DLN: 93493224010430 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization D Employer identification number B Check if applicable INVESTMENT COMPANY INSTITUTE □ Address change 13-5266605 % MARK DELCOCO ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (202) 326-5800 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 G Gross receipts \$ 79,650,345 Name and address of principal officer H(a) Is this a group return for PAUL SHOTT STEVENS ☐Yes **☑**No subordinates? 1401 H STREET NW H(b) Are all subordinates WASHINGTON, DC 20005 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 4947(a)(1) or 501(c) (6) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW ICI ORG L Year of formation 1941 M State of legal domicile DE Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 46 46 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 46 Total unrelated business revenue from Part VIII, column (C), line 12 129,870 **b** Net unrelated business taxable income from Form 990-T, line 34 -4,763 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 64,605,998 67,012,558 Ravenua 6,979,063 9 Program service revenue (Part VIII, line 2g) . 8,809,100 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,549,716 2,182,934 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,498,689 1,645,753 74,633,466 79,650,345 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 50,000 50,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 41,021,982 46,528,083 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 30,254,001 28,588,870 71,325,983 75,166,953 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 3,307,483 4,483,392 Net Assets or Fund Balances Beginning of Current Year End of Year 78,811,879 81,067,434 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 34,737,989 39,447,037 22 Net assets or fund balances Subtract line 21 from line 20 . 44,073,890 41,620,397 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-29 Signature of officer Sign Here MARK DELCOCO CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-07-08 P00369623 Paid self-employed ► PricewaterhouseCoopers LLP Firm's EIN ▶ Firm's name Preparer Use Only Firm's address ▶ 600 13TH ST NW SUITE 1000 Phone no (202) 414-1000 WASHINGTON, DC 20005 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	Statement	of Program Service Acc	complishments		
	Check if Sched	dule O contains a response oi	note to any line in this Part III .		🗆
1	Briefly describe the o	rganization's mission	•		
ADV	ANCING THE INTEREST		G ADHERENCE TO HIGH ETHICAL OLDERS, DIRECTORS, AND INVES STMENT COMPANIES		
2			gram services during the year whi		☐ Yes ☑ No
	If "Yes," describe the	se new services on Schedule	0		
3	Did the organization services?	J .	gnificant changes in how it conduct	cts, any program	☐ Yes ☑ No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		nplishments for each of its three la required to report the amount of ervice reported		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program service	ces (Describe in Schedule O)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program serv	rice expenses ▶			
					Form 990 (2018)

Form	990 (2018)			Page 3
Pai	Checklist of Required Schedules			
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	No No
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	Yes	
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
	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	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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
u	In Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	11d		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	12a		No
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	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 20a	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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		No
		20b	Voc	
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	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

orm 9	990 (2018)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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	
	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?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Part				

6b

7a

7b

7с

7e 7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

Yes

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No

7d |

10a 10b

11a

11b

12b

13b

13c

Yes

If "Yes," did the organization notify the donor of the value of the goods or services provided?

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Organizations that may receive deductible contributions under section 170(c).

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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		onse to i	ines
<u>Se</u>	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 46		Yes	No_
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 46			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
_	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	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?	10a		140
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	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes	
12a		12a 12b	Yes Yes	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes	
12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	Yes Yes	
12a b c 13	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14	Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
12a b c c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
12a b c c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed DC, VA Section 6104 requires an organization to make its Form 1023 (or 1024-A 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	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
12a b c c 13 14 15 a b b See 17	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 On website Another's website U 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	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
12a b c c 13 14 15 a b b See 17 18	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on w	vas į	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 			1								
• List all o	of the organization's former office						pensat	ed e	employees who rece	ived more than \$10	0,000
											e
compensated	d employees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

LOS ANGELES, CA 90084

compensation from the organization ▶ 21

Part VII

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

Page 8

Section A. Officers, Direct	ors, musices	, Key	<u>-1111P</u> 1	Oye	.es,	allu	11191	lest Coll	препзас	eu Lilipi	oyees (c	OHILI.	nueu)	
(A) Name and Title	(B) Average hours per week (list any hours	than c	one bo	ox, u an off	t che unles ficer	eck moss pers r and a tee)	son	Repo compe fron organiza	D) ortable ensation in the ation (W-	Rep comp from organiz	Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amount o compens from t	ated of other sation
	for related organizations below dotted line)	individu or direct	In stituti	Officer	key employee	Highest employe	Former	2/1099	9-MISC)	2/109	9-MISĆ)	C	organızatı relatı organıza	ed
		individual trustee or director	Institutional Trustee		oloyee	Highest compensat employee								
			j.			nted								
See Additional Data Table		<u> </u>	<u> </u>	\perp	_	<u> </u>	<u> </u>			-		_		
		<u> </u>	<u> </u>	\sqcup	_		<u> </u>					+		
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												\top		
1b Sub-Total						<u> </u>	_							
d Total (add lines 1b and 1c)						•		9,3	373,025		0			696,702
Total number of individuals (including of reportable compensation from the compensation)			e liste	ed al	bove	e) who) rece	eıved mor	re than \$	100,000				
													Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J										l employe	e on	3		No
For any individual listed on line 1a, is organization and related organizations individual										n the				
5 Did any person listed on line 1a receiv	ve or accrue cor	mpensa'	tion f	rom	any	unrel	ated	organizat	ion or inc	lividual fo		4	Yes	
services rendered to the organization?											-	5	Yes	
Section B. Independent Contracto		Lindon	· - da	-		-1				+100.00	· 2 - 5 - am		. 1	
Complete this table for your five higher from the organization. Report compen	nsation for the c									n's tax ye		pens		
	(A) and business addre	ess								(B) cription of s			(C Compen	nsation
LSAV POWERHOUSE, 3912 W MCLEAN AVENUE CHICAGO, IL 60647									AUDIOVISI	JAL SERVIC	ES		1,	,412,279
PRICEWATERHOUSECOOPERS LLP, PO BOX 7247-8001 PHILADELPHIA, PA 19170									AUDIT/COI	SULTING				357,213
CLS STRATEGIES, 1615 L STREET NW SUITE 1000 WASHINGTON, DC 20036								(CONSULTII	NG				315,333
EMPLOYEE BENEFIT RESEARCH INSTITUTE, PO BOX 75796 BALTIMORE, MD 21275								F	RESEARCH	SERVICES				256,920
GIBSON DUNN CRUTCHER, DEPT 840723 LOS ANGELES, CA. 90084								I	LEGAL					249,810

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part	VIII	Statement of	Revenue								
		Check if Schedul	e O contains	a respo	onse or note to any	(this Part VIII (A) revenue	Re e fr	(B) elated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	18	Federated campaig	ns	1a				r	evenue		512 - 514
ints ints	1	b Membership dues		1b	67,012,558						
Gra mo	١,	c Fundraising events		1c							
Ę,	١,	d Related organizatio	ns	1d							
يَّةٍ قَ	١,	e Government grants (co	ontributions)	1e							
sins,	1	F All other contributions, and similar amounts n									
utic Ter		above	ot included	1f							
텵함	9	g Noncash contribution in lines 1a - 1f \$	ons included								
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a	-1f		🕨		67,012,558				
					Business	Code	07,012,330				
กแย	2a	CONFERENCE & WORKS	HOPS			900099	5,1	180,435	5,180,4	135	
4.4	b	GENERAL MEMBERSHIP	MEETING			900099	2,0	91,125	2,091,:	125	
Ce F	c	SUBSCRIPTION SERVICE	ES			900099	Ğ	929,686	929,6		
ker vi	d	SERVICE DIRECTORY				541800		129,870		129,	870
<u>د</u>	е	FEE BASED BUSINESS I	NCOME			900099	2	177,984	477,9	984	
Program Service Revenue	f	All other program se	rvice revenue	!							
₫	g	Total. Add lines 2a-2	2f		▶ 8,8	809,100					
		Investment income (ii	ncluding divid	ends, i	interest, and other		2 175 91	4			2 175 914
		similar amounts) . Income from investm		· mpt b	and proceeds	`	2,175,81	0			2,175,814
		Royalties		pc D		-	877,07	'8			877,078
			(ı) Rea	l	(II) Personal						
	6a	Gross rents	-	⁷ 68,675							
	b	Less rental expenses		00,073		1					
	_	: Rental income or	-	68,675		0					
		(loss)		00,073		ď					
	c	Net rental income o	r (loss)	•]	768,67	'5			768,675
	7-	Gross amount	(ı) Securit	ties	(II) Other	4					
	<i>,</i> a	from sales of assets other		7,120							
		than inventory									
	b	Less cost or other basis and									
		sales expenses Gain or (loss)		7,120		-					
		Net gain or (loss)			▶	┪	7,12	.0			7,120
	8a	Gross income from fi	_								
nue		(not including \$ contributions reporte	ed on line 1c)	of							
e v e	_	See Part IV, line 18		a	0	_					
r R		Less direct expense : Net income or (loss)		b sing ev	ents •			0			
Other Revenue		Gross income from g	jaming activit		ents •						
0		See Part IV, line 19		a] 						
	ь	Less direct expense	s	ь	C						
		: Net income or (loss)		activit	ies •			0			
	10	Gross sales of invent returns and allowand									
				а	c						
	b	Less cost of goods s	sold	b	С						
	c	Net income or (loss)		invent				0			
	11	Miscellaneous	Revenue		Business Code	_					
	ь	•									
	c	:									
		All other revenue .									
		Total. Add lines 11a			•			0			
	12	Total revenue. See	Instructions		• • • •		79,650,34	5	8,679,230	129,87	3,828,687
											Form 990 (2018)

orr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX $$.			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	50,000			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,269,316			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	28,491,048			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,922,440			
9	Other employee benefits	5,190,743			
10	Payroll taxes	1,654,536			
11	Fees for services (non-employees)				
ä	a Management	0			
ı	Legal	1,478,724			
•	c Accounting	324,402			
•	il Lobbying	1,508,205			
•	e Professional fundraising services See Part IV, line 17	0			
1	Investment management fees	0			
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	1,335,446			
14	Information technology	1,459,297			
15	Royalties	0			
16	Occupancy	6,983,622			
17	Travel	1,193,013			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	7,438,189			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	834,291			
23	Insurance	256,966			
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)				
	a RESEARCH INFORMATION SERVICES	1,399,042			
	b LOBBY PROXY TAX	1,669,728			
	c UNRELATED BUSINESS INC TAX	103,001			
	d ICI GLOBAL	309,210			
	e All other expenses	2,295,734			
	Total functional expenses. Add lines 1 through 24e	75,166,953			
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)				

Forn	n 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,159,410	1	1,585,480
	2	Savings and temporary cash investments .			0	2	0
	3	Pledges and grants receivable, net		,	0	3	0
	4	Accounts receivable, net			1,015,383	4	1,041,495
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated en	nployees Complete	0	5	0
ıts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L	fied pe n 4958 ations o (see in	rsons (as defined under s(c)(3)(B), and sf section 501(c)(9) structions) Complete	0	6	0
ssets	8	Inventories for sale or use	_	0	8	0	
Ř	9	Prepaid expenses and deferred charges	· +	3,184,863	9	2,746,734	
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	18,234,859	2,,		2,, , , , , ,
	Ь	Less accumulated depreciation	10b	14,477,369	3,390,759	10 c	3,757,490
	11	Investments—publicly traded securities .		67,095,604	11	68,901,449	
	12	Investments—other securities See Part IV, line	11 .		0	12	0
	13	Investments—program-related See Part IV, line		0	13	0	
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11	2,965,860	15	3,034,786		
	16	Total assets.Add lines 1 through 15 (must equ		<u> </u>	78,811,879	16	81,067,434
	17	Accounts payable and accrued expenses		24,975,552	17	30,870,393	
	18	Grants payable			0	18	0
	19	Deferred revenue			2,078,674	19	1,190,657
	20	Tax-exempt bond liabilities			0	20	0
(۸	21	Escrow or custodial account liability Complete F			0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officei	rs, directors, trustees,			
æ		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	d third	parties	0	24	0
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	7,683,763	25	7,385,987
	26	Total liabilities. Add lines 17 through 25			34,737,989	26	39,447,037
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			44,073,890	27	41,620,397
Sa is	28	Temporarily restricted net assets			0	28	0
d E	29	Permanently restricted net assets			0	29	0
Ē		Organizations that do not follow SFAS 117	958),	-			
		check here ▶ ☐ and complete lines 30 th					
Assets or	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building or ed	quipme	nt fund		31	
	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Net	33	Total net assets or fund balances			44,073,890	33	41,620,397
_	1 - 4	Takal baladan and makaasak /6d balamaa			70 011 070	24	91.067.434

34

81,067,434 Form **990** (2018)

78,811,879

Total liabilities and net assets/fund balances

34

3a

3b

No

Form 990 (2018)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

CONGRESS, THE SECURITIES AND EXCHANGE COMMISSION, AND OTHER REGULATORY AGENCIES, AS WELL AS STATE AND FOREIGN REGULATORS

Software Version: **EIN:** 13-5266605

Name: INVESTMENT COMPANY INSTITUTE

Form 990 (2018)

Form 990, Part III, Line 4a:

PUBLIC POLICY ISSUES - ICI ADVANCES THE INTERESTS OF INVESTMENT COMPANIES, THEIR SHAREHOLDERS, DIRECTORS, AND INVESTMENT ADVISERS BY SUPPORTING EFFECTIVE LEGISLATION AND REGULATION TO SECURE PUBLIC POLICY OBJECTIVES, ICI REPRESENTS THE FUND INDUSTRY AND ITS SHAREHOLDERS BEFORE

Form 990, Part III, Line 4b: RESEARCH - ICLIS THE PRIMARY SOURCE FOR STATISTICAL DATA AND RESEARCH ON INVESTORS AND RETIREMENT PLANS IN THE INVESTMENT COMPANY INDUSTRY ICL RESEARCH EXAMINES SUCH TOPICS AS THE RETIREMENT MARKET, SHAREHOLDER DEMOGRAPHICS, TRENDS IN SHAREHOLDER OWNERSHIP, FUND FEES AND EXPENSES,

AND THE INDUSTRY'S ROLE IN FOREIGN MARKETS

PUBLIC COMMUNICATIONS - ICI OFFERS A WIDE RANGE OF RESOURCES TO THE MEDIA, INCLUDING NEWS RELEASES, BACKGROUND INFORMATION ON THE FUND INDUSTRY. TESTIMONY BEFORE LEGISLATORS AND REGULATORS, SPEECHES AT CONFERENCES AND COMMENT LETTERS EXPRESSING INDUSTRY OPINIONS ON REGULATORY PROPOSALS ICI ALSO PROVIDES REGULAR STATISTICAL RELEASES AND RESEARCH CONCERNING THE INDUSTRY AND ITS SHAREHOLDERS

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	formulated	und a director/trastee)						(14, 2/1000	(14/ 2/1000		
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
GEORGE CW GATCH	2 0	×						0	0	0	
CHAIRMAN	0 25	I							,		
WILLIAM F TRUSCOTT	2 0	×						0	0	0	
VICE CHAIRMAN	0 25	1						0	0		
VIJAY C ADVANI MEMBER	1 0	×						0	0	0	
KYLE ANDERSEN	1 0										

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WILLIAM F TROSCOTT
VICE CHAIRMAN
VIJAY C ADVANI
MEMBER
KYLE ANDERSEN
MEMBER

MORTIMER TIM J BUCKLEY

.......

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

JAMES E DAVEY

JON DE ST PAER

THOMAS R DONAHUE

BRUCE W DUNCAN

KENNETH C EICH

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	recto	r/tr	ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
BROOKS ENGLEHARDT MEMBER	1 0	×						0	0	0
THOMAS E FAUST JR MEMBER	2 0	×						0	0	0
MARTIN L FLANAGAN	2 0									

	0.0					
THOMAS E FAUST JR	2 0	v			0	
MEMBER	0 0	^				
MARTIN L FLANAGAN	2 0	V				
MEMBER	0 0	×			0	
DAVID GIUNTA	1 0	V				
MEMBER	0 0					

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and Independent Contractors

MEMBER

MEMBER

MEMBER

MEMBER

CHAIRMAN

MEMBER

PATRICK HALTER

MARCO HANIG

DIANA P HERRMANN

MELLODY HOBSON

CYNTHIA HOSTETLER

PILPIDER	0 0						
MARTIN L FLANAGAN	2 0	×			0	0	
MEMBER	0 0				9	ŭ	
DAVID GIUNTA	1 0	×			0	0	
MEMBER	0 0	~			9	ŭ	
WILLIAM J HACKETT	1 0			Ī	0	0	
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MARTIN L FLANAGAN	2 0	×			0	0	
MEMBER	0 0				9	9	
DAVID GIUNTA	1 0	×			0	C	
MEMBER	0 0	,,,			, and the second		
WILLIAM J HACKETT	1 0	· ·					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	1 (W-2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
GREGORY E JOHNSON MEMBER	2 0	×						0	0	0
LISA M JONES MEMBER	10	×						0	0	0
ROBERT M KEITH MEMBER	10	×						0	0	0

l		l X	 	1 1		1 01	
MEMBER	0 0						
ROBERT M KEITH	1 0	×				0	
MEMBER	0 0	^				o o	
MARIE L KNOWLES	1 0	×				0	
MEMBER	0.0	^					

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and Independent Contractors

SUSAN C LIVINGSTON

JAMES A MCNAMARA

CATHERINE NEWELL

DAVID OESTREICHER

ANDREW N OWEN

.........

MARK D NERUD

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

DANIEL SIMKOWITZ

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

ERIK R SIRRI

MARJIN P SMIT

LAURA T STARKS

JOSEPH A SULLIVAN

.......

WILLIAM W STRICKLAND JR

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
STUART S PARKER	2 0	×						0	0	0
MEMBER	0 0	l '''							•	
JAMES E ROSS	1 0	×						0	0	0
MEMBER	0.0	l						Ĭ		9

		X				l o	ი	ı
MEMBER	0 0						-	
JAMES E ROSS	1 0	×				0	0	Γ
MEMBER	0 0					0	0	
KRISTI L ROWSELL	1 0	×				0	0	
MEMBER	0 0					0	0	
DOUGLAS B SIEG MEMBER	10	×				0	0	
DANIEL SIMPOWITZ	1 0							Г

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

MEMBER

MEMBER

JONATHAN F ZESCHIN

PAUL SCHOTT STEVENS

PRESIDENT & CEO

PETER H GALLARY

COO (UNTIL 1/19)

SUSAN M OLSON

GENERAL COUNSEL

COO (AS OF 2/19)

DONALD C AUERBACH

......

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JONATHAN S THOMAS MEMBER	1 0	×						0	0	0
GARRETT THORNBURG MEMBER	10	×						0	0	0
RONALD E TOUPIN JR	1 0	×						0	0	0

GARRETT THORNDORG		l x			ا ا	
MEMBER	0 0	l ''				
RONALD E TOUPIN JR	1 0					
		X			0	
MEMBER	0 0					
BRADLEY J VOGT	2 0					
	•••••	l x			1 0	
MEMBER	0 0					
DAWN M VROEGOP	2 0					
		l x			0	

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2,898,002

1,113,013

853,504

655,648

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62,007

55,238

63,006

57,888

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

65,917

55,888

33,000

56,238

0

and Independent Contractors

DAVID M ABBEY

KEITH D LAWSON

MICHAEL D MCNAMEE

CHIEF COUNSEL - ICI GLOBAL

DEPUTY GENERAL COUNSEL

............ CHIEF PUBLIC COMMUNICATIONS OF

DEPUTY GENERAL COUNSEL-TAX LAW

......

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

	any hours	and	a dır	ecto	or/tr	ustee)	organization	organizations	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
FRANCES M STADLER	40 0									
SECRETARY	0 0			×				407,435	0	52,171
MARK A DELCOCO	40 0									
TREASURER	1 0			X				300,333	0	64,656
SEAN S COLLINS	40 0									
CHIEF ECONOMIST	0 0				×			473,754	0	66,037
DEAN R SACKETT III	40 0									
CHIEF GOVT AFFAIRS OFFICER	0 0					×		638,626	0	64,656
IENNIFER S CHOI	40 0									

SEAN S COLLINS	40 0						
CHIEF ECONOMIST	0 0		X		473,754	O	
DEAN R SACKETT III	40 0			.,	620.626		
CHIEF GOVT AFFAIRS OFFICER	0 0			X	638,626	U	

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519,918

509,055

503,477

500,260

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493224010430

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

• S • S • S • S • S • S • S • S	Section 501(c) (other than section Section 527 organizations Comple organization answered "Yes" Section 501(c)(3) organizations Section 501(c)(3) organizations Section 501(c)(3) organizations	" on Form 990, Part IV, Line 4, or Form that have filed Form 5768 (election unde that have NOT filed Form 5768 (election " on Form 990, Part IV, Line 5 (Proxy 1 ions), then	urts I-A and C below 1 990-EZ, Part VI, III r section 501(h)) Co under section 501(h	ne 47 (Lobbying A omplete Part II-A [i)) Complete Part I	Actıvit ı Do not II-B D	i es), t comp o not o	lete Part II-l complete Pa	art II-A
Nar	me of the organization ESTMENT COMPANY INSTITUTE	<u>'</u>		Emplo	-	entifi	cation nun	nber
Par	t I-A Complete if the or	ganization is exempt under sect	ion 501(c) or is			nizat	ion.	
1	Provide a description of the or "political campaign activities")	ganization's direct and indirect political c	ampaign activities ir	n Part IV (see instr	uction	s for c	definition of	
2	Political campaign activity exp	enditures (see instructions)			>	\$ <u>_</u>		
3		impaign activities (see instructions)				_		
	·-	ganization is exempt under sect						
1	· ·	e tax incurred by the organization under			>	\$ <u></u>		
2 3	•	e tax incurred by organization managers section 4955 tax, did it file Form 4720 fo			•	\$_		
	_	section 4995 tax, did it file Form 4720 to	i tilis year				☐ Yes	⊔ No
4a	Was a correction made?						☐ Yes	☐ No
	If "Yes," describe in Part IV				1-11			
	•	ganization is exempt under sect		•	.(c)(.			
1	, ,	ended by the filing organization for section			•	\$ <u>_</u>		
2	function activities	organization's funds contributed to other	r organizations for se	ection 527 exempt	>	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	>	\$_		
4	Did the filing organization file	Form 1120-POL for this year?					☐ Yes	□ No
5	organization made payments of political contributions receiv	nd employer identification number (EIN) For each organization listed, enter the a red that were promptly and directly deliv nittee (PAC) If additional space is neede	mount paid from the ered to a separate p	e filing organization political organizatio	's fun	ds Als	so enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount pai filing organiza funds If none, -0-	tion's	c	e) Amount contributions and promp directly deliv separate porganization enter	s received of the political of the polit
l								
2								
3								
1								
5								
5								
or P	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990-E2	Z. Cat	No 50084S Sch	edule (C (For	m 990 or 99	0-EZ) 2018

ь	Total lobbying expenditures to influence a legislative			
c	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1c and			
f	Lobbying nontaxable amount Enter the amount fron columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
			•	
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

1

1

2

1

2

C

Part IV

3

Part III-B

Schedule C (Form 990 or 990-EZ) 2018

No

No

Nο

67,012,558

5,136,483

5,136,483

5.136.483

(b)

Amount

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Did the organization agree to carry over lobbying and political expenditures from the prior year?

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

2a Part III-A Yes No

Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?

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

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

(a)

No

Yes

expenses for which the section 527(f) tax was paid).

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Current year Carryover from last year

Supplemental Information

Dues, assessments and similar amounts from members

answered "Yes."

expenditure next year?

Return Reference

Total

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493224010430

Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** INVESTMENT COMPANY INSTITUTE 13-5266605 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal T	reası	ires, oi	Other	Similar A	sets (co	ontinued)
3		the organization's acq (check all that apply)	uisition, accession	n, and other	records,	check	any of	the fo	llowing t	hat are	a significant i	ise of its o	collection
а		Public exhibition				d		Loan	or excha	ange pro	grams		
b		Scholarly research				е		Othe	r				
c		Preservation for future	e generations										
4	Provi Part :	de a description of the o	organızatıon's col	lections and	d explain h	how the	ey furtl	ner the	e organız	ation's e	exempt purpo	se in	
5		ig the year, did the orga is to be sold to raise fur									mılar	☐ Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, oi	report	ed an amou	ınt on Fo	orm 990, Part
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermedi	ary for	contri	bution	s or othe	er assets	s not	☐ Yes	□ No
ь	If "Y€	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table		[A	mount	
c		nning balance		·		-			l	1c			
d	Addıt	ions during the year							l	1 d			
е		butions during the year	-						l	1e			
f		ng balance								1f			
2a	Did tl	he organization include	an amount on Fo	rm 990, Par	rt X, line i	21, for	escrov	or cu	stodial a	ccount l	ıabılıty?	☐ Yes	□ No
b		es," explain the arrange										_	
Pa	rt V	Endowment Fund				•			•				
				(a)Currer			rior yea				(d)Three yea		e) Four years back
1 a	Beginn	ing of year balance .											
b	Contrib	outions											_
c	Net inv	estment earnings, gair	ns, and losses										
d	Grants	or scholarships											
e		expenditures for facilitie	es										
f	Admını	strative expenses .											_
g	End of	year balance											
2	Provi	de the estimated percei	ntage of the curre	ent year end	d balance	(line 1	g, colu	mn (a)) held a	S	•		
а	Board	d designated or quasi-e	ndowment 🟲										
ь	Perm	anent endowment 🕨											
С	Temp	orarily restricted endov	wment ▶										
·		ercentages on lines 2a,		ld equal 100	0%								
3а	Are tl	here endowment funds nization by		•		ion tha	t are h	eld an	d admını	stered f	or the		Yes No
	(i) uı	nrelated organizations										3a((i)
		elated organizations .										3a(
ь		es" on 3a(II), are the rel	_		•			[?] .				31	b
4		ribe in Part XIII the inte			n's endov	vment	tunds						
Pa	rt VI	Land, Buildings, Complete if the org			" on For	m 000	Dart	T\/ li	no 11a	Soo E	orm 000 Da	rt V Juno	. 10
	Descri	ption of property	(a) Cost or oth (investme	er basıs	(b) Cost						depreciation) Book value
	Land												
	Buildin	gs											
		old improvements					5.6	71,700			3,881,580		1,790,120
		nent						53,159			10,595,789		1,967,370
	Other	1					-,-				. ,		,,
		lines 1a through 1e (Co	olumn (d) must ei	qual Form 9	90, Part	X, colui	mn (B)	, line :	10(c))		>		3,757,490
											Sch	edule D ((Form 990) 2018

	See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
-	l derivatives		
3)Other	held equity interests	<u>.</u>	
۹)			
3)			
C)			
D)			
Ē)			
-)			
3)			
٦)			
	n (b) must equal Form 990, Part X, col (B) line 12)	•	
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, Part IV, lın	ie 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			·
2)			
3)			
4)			
5)			
5)			
7)			
3)			
9)			
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)		
Part IX			
	Other Assets. Complete if the organization answered 'Yes' of (a) Description	on Form 990, Par	t IV, line 11d See Form 990, Part X, line 15 (b) Book value
		on Form 990, Par	
1)		on Form 990, Par	
2)		on Form 990, Par	
2)		on Form 990, Par	
2)		on Form 990, Par	
1) 2) 3) 4)		on Form 990, Par	
1) 2) 3) 4) 5)		on Form 990, Par	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		on Form 990, Par	
1) 2) 3) 4) 5) 7)		on Form 990, Par	
1) 2) 3) 4) 5) 7) otal. (Column	(a) Description		(b) Book value
1) 2) 3) 4) 5) 7) 3) otal. (Column	(a) Description		(b) Book value
2) 3) 4) 5) 6) 7) 8) otal. (Colu.	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line 11e or 11f.
2) 3) 3) 5) 6) 6) 7) 6) 6) 6) 7) 6) 6) 7) 6) 6) 7) 6) 7) 6) 7) 7) 8) 8) 8) 8) 8) 8) 8) 9) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	m 990, Part IV, line 11e or 11f.
Deptal. (Columbia Columbia Col	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value m 990, Part IV, line 11e or 11f.
part X ENT CREDI EFERRED R ENT CREDI	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Part X ENT CREDI EFERRED R S)	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Part X ENT CREDI EFERRED R 3)	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Part X ENT CREDI EFERRED R S)	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value
1) 2) 3) 4) 5) 6) 7) 6) 7) 6) 1) Federal ENT CREDI EFERRED R 3) 4) 5)	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value
1) 2) 3) 4) 5) 6) 7) 6) 7) 6) 1) Federal ENT CREDI EFERRED R 3) 4) 5) 6)	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) otal. (Colu. Part X	(a) Description mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability ncome taxes	· · · · · · · · · · · · · · · · · · ·	(b) Book value

Part XI

2

5

1

2

c

d

3

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

Page 4

182,869

79,650,345

79,650,345

75,166,953

75,166,953

75.166.953

Schedule D (Form 990) 2018

С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, lin

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d . .

Return Reference

Supplemental Information

С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
	Subtract line 2e from line 1
	Amounts included on Form 990, Part VIII, line 12, but not on line

•	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line ${f 2e}$ from line ${f 1}$
4	Amounts included on Form 990, Part VIII, line 12, but not on I

Donated services and use of facilities . . .

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Add lines **4a** and **4b**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b

2a 2b

2c

2d

4a 4b

Explanation

2a

2b 2c 2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1

182.869

2e

3

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 13-5266605

Name: INVESTMENT COMPANY INSTITUTE

Supplemental Information Return Reference

FIN 48 FOOTNOTE TO FINANCIAL **STATEMENTS**

Explanation

THE COMPANY REVIEWS ALL UNCERTAIN TAX POSITIONS TO DETERMINE WHETHER A TAX POSITION IS MOR E LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED AP PEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION FOR TAX POSI TIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD. THE TAX AMOUNT RECOGNIZED IN THE FINANCI AL STATEMENTS IS REDUCED BY THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKE LIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAXING AUTHORITY THE COMPANY HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT NO LIABILITY EXISTS AS OF SEPT EMBER 30, 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493224010430 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** INVESTMENT COMPANY INSTITUTE 13-5266605 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 4,776,404 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 4,776,404 Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	\square Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instruction for Form 5005)	\square Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form	_	
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 99	00) 2018 Page 5
Provid amou metho	lemental Information le the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; into of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting od); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide dditional information (see instructions).
990 Schedule F,	Supplemental Information
Return Referen	ce Explanation
PART I, LINE 3, COLUMN (E)	ICI GLOBAL SEEKS TO ADVANCE THE COMMON INTERESTS AND PROMOTE PUBLIC UNDERSTANDING OF GLOBAL INVESTMENT FUNDS, THEIR MANAGERS, AND INVESTORS

Additional Data

Europe (Including Iceland and

East Asia and the Pacific

Greenland)

Software ID: Software Version:

EIN: 13-5266605

INVESTMENT COMPANY INSTITUTE Name:

SEE PART V

ISEE PART V

3,068,138

1,708,266

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e.,	(e) If activity listed in (d is a program service,						
	region	agents in	fundraising, program	describe specific type of						

(f) Total expenditures for region

4 Program Services

3 Program Services

offices in the	employees of	fireducing type) (i.e.,	de a program service,	loi regii
region	agents in	fundraising, program	describe specific type of	ļ
	region	services, grants to	service(s) in region	l
		recipients located in the		
		region)		
		- '		

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Pepartment of the Treasury Internal Revenue Service Name of the organization INVESTMENT COMPANY INSTITUTE Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.	efile GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -					DL	N: 934932240	10430	
Part I General Information on Grants and Assistance Does the organization riteria used to award the grants or assistance?	Schedule I (Form 990) Department of the Treasury	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.							2018 Open to Public		
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Name of the organization	INSTITUTE							ation number		
the selection criteria used to award the grants or assistance?	Part I General	Information on Grants	and Assistance								
organization (if applicable) grant cash (book, FMV, appraisal, noncash assistance or assistance	the selection crite Describe in Part I Part II Grants and	ria used to award the grants V the organization's procedur d Other Assistance to Dom	or assistance? es for monitoring the use lestic Organizations an	e of grant funds in the Un	ited States		·	990, Part IV, line		□ No	
	organization	` `			cash	(book, FMV, appraisal,				grant	
(1)	ICI EDUCATION FOUN 1401 H STREET	DATION	501C(c)(3)	50,000		NONE	NONE			ı	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number	er of other organizations listed	d in the line 1 table							1	

Schedule I (Form 990) 2018						Page 2
Part III Grants and Ot	her Assistance to	Domestic Individuational space is needed	als. Complete If the org	ganization answered "Yes	on Form 990, Part IV, line 22	
(a) Type of grant or		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Suppleme	ental Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	Explanati	on				
SCHEDULE I, LINE 1		UCATION FOUNDATION'S BUDGET	ON WAS FOUNDED BY T	HE INVESTMENT COMPA	NY INSTITUTE IN 1989, AND THE I	INSTITUTE PREPARES AND MONITORS THE

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19322	4010	430	
Sch	edule J	Co	ompensati	ion Information	10	1B No	1545-(0047	
(For	n 990)	For certain Office		Trustees, Key Employees, and Hig	hest	-			
		Complete if the ord	Compensa Janization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	2018			
Б			▶ Attach	n to Form 990. instructions and the latest infori		Open to Public			
•	tment of the Treasury al Revenue Service	P Go to <u>www.ms.go</u>	101	mstructions and the latest mion	ilation.		ectio		
	ne of the organiza				Employer identificat	ion nu	ımber		
	ESTITEM CONTAIN	Marrore			13-5266605				
Pa	rt I Questi	ons Regarding Compensa	tion						
							Yes	No	
1a				f the following to or for a person liste by relevant information regarding the					
		s or charter travel		Housing allowance or residence for	•				
	_	companions		Payments for business use of perso					
		nification and gross-up payment	s 🔽	Health or social club dues or initiati Personal services (e g , maid, chau					
	L Discretion	ary spending account	V	Personal services (e g , maid, chau	meur, cher)				
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes		
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked in line	e la'				
3				ed to establish the compensation of t not check any boxes for methods	he				
	_	•		CEO/Executive Director, but explain	ın Part III				
	✓ Compensa	ation committee		Written employment contract					
		ent compensation consultant	\overline{\sigma}	Compensation survey or study					
		of other organizations	<u>~</u>	Approval by the board or compensa	ation committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
_	_	ance payment or change-of-con	tral naumant?			4a		No	
a b		r receive payment from, a suppl		lified retirement plan?		4b		No	
c	•	r receive payment from, an equi	·	•		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Par	t III				
	0 504/ \/0	\ F04(\/4\ \ F04(\/00\							
5), 501(c)(4), and 501(c)(29)	=	the organization pay or accrue any					
,		ontingent on the revenues of		the organization pay or accrue any					
а	The organization	1 [?]				5a			
b	Any related orga					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	n [?]				6a			
b	Any related orga					6b			
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye:		the organization provide any nonfixe ort III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9			
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No !	50053T Schedule J	(Form	990)	2018	

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							

chedule J (Form 990) 2018				
Part III Supplemental Inform	nation			
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	Explanation			
,	TRAVEL FOR COMPANIONS SPOUSAL/COMPANION TRAVEL TO THE INSTITUTE'S BOARD MEETING FOR DONALD C AUERBACH, SEAN S COLLINS, MICHAEL D MCNAMEE, DEAN R SACKETT, III AND PAUL SCHOTT STEVENS THIS AMOUNT IS INCLUDED IN TAXABLE INCOME HEALTH CLUB OR SOCIAL CLUB DUES OR INITIATION FEES SOCIAL CLUB MEMBERSHIP FOR BUSINESS PURPOSES IS PROVIDED TO PAUL SCHOTT STEVENS SINCE THIS ITEM IS BUSINESS RELATED, THE AMOUNT IS NOT INCLUDED IN TAXABLE INCOME PERSONAL SERVICES THE ONLY PERSONAL SERVICES ARE PROVIDED 1) FINANCIAL PLANNING TO DONALD C			

AUERBACH, PETER H GALLARY, MICHAEL D MCNAMEE AND PAUL SCHOTT STEVENS THIS AMOUNT IS INCLUDED IN TAXABLE INCOME, AND 2) CAR SERVICE TO PAUL SCHOTT STEVENS FOR BUSINESS AND COMMUTING PURPOSES THE COMMUTING PORTION OF THIS SERVICE IS INCLUDED IN TAXABLE INCOME

(1)

(1)

(1)

(1)

(1)

(1)

(1)

(1)

(1)

(II)

(1)

(11)

Lionai

PETER H GALLARY

COO (UNTIL 1/19)

SUSAN M OLSON

GENERAL COUNSEL

DONALD C AUERBACH

FRANCES M STADLER

COO (AS OF 2/19)

MARK A DELCOCO

SEAN S COLLINS

CHIEF ECONOMIST

DEAN R SACKETT III

JENNIFER S CHOI

CHIEF PUBLIC COMMUNICATIONS OF

DAVID M ABBEY

KEITH D LAWSON

DEPUTY GENERAL COUNSEL-TAX LAW

CHIEF GOVT AFFAIRS

CHIEF COUNSEL - ICI

MICHAEL D MCNAMEE

DEPUTY GENERAL COUNSEL

SECRETARY

TREASURER

OFFICER

GLOBAL

Software ID: Software Version:

818,576

637,115

473,513

398,201

246,003

379,454

472,836

391,557

370,612

420,322

413,433

EIN: 13-5266605

Name: INVESTMENT COMPANY INSTITUTE

248,000

206,000

155,000

48,000

85,000

155,000

124,000

110,000

74,000

78,000

Form 990, Schedule	J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees			
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
PAUL SCHOTT STEVENS PRESIDENT & CEO	(1)	1,533,433	1,300,000	64,569	33,000	29,007	2,960,009	0	
	(11)	0	0	0	0	0	0	0	

46,437

10,389

27,135

9,234

6,330

9,300

10,790

4,361

28,443

9,155

8,827

33,000

33,000

33,000

33,000

33,000

33,000

33,000

33,000

33,000

33,000

33,000

22,238

30,006

24,888

19,171

31,656

33,037

31,656

32,917

22,888

23,238

1,168,251

916,510

713,536

459,606

364,989

539,791

703,282

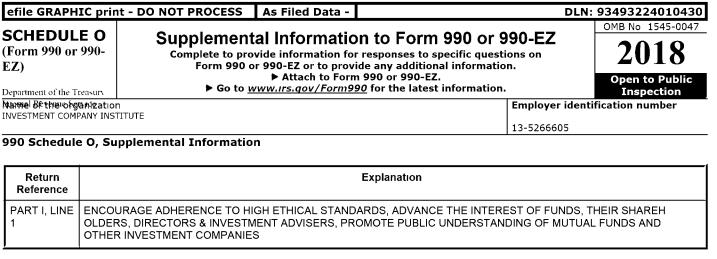
585,835

564,943

536,477

556,498

0



Return Explanation
Reference

PART VI,	THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS BY SERVING TOGETHER ON THE SAME MU
LINE 2	TUAL FUND BOARD MARTIN L FLANAGAN, AND CYNTHIA HOSTETLER, WILLIAM J HACKETT AND JONATHA
	N F ZESCHIN, DAVID GIUNTA AND ERIK R SIRRI, AND BRUCE W DUNCAN AND DAVID W OESTREICHER
	THE FOLLOWING BOARD MEMBERS AND OFFICERS HAVE A BUSINESS RELATIONSHIP BY SERVING TOGETHE
	R ON THE ICI MUTUAL BOARD OF DIRECTORS KENNETH C EICH, GEORGE C W GATCH, DIANA P HERRM
	ANN, AND PAUL SCHOTT STEVENS

Return Explanation

PART VI,	THE INVESTMENT COMPANY INSTITUTE AMENDED ITS BY-LAWS ON MAY 1, 2019 TO APPLY ITS MEMBERSHI
LINE 4	P POLICIES IN A CONSISTENT MANNER TO ALL INVESTMENT COMPANIES REGISTERED AS SUCH UNDER THE
	NVESTMENT COMPANY ACT OF 1940 THAT OPERATE AS EXCHANGE TRADED FUNDS (ETFS)

Refurn Explanation Reference	
PART VI, LINE 6 THE INVESTMENT COMPANY INSTITUTE ("THE INSTITUTE"), THE TRADE ASSOCIATION FOR THE MUT UND INDUSTRY, IS ORGANIZED INTO SIX MEMBERSHIP DIVISIONS THE OPEN-END INVESTMENT CO DIVISION, THE CLOSED-END INVESTMENT COMPANY DIVISION, THE INVESTMENT ADVISER DIVISION UNDERWRITER DIVISION, THE UNIT INVESTMENT TRUST DIVISION, AND THE GLOBAL DIVISION EAC EMBER OF THE OPEN-END INVESTMENT COMPANY DIVISION, THE CLOSED-END COMPANY DIVISION IT INVESTMENT TRUST DIVISION, AND THE GLOBAL DIVISION IS ENTITLED TO ONE VOTE WITH RESP TO MATTERS AFFECTING ITS DIVISION, AND ONE VOTE WITH RESPECT TO MATTERS AFFECTING THE PORATION AS A WHOLE EACH GROUP OF MEMBERS FROM THE INVESTMENT ADVISER DIVISION AND DERWRITER DIVISION, THE MEMBERS OF WHICH GROUPS ARE UNDER COMMON CONTROL, COLLE- ENTITLED TO ONE VOTE WITH RESPECT TO MATTERS INVOLVING ITS OWN DIVISION AND ONE VOTE RESPECT TO MATTERS INVOLVING THE CORPORATION AS A WHOLE	MPANY N, THE H M N, THE UN PECT HE COR ND THE UN CTIVELY ARE

Explanation Return Reference

PART VI. MEMBERS OF THE INSTITUTE MEET ANNUALLY FOR THE PURPOSE OF ELECTING GOVERNORS TO SERVE ON T LINE 7A HE INSTITUTE'S BOARD. THE NOMINATING COMMITTEE OF THE BOARD OF GOVERNORS PROPOSES NOMINEES. AND 7B FOR ELECTION AS GOVERNORS AT THE ANNUAL MEETING. MEMBERS APPROVE THE ELECTION OF THE NOMI.

NEES TO THE BOARD

Return Reference	Explanation
PART VI, LINE 11B	INSTITUTE MANAGEMENT AND AN EXTERNAL TAX ADVISER, PRICEWATERHOUSECOOPERS, REVIEW THE FORM 990 BEFORE IT IS PRESENTED TO THE AUDIT COMMITTEE AND THE EMPLOYEE COMPENSATION, BENEFITS, AND RETIREMENT ADVISORY COMMITTEE OF THE BOARD OF GOVERNORS BEFORE THE FORM 990 IS FILED, THE AUDIT COMMITTEE REVIEWS THE ENTIRE FORM, AND THE EMPLOYEE COMPENSATION, BENEFITS, AN D RETIREMENT ADVISORY COMMITTEE REVIEWS THE COMPENSATION DISCLOSURES (PART VII AND SCHEDUL E J) A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF GOVERNORS BEFORE IT IS FILED VIA A PASSWORD-PROTECTED WEBSITE

Return Reference	Explanation
PART VI, LINE 12C	ANNUALLY, EMPLOYEES ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT FORM INDICATING THAT THEY HAVE READ AND UNDERSTAND THE INSTITUTE'S CONFLICT OF INTEREST POLICY IN ADDITION, AND IN ORDE R TO PROACTIVELY ADDRESS ANY POTENTIAL CONFLICTS OF INTEREST THAT MAY RESULT IN A MATERIAL LY FINANCIAL BENEFIT, INSTITUTE BOARD MEMBERS, OFFICERS, KEY EMPLOYEES AND OTHER SELECTED SENIOR STAFF ARE REQUIRED TO ANNUALLY COMPLETE AND SUBMIT A DISCLOSURE FORM INDICATING WHE THER THEY OR THEIR FAMILY MEMBERS HAVE ANY OUTSIDE INTERESTS, ACTIVITIES, TRANSACTIONS, OR RELATIONSHIPS WHICH MAY CONSTITUTE A CONFLICT OF INTEREST IF IT IS DETERMINED THAT A CONFLICT EXISTS THAT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF THE INSTITUTE, SUBSEQUENT ACTION MAY BE TAKEN SUCH AS RECUSING THE INDIVIDUAL FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE INSTITUTE, OR REQUESTING THE INDIVIDUAL'S RESIGNATION IT MAY ALSO BE DETERMINED THAT NO ACTION IS NECESSARY AS THE CONFLICT IS UNLIKELY TO AFFECT THE INDIVIDUAL'S ABILITY TO ACT IN THE BEST INTERESTS OF THE INSTITUTE

Return Reference	Explanation
PART VI, LINES 15A AND 15B	COMPENSATION FOR THE PRESIDENT & CEO, OFFICERS AND OTHER SENIOR STAFF IS REVIEWED AND APPR OVED ANNUALLY BY THE COMPENSATION COMMITTEE ELECTED BY THE BOARD OF GOVERNORS PRIOR TO MA KING ANY DECISIONS, COMPENSATION IS BENCHMARKED AGAINST EXTERNAL SURVEY DATA FOR COMPARABL E POSITIONS, INCLUDING DATA FROM NON-PROFIT SURVEYS, IRS FORM 990'S AND INDUSTRY SURVEYS COMPENSATION IS ALSO DETERMINED IN CONSIDERATION OF INDIVIDUAL AND INSTITUTE PERFORMANCE A GAINST GOALS THE COMPENSATION COMMITTEE AND THE INSTITUTE MAY ALSO PERIODICALLY RETAIN THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO ADDRESS EXECUTIVE COMPENSATION RECOMMENDATIONS FOR THE PRESIDENT & CEO AND OTHER KEY STAFF ARE ALSO PRESENTED TO, AND APPROVED BY, THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS, DECISIONS AND ACTIONS OF THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN THE MINUTES OF EACH COMMITTEE AND IN RECORDS MAINTAINED BY THE HUMAN RESOURCES DEPARTMENT

Return Explanation

PART VI,
LINE 19

THE INSTITUTE'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE INSTITUTE'S
WEBSITE THE INSTITUTE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE
AVAILABLE TO THE PUBLIC

Return Explanation

Reference	
PART XI, LINE 9	ACTUARIAL PENSION PLAN GAIN -\$7,075,913 LOSS ON FOREIGN CURRENCY CONVERSION -\$43,841

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

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

2018

Employer identification number

DLN: 93493224010430

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization INVESTMENT COMPANY INSTITUTE

(Form 990)

Department of the Treasury

► Attach to Form 990.

13-5266605 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)ICI EDUCATION FOUNDATION INV EDUCATION DE 501(c)(3) 12A ICI Yes 1401 H STREET NW WASHINGTON, DC 20005 52-1659777 (2)ICI POLITICAL ACTION COMMITTEE PAC DE 527 N/A ICI Yes 1401 H STREET NW WASHINGTON, DC 20005 52-1539838 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)	total income		(I Disprop alloca		(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging mer?	(k Percer owner	ntag
					314)			Yes	No		Yes	Yes No		
														_
Identification of Related Organiza because it had one or more related o	ations Taxable as a C	Corporation s a corporation	or Trus	t Complete st during th	ıf the organ ne tax year.	ızatıon ansı	wered "Yes	" on Fo	orm 9!	90, Part IV	, line	34		
Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization	ations Taxable as a C rganizations treated as (b) Primary activity	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e)	wered "Yes (f) Share of total Income	Share	(g) of end- year assets	-of- Perce	, line h) entage	s (:	(I) ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	tro y?

Schedule R (Form 990) 2018

Transactions With Related Organizations Complete if the organization answered "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									
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes						
c	Gift, grant, or capital contribution from related organization(s)	1c		No					
d	Loans or loan guarantees to or for related organization(s)	1 d		No					
е	Loans or loan guarantees by related organization(s)	1e		No					

С	Gift, grant, or capital contribution from related organization(s)	1c	N
d	Loans or loan guarantees to or for related organization(s)	1 d	N
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1 f	N
g	Sale of assets to related organization(s)	1 g	N
		T	

	one, grant, or capital contribution from related organization(3)	1 1	- 1	
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	11		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No

f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	1g		No
_	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	

			+-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	1
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) (b) (c) (d)			

_	Tellerine tree tree tree tree tree tree tree tr	- 1	1	l				
m Performance of services or membership or fundraising solicitations by related organization(s)								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes					
О	Sharing of paid employees with related organization(s)	10	Yes					
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes					
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes					
r	Other transfer of cash or property to related organization(s)	1r		No				
s	Other transfer of cash or property from related organization(s)	1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining an		ومراورون					
	Name of related organization Transaction Amount involved Method of determining an type (a-s)	lount	iiivoive	1				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		te Code V-UBI Genera amount in box 20 of Schedule K-1 (Form 1065)		g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018

Schedule R (Form 990) 2018								
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions)						
Return Reference		Explanation						