMENT, BUSINESS, OR FAMILY RELATIONSHIPS THAT MAY INVOLVE THE CORPORATION, ITS DIRECTORS, OFFICERS, AND EMPLOYEES, OR CERTAIN THIRD PARTIES THAT MAY HAVE MATERIAL BUSINESS OR FINANCIAL RELATIONSHIPS WITH THE CORPORATION, TO INCLUDE 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 DIRECTORS, OFFICERS, OR EMPLOYEES (IN DECISION-MAKING CAPACITIES) 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 COMPLIANCE OFFICER, AND, WHEN APPROPRIATE, THE CHIEF EXECUTIVE OFFICER OR THE AUDIT AND OVERSIGHT COMMITTEE OF THE BOARD OF DIRECTORS, WITH ANY POTENTIALLY CONFLICTED PARTIES BEING RECUSED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE 2015 COMPENSATION OF THE CORPORATION'S SENIOR EXECUTIVES WAS REVIEWED AND A PPROVED, 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 COMPENSATION, THE BOARD OF INDEPENDENT DIRECTORS 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 MARKET COMPARABILLTY COMPENSATION FOR COMPARABLE POSITIONS, INCLUDING DATA OBTAINED FROM FORMS 990 OF OTHER TAX-EXEMPT ORGANIZATIONS, PUBLICLY-AVAILABLE FINANCIAL AND MARKET DATA ON RELEVANT PRIVATE SECTOR ENTITIES, AND COMPENSATION STUDIES COMPILED BY THIRD-PARTY COMPENSATION EXPERTS BOARD AND COMMITTEE DELIBERATIONS AND DECISIONS ON SUCH COMPENSATION MATTERS WERE FULLY AND CONTEMPORANEOUSLY DOCUMENTED DURING 2015, THIS REVIEW AND APPROVAL PROCESS WAS UNDERTAKEN FOR EACH OF THE FOLLOWING PERSONS AND POSITIONS JOAN MCCALLEN (PAST TREASURER, CHIEF FINANCIAL OFFICER), ROBERT SCHULTZE (PRESIDENT, CHIEF EXECUTIVE OFFICER), ELIZABETH GLISTA (PAST TREASURER, CHIEF FINANCIAL OFFICER), MICHAEL GUARSCI (TREASURER, CHIEF FINANCIAL OFFICER), KATHRYN MCGRATH (PAST SECRETARY, GENERAL COUNSEL), ANGELA MONTEZ (SECRETARY, GENERAL COUNSEL), GREGORY DYSON (SENIOR VICE PRESIDENT), CHRISTOPHER MATZKE (SENIOR VICE PRESIDENT), WAYNE WICKER (SENIOR VICE PRESIDENT), KARINAN (MANAGING VICE PRESIDENT), KAREN CHONG-WULFF (MANAGING VICE PRESIDENT), THE CORPORATION ALSO CONDUCTS BIANNUAL INTERNAL STUDIES OF COMPENSATION AND UNTS PROVIDED TO THE MEMBERS OF ITS BOARD OF DIRECTORS THIS REVIEW PROCESS WAS UNDERTAKEN IN 2014 USING COMPARABILITY DATA GATHERED FROM RECENT FORMS 990 OF OTHER TAX-EXEMPT ORGANIZATIONS AND FROM PUBLICLY-DISCLOSED FINANCIAL AND MARKET INFORMATION ON RELEVANT PRIVATE SECTOR ENTITIES (ALTHOUGH THEY ARE NOT PAID DIRECTOR F

Return Reference	Explanation
	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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN UNRECOGNIZED NONQUALIFIED RETIREMENT PLAN COSTS 2,443,275 CHANGE IN AN INVESTMENT ACCOUNTED FOR USING THE EQUITY METHOD -40,043 CHANGE DUE TO LOSS ON EMPLOYEE BENEFIT SETTLEMENT -1,479,658

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DLN: 93493316045086

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

INTERNATIONAL CITY MANAGEMENT

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Inspection
Employer identification number

ASSOCIATION RETIREMENT CORPORATION					23-72683	194				
Part I Identification of Disregarded Entities Comp	lete if the organization	n answered "Yes"	on Form 990, P	art IV	, lıne 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets						
(1) ICMA-RC SERVICES LLC 777 NORTH CAPITOL STREET NE STE 600 WASHINGTON, DC 20002 52-2138303	SEC-REGST'D BROKER- DEALER DISTRIBUTES MUTUAL FUND & RETRMT TRUST INTERESTS	DE	13,731,626	3,365,445		INTERNA ASSOCIA CORPOR	1T			
(2) VANTAGEPOINT TRANSFER AGENTS LLC 777 NORTH CAPITOL STREET NE STE 600 WASHINGTON, DC 20002 52-2138305	SEC-REGST'D TRANSFER AGENT SERVICES RETIREMENT TRUST & MUTUAL FUND ASSETS	DE	162,076,397		AS		0 INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION			
(3) VANTAGEPOINT INVESTMENT ADVISERS LLC 777 NORTH CAPITOL STREET NE STE 600 WASHINGTON, DC 20002 52-2138307	SEC-REGST'D ADVISER MANAGES MUTUAL FUND ASSETS HELD BY RETIREMENT TRUST	DE	27,699,502		A		0 INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION			
(4) VANTAGETRUST COMPANY LLC 777 NORTH CAPITOL STREET NE STE 600 WASHINGTON, DC 20002	STATE-REGULATED TRUST COMPANY MANAGES RETRMT PLAN ASSETS	NH	124,648,335		2,495,612	95,612 INTERNATIONAL CITY MANAGE ASSOCIATION RETIREMENT CORPORATION		ıt IT		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization		the organization a  (c)  Legal domicile (state or foreign country	(d) ate Exempt Code s		rm 990, Pa  (e) Public charity (if section 501	status	ine 34 because it i	Sectio	(g) n 512(b	
								Yes	ntity?	
(1)INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION 777 NORTH CAPITOL STREET NE STE 500 WASHINGTON, DC 20002 36-2167755	DEVELOPING AND ADVANCING PROFESSIONA LOCAL GOVERNMENT MANAGEMENT	T IL	501(C)(3)		LINE 9		N/A		No	
								+		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
				314)			Yes	No	1	Yes	No											
Dawk TV Identification of Poloted Overningtions Touchle								11371	Fa O			TV /										

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(1 contro entit	n 512 13) olled
CENTER FOR PUBLIC ADMINISTRATION AND (1)SERVICE INC  777 NORTH CAPITOL ST NE WASHINGTON, DC 20002 52-1655825	REIT HOLDING THE HEADQUARTERS OFFICE BUILDING	MD	N/A	С	3,089,333	9,882,466	33 330 %		No

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No			
<b>c</b> Gıft, grant, or capital contribution from related organization(s)				<b>1</b> c		No			
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
6. Dundanda fara valatad anasayatan (s)				1f	Yes				
f Dividends from related organization(s)				1g	103	No			
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)				1h 1i		No No			
i Exchange of assets with related organization(s)				1j		No			
j Lease of facilities, equipment, or other assets to related organization(s)				1)	_				
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes				
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes				
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	1	No			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
Sharing of facilities, equipment, maining firsts, or other assets with related organization(s)				10		No			
o Sharing of para employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses				1p	Yes				
				1q	103	No			
<b>q</b> Reimbursement paid by related organization(s) for expenses				-4					
r Other transfer of cash or property to related organization(s)				1r	Yes				
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete			(d)						
(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	Method of determining amo	ount in	volved				

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets		(h) Disproprtionate r allocations?		(h) Disproprtionate allocations?  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
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													<u> </u>				

