# Form **990**

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

ox year beginning JUL 1, 2017 and ending JUN 30, 2018

2017 Open to Public Inspection

A F	or the	e 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 $$ and ending	JUN 30,	2018	
B	heck if pplicabl	C Name of organization	D Employ	er identific	eation number
	Addre	INTERNATIONAL CENTER OF PHOTOGRAPHI		**=*	**2428
=	Initial return	Doom/o	uite E Telepho	ne number	
	Final	1114 AVENUE OF THE AMERICAS			857-0000
	return termir ated		G Gross rece	ipts \$	30,028,533.
	Amen	ded NEW YORK NV 100367703	H(a) Is this	a group re	turn
	Applic		for sul	bordinates'	? Yes X No
	pendi	SAME AS C ABOVE			cluded? Yes No
15	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No.	," attach a	list. (see instructions)
		te: ▶ WWW.ICP.ORG			n number 🕨
K	orm o	forganization: X Corporation Trust Association Other L	ear of formation:	$1974 _{N}$	1 State of legal domicile: NY
Pa	irt I	Summary			
d	1	Briefly describe the organization's mission or most significant activities: THE INTE	RNATIONA.	L CENI	ER OF
Š		PHOTOGRAPHY IS A CENTER WHERE PHOTOGRAPHS ARE			ROTECTED,
Governance	ı	Check this box  if the organization discontinued its operations or disposed of n		1 - 1	ets. 26
NO.	ı	Number of voting members of the governing body (Part VI, line 1a)			26
- প্ৰ	ı	Number of independent voting members of the governing body (Part VI, line 1b)			508
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		200000	323
Activities &		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac	ı	Net unrelated business taxable income from Form 990-T, line 34			18,028.
_	- D	Net unrelated business taxable income from 1 onn 330-1, into 54	Prior Ye		Current Year
	8	Contributions and grants (Part VIII, line 1h)	3,227		12,534,849.
īue	l .	Program service revenue (Part VIII, line 2g)	6,856		6,714,253.
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		,539.	710,971.
æ	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,771.	536,582.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,922	,478.	20,496,655.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	468	,764.	937,730.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0 .	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,063		7,555,300.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	78,533.
Kpe	b	Total fundraising expenses (Part IX, column (D), line 25) \( \bigcup \) \( \bigcup 1,712,466. \)	0.540	505	0 605 510
ш	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,743		8,605,719.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,276	,229.	17,177,282.
		Revenue less expenses. Subtract line 18 from line 12	-6,353		3,319,373.
Net Assets or			Beginning of Cu		End of Year 51,011,521.
Sset	20	Total assets (Part X, line 16)	21,645		19,279,723.
etA	21	Total liabilities (Part X, line 26)	27,920		31,731,798.
	rt II	Net assets or fund balances. Subtract line 21 from line 20	21,520	11150	31//31//301
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	e best of my	knowledge and belief, it is
true	correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any know	ledge.	,,,,,,,,,,,,,,
uuo,	CONTOC	and building probability of propared forms than emosty to based on an information of the propared forms.			
Sigr	,	Signature of officer	Dat	te	
Her		MARK LUBELL, EXECUTIVE DIRECTOR			
,,,,,,		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		ROBERT R. LYONS, CPA		self-employ	P00227472
Prep	arer	Firm's name MARKS PANETH LLP	Fire	m's EIN ▶	**-***8842
Use	Only	Firm's address ► 685 THIRD AVENUE		0.1	0 500 0000
_		NEW YORK, NY 10017	Pho	one no.21	2-503-8800
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X4244444X4X4444	X Yes No

Form 990 (2017)

4c	(Code: ) (Expenses \$ 622,981. including grants of \$) (Revenue \$)  ARCHIVES & COLLECTIONS - ICP MAINTAINS A PERMANENT COLLECTION OF	)
	APPROXIMATELY 154,000 PHOTOGRAPHIC PRINTS, 5,000 TIME BASED MEDIA AUDIO, VIDEO AND MOTION PICTURE FILMS, AND 202,000 NEGATIVES. IN FY 2018, ICP ACQUIRED 1,126 NEW WORKS FOR THE COLLECTIONS, AND OVER 328	
	RESEARCHERS CONSULTED WORKS IN THE ICP PRINT STUDY ROOM.	
4d	Other program services (Describe in Schedule O.)	

including grants of \$

12,459,602.

4e

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			. v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Х	
	Schedule D, Part III	8		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		fig. 1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		4	
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	A Line Double To Live To the Line To Community of the heater			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.5	v	
	Schedule D, Parts XI and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
4.0	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
р	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	х	
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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	000	X
		Form	990	(2017)

Part IV Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a ..... Schedule K. If "No", go to line 25a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease X 24c any tax-exempt bonds? X 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b 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 X 25b Schedule L, Part I 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," X 26 complete Schedule L, Part II 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 X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes." complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O Form 990 (2017) Form 990 (2017) INTERNATIONAL CENTER OF PHOTOGRAPHY
Part V Statements Regarding Other IRS Filings and Tax Compliance

Second   S		Check if Schedule O contains a response or note to any line in this Part V			
Enter the number of Forms W2-2 included in line 1a. Enter 0- find applicable   1b.   0   Did the organization comply with backing rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withness?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 1   Itied for the calendar year ending with or within the year covered by this roturn   2a   Itied for the calendar year ending with or within the year covered by this roturn   2a   So bit at least one is reported on line 2a, did the organization field a line glurod federal employment tax roturns?   2b   X   Note, if the sum of lines 1 and 2a   So bit the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   If 1'Yea, 1' and the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAH).   3b   X   If 1'Yea, 1' and the finding equirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAH).   5a   X   If 1'Yea, 1' and the organization have a shallor transaction at any time during the tax year?   5a   X   If 1'Yea, 1' did the organization that was or is a party to a prohibited tax shallor transaction at any time during the tax year?   5a   X   If 1'Yea, 1' did the organization have a shallor transaction at any time during the tax year?   5a   X   If 1'Yea, 1' did the organization have a shallor transaction at any time during the tax year?   5a   X   If 1'Yea, 1' did the organization have a remailar gross receipts that are normally greater than \$100,000, and did the organization solid any contribution that were not tax eductibles on entire 88617?   5a   X   If 1'Yea, 1' did the organization have a shallor transaction and the such contributions or gifts were not tax deductibles or man 88617?   5a   X   If 1'Yea, 1' did the organization measure and proves organiz				Yes	No
be Enter the number of Ferms W2G included in line 1a. Enter 7-01 froit applicable	1a	Effect the number reported in Box 3 of Point 1030, Effect to it not applicable	JÆ !		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 5.08 feld for the calendar year ending with or within the year covered by this return.  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 5.08 feld for the calendar year ending with or within the year covered by this return.  Note, If the sum of lines 1s and 2a is greater than 25.0, you may be required to a 6b, (see instructions).  Note, If the sum of lines 1s and 2a is greater than 25.0, you may be required to a 6b, (see instructions).  3b If the organization have uncheated business gross income of \$1,000 or more during the year?  8a X and 1b If Yes, and 1b If					
Segmentation of the calendar year ending with or within the year covered by this return.  2		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a Enter the number of employees reported on Form W-S, Transmittal of Wago and Tax Statements, field for the calendary over entiting with or within the year covered by this return Note, if the search or serior and a size greater than 250, you may be required to e-file (see instructions) 3 If all least one is reported on line 2a, did the organization file all required to e-file (see instructions) 3 If the comparization have unrelated business gross income of \$1,000 or more during the value 0 3 If Yes, * has it filed a form 990 Ti or this year? if Y-No, * to like 3b, provide an explanation in Schedule 0 4 At any time during the calendary avar, did the organization have an intractor in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FEAR). 5 West the organization are prohibeted tax sheller transaction at any time during that axy year? 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5 Was the organization are prohibeted tax sheller transaction at any time during that axy year? 5 See If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheller transaction? 5 Sec If Yes, * to line 5a or 5b, did the organization that file was on a party to a prohibeted tax sheller transaction on file any orontholytions that were not tax deductible? 6 Does the organization are locally or any or the prohibeted tax sheller transaction of the comparization and party for goods and services provided to the payor? 7 Pa X If Yes, * tile the organization to include with every socialisation an express statement that such contributions or gifts were not tax deductible? 7 Organization that may receive deductible contributions under section 170(c). 8 If Yes, * tile the organization receive an oronthy the donor of the value of the goods or services provided? 9 If Yes, * tile the organization recei			1c	X	
filled for the calendary year ending with or within the year covered by this return   2a   500	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X				100	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_rife (see instructions) 3	b		2b	X	
38   Diff the organization have unrelated business gross income of \$1,000 or more during the year?  48   X   X    49   At any time during the calendary yar, did the organization have an interest in, or a signature or other authority over, a financial account; in a fereign country (such as a bank account, securities account, or other financial account; or the financial account; in a fereign country (such as a bank account, securities account, or other financial account; or the financial account; or the financial account; or a fereign country (such as a bank account, securities account, or other financial account; or other financial account; or the financial acc					
Section 10   Sec	За		3a		
4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country: P  5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization appropriate to a problem of the special account of the foreign bank and Financial Accounts (FBAR).  5c Id any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction?  5c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If "Yes," indicate the many receive deductible contributions under section 170cl.  6c Ib the organization reach appraised in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  6c Ib the organization reach appraised in excess of \$75 made party as a contribution and partly for goods and services provided?  6c Ib the organization reach approach to excess of \$75 made party as a contribution of the payor?  6c Ib the organization reach and approach to excess provided?  6c Ib the organization reach and approach of the value of the goods or services provided?  6c Ib the organization reach any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If I the organization reaches any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If I the organization reaches any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d I			3b	X	
financial account in a foreign country (such as a bark account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See in Yes, "to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  See in Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  Bid the organizations that may receive deductible contributions under section 170(c).  Bid the organization sell, exchange, or chrowise dispose of tangible presonal property for which it was required to the Fore 8282?  If Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received an contribution of qualified intellectual property, did the organization file and contribution of care, boats, aniphaes, or other vehicles, did the organization file and contributions of care, boats, aniphaes, or other vehicles, did the organization file and contributions of care, boats, aniphaes, or other vehicles, did the organization file and contributions of care, boats, aniphaes, or other vehicles, did the organization file and contributions included on Part VIII, line 12  Gross income from me					
b   1"Yes," after the name of the foreign country:   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   See   X		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shalter transaction? 5c If "Yos," to line 5 a or 5b, did the organization file Form 8886-7? 5c Does the organization are annual gross excepts that are normally greator than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If were in the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5d If "Yes," indicate the number of Forms 8282 filed during the year. 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X To Id the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 Sponsoring organization make any taxable distributions under section 4966? 7 Sponsoring organization make any taxable distributions under section 4966? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501([v]) organizations. Enter: 9 a Gross income from members or shareholders 9 Gross income from there sources (Do not net amounts due or paid to other sources ag	b		U.T.		2.1
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b X  6c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that term on tax deductibles ac charitable contributions?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  9b If "Yes," did the organization notify the donor of the value of the goods or services provided?  9b If "Yes," did the organization notify the donor of the value of the goods or services provided?  9b If "Yes," did the organization oreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  9c Sponsoring organization oreceived a contribution of qualified intellectual property, did the organization file a Form 1098-07  9c Sponsoring organization make any texable distributions under section 49667  9c Sponsoring organization make any texable distributions under section 49667  9c Sponsoring organization make any texable distributions under section 49667  9c Sponsoring organization make any texable distributions under section 49667  9c Sponsoring organization make any texable distributions under section 49667  9c Sponsoring organization make any texable distributions under section 49667  9c Sponsoring organization make any texa		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c  14a X  14b	b	Closs receipts, included on Form coo, Fact vin, and F2, for public decisions and comments.			
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amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  14b	а	CI 033 III COITIC II CITT II C			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  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.  14b	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  14b  15b		amounts due of reserved from thems,	40-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X  14a  X  14b			12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	b	Troop officer the amount of tax exempt interest to a second of tax exempt interest of tax e		74.5	
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	13		10-	-	-
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  14b	а		isa		
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  13b  13c  14a  X  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  14b			+31,1		
c Enter the amount of reserves on hand  13c  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  14b	b		=	- 87	LE
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		organization to nooned to room quantities to the control of the co			( E)
b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		Like the arroad of read for a first the first	1/10		X
b it les, this it lied a form (20 to report these payments) if two, browned an explanation in our edges of					
	b	If "Yes," has it filed a Form 720 to report these payments 7 If "No," provide an explanation in Schedule O		990	(2017)

Form 990 (2017) INTERNATIONAL CENTER OF PHOTOGRAPHY \*\*-\*\*2428 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a 8b or 10b below describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 3. See mediated in			X
	Check if Schedule O contains a response or note to any line in this Part VI			Α
Sec	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 26		163	140
1a	Effect the fluitiber of voting members of the governing body at the one of the tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing		Fun	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
4	Did the organization make any significant changes to its governing documents since the prior 1 of 1	5		Х
5	Did the organization become aware during the year of a significant diversion of the organization back members or stockholders?	6		Х
6	Did the organization have members of stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a	more members of the governing body?	7a		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D	persons other than the governing body?	7b		Х
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion 211 onotes (This Section B requests information about policies not required by the internal ristorial occupi		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
Ь	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	110	E., 1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Elo
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		100	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		7 .	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1.54	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	/ailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	VICTOR F QUINONES - (212)857-0023			
	1114 AVENUE OF THE AMERICAS, NEW YORK, NY 10036		000	

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)  Name and Title	(B) Average hours per	(do	not cl	(C Posi	C) ition		ne	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated employee	:ee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ADAM FUSS	2.00								0	_
TRUSTEE		X	_	_	_	_	_	0.	0.	0
(2) ALMUNDENA LEGORETTA	4.00								0.	0
VICE PRESIDENT	0.00	X		X		_	_	0.	0.	
(3) ANDY LEWIN	2.00	37						0.	0.	0
TRUSTEE (OUTGOING)	2.00	X		-	_	-	-	0.	0.	
(4) BICKY KELLNER	2.00	х						0.	0.	0
TRUSTEE (5) BOB JEFFREY	2.00	Δ			_					
(5) BOB JEFFREY TRUSTEE	2.00	х						0.	0.	0
(6) CARYL S. ENGLANDER	8.00	2.	_	$\vdash$	_					
CHAIR	0.00	x		x				0.	0.	0
(7) DIANE TUFT	2.00									
TRUSTEE		X						0.	0.	0
(8) DOUGLAS HANSEN	2.00									
TRUSTEE (OUTGOING)		Х						0.	0.	0
(9) ELLEN KELLSON	2.00									_
TRUSTEE (OUTGOING)		X				_		0.	0.	0
(10) FABIAN ONETTI	2.00									
TRUSTEE		X		_		_	_	0.	0.	0
(11) FRANK FILIPPO	2.00									١ ,
TRUSTEE	0.00	X	_			-	_	0.	0.	0
(12) FREDERICK SIEVERT	2.00	77						0.	0.	0
TRUSTEE (OUTGOING)	2 00	X	_			-	-	0.	0.	0
(13) GWENDOLYN ADANIS NORTON	2.00	х						0.	0.	0
TRUSTEE	4.00	Δ	-	-	$\vdash$	-	-	<b>U</b> .	<b>.</b>	·
(14) HEATHER VRATTOS	4.00	х		х				0.	0.	0
SECRETARY (15) JAMES A. D'AQUILA	2.00	1		1		1				
TRUSTEE	2.00	Х						0.	0.	0
(16) JAN W. MULDER	2.00						_			
TRUSTEE	2.00	x						0.	0.	0
(17) JANICE STANTON	2.00					T				
TRUSTEE (OUTGOING)		Х						0.	0.	0

Part VII Section A. Officers, Directors, Trus	tees. Kev Emp	olove	ees.	and	Hic	hes	t C	ompensated Employee	s (continued)			
(A)	(5)										(F)	
Name and title	Average		Position					Reportable	Reportable	Es	timate	d
Name and the	hours per	(do	(do not check more than one box, unless person is both an			than c s both	ne an	compensation	compensation	amount of		
	week	offic	officer and a director/trustee				ee)	from	from related		other	
	(list any	ctor						the	organizations	com	ion	
	hours for	r dire				pa		organization	(W-2/1099-MISC)		om the	
	related	tee o	ustee			ensat		(W-2/1099-MISC)			anizati	
	organizations	trus	nal tr		oyee	фшо					d relate	
	below	Individual trustee or director	Institutional trustee	Jec.	Key employee	Highest compensated employee	Former			orga	anizatio	วทร
	line)	Indi	Inst	Officer	Key	Hig	For					
(18) JEFFREY A. ROSEN	4.00								0			0
PRESIDENT		X		X	_			0.	0 •			0.
(19) JON D. SMITH, JR.	2.00								_			^
TRUSTEE		X					_	0.	0,			0.
(20) LISA DENNISON	2.00											^
TRUSTEE		X						0	0.			0
(21) LORI ORDOVER	2.00											•
TRUSTEE		X			_			0.	0.			0.
(22) MICHAEL A. CLINTON	2.00											0
TRUSTEE		X						0.	0.			0.
(23) NANCY BOROWICK	2.00											_
TRUSTEE		X			_		_	0.	0.			0.
(24) PAT SCHOENFELD	2.00											0
TRUSTEE		X				_		0.	0.			0.
(25) PEGGY ANDERSON	4.00											0
VICE PRESIDENT		X		X	_	<u> </u>		0.	0.			0 •
(26) PETER GUGGENHEIMER	2.00											0
TRUSTEE		X						0.	0.			0.
1b Sub-total	25					(0)(0)		0 *	0.	1.0		0.
c Total from continuation sheets to Part VI								1,275,375.	0.		5,5	
d Total (add lines 1b and 1c)				****			▶	1,275,375.	0	TO	5,5	LU.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	) wh	o re	eceived more than \$100,	000 of reportable			•
compensation from the organization											\ . T	9
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	mployee on			77
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth	er compensation from t	he organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual	(****(0.*******************************	4	X	
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		3.	7.
rendered to the organization? If "Yes," con	plete Schedule	e J f	OF SL	ich i	pers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of compense	ition fr	om	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)  Name and business address	(B) Description of services	(C) Compensation
GENSLER 11 E MADISON ST #300, CHICAGO, IL 60602	DESIGNER	679,705.
CCS CONSULTING 527 MADISON AVE, NEW YORK, NY 10022	CONSULTING	340,000.
SPRING STUDIOS 6 SAINT JOHNS LANE, NEW YORK, NY 10013	EVENT SITE	277,090.
DLH PIPER LLP PO BOX 75190, BALTIMORE, MD 10020	LEGAL FEES	210,000.
B & H PHOTO 420 9TH AVENUE, NEW YORK, NY 10001	PHOTO EQUIPMENT	191,876.
2 Total number of independent contractors (including but not limited to those li	sted above) who received more than	

Form 990 INTERNAT	TONAL CE	TAL	EK.		/F_	РП	OI	OGRAPHI		2420
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nple	yee	s, a	nd F	ligh	est (	Compensated Employe	ees (continued)	
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average	~ I		itior	tion		Reportable	Reportable	Estimated	
	hours	(cl	neck	all :	that	арр	ly)	compensation	compensation	amount of
	per					1		from the	from related organizations	other compensation
	week (list any	10				ploye		organization	(W-2/1099-MISC)	from the
	hours for	director				d em		(W-2/1099-MISC)	(***27 1030 141100)	organization
	related	ee Gr	stee			nsate		(		and related
	organizations	Irrust	nstitutional trustee		oyee	Highest compensated employee				organizations
	below	Individual	itutio	Officer	Key employee	hest c	Former			
	line)	[hd]	Inst	) Offi	Key	Đ.H.	For			
(27) RAYMOND MCGUIRE	2.00							_		
TRUSTEE (OUTGOING)		X						0 • 1	0	0 .
(28) RENEE W. HARBERS LIDDELL	4.00									
EXECUTIVE VICE PRESIDENT		X		X				0.	0 .	0.
(29) SAMUEL L. MILBANK	4.00								_	
TREASURER		X		X				0.	0.	0.
(30) SCOTT MEAD	2.00									
TRUSTEE (OUTGOING)		X						0 •	0.	0.
(31) STEFANO TONCHI	2.00									
TRUSTEE		X						0 .	0:•:	0.
(32) STEPHANIE H. SHUMAN	4.00									
VICE CHAIR		X		X				0.	0.	0.
(33) T. J. GOTTESDIENER	2.00									
TRUSTEE (OUTGOING)		X						0.	0.	0.
(34) TOM DOCTOROFF	2.00									
TRUSTEE		X						0.	0.	0.

	III.	
Total to Part VII, Section A, line 1c	1,275,375.	105,510.

\*\*-\*\*2428 Page 9 INTERNATIONAL CENTER OF PHOTOGRAPHY Form 990 (2017) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 261,251 1b Membership dues 760,963. Fundraising events 1c 1d d Related organizations 160,500. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 11,352,135, similar amounts not included above 1,433,580. Q Noncash contributions included in lines 1a-1f: \$ 12,534,849. h Total, Add lines 1a-1f ....... Business Code 5,863,965. 2 a TUITION AND EDUCATION FEES 5,863,965, 611600 Program Service 900099 850,288, 850,288, EXHIBITIONS AND OTHER f All other program service revenue 6,714,253. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 303,505. 303,505. other similar amounts) Income from investment of tax-exempt bond proceeds 4 383,282. 383,282. Royalties 5 (i) Real (ii) Personal 153,300. 6 a Gross rents b Less: rental expenses 153,300. c Rental income or (loss) 153,300. 153,300. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 9,326,555. assets other than inventory b Less: cost or other basis 8,919,089. and sales expenses 407,466. c Gain or (loss) 407,466. 407,466. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_ 760,963. of contributions reported on line 1c). See 612,789. Part IV, line 18 612,789 b Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19

**Business Code** 

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

6,714,253.

20,496,655.

11 a

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	lete all columns. All othe	<i>r organizations must com</i> his Part IX	plete column (A).	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	ехрепаса
1	Grants and other assistance to domestic organizations			1 15 V 3 1 1	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	937,730.	937,730.		
	individuals. See Part IV, line 22	931,130.	337,730.		N
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members			Theodor Mr. Street Lot	4 4 4 4
4	Compensation of current officers, directors,				
5	trustees, and key employees	716,847.		716,847.	
6	Compensation not included above, to disqualified				
О	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,397,678.	3,536,914.	1,052,673.	808,091.
7 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	161,829.	132,753.	4,656.	24,420.
9	Other employee benefits	674,497.	453,528.	137,540.	83,429.
10	Payroll taxes	604,449.	391,193.	141,295.	71,961.
11	Fees for services (non-employees):				
а	Management				
b	Legal	40,106.		40,106.	
	Accounting	55,355.		55,355.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	78,533.			78,533.
f	Investment management fees	94,086.		94,086.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	922,589.	516,022.	113,618.	292,949.
12	Advertising and promotion	113,617.	102,484.	4,559.	6,574.
13	Office expenses	1,054,593.	919,101.	40,063.	95,429.
14	Information technology	272,114.	51,656.	197,200.	23,258.
15	Royalties				44 040
16	Occupancy	2,130,426.	1,886,792.	181,321.	62,313.
17	Travel	221,030.	160,545.	41,298.	19,187.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	449,068.	449,068.		
21	Payments to affiliates			140 015	
22	Depreciation, depletion, and amortization	1,012,483.	869,466.	143,017.	
23	Insurance	171,777.	171,777.		
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 0.) TEACHER & LECTURE FEES	1,342,188.	1,342,188.		
a	MISCELLANEOUS	363,069.	219,937.	1,733.	141,399.
b	EQUIPMENT RENTAL	194,716.	179,687.	11,140.	3,889.
C	DUES AND SUBSCRIPTIONS	120,629.	90,888.	28,707.	1,034.
d		47,873.	47,873.		
	All other expenses	17,177,282.	12,459,602.	3,005,214.	1,712,466.
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	II tollowing SUP 98-2 (ASC 998-720)				Form 990 (2017

\*\*-\*\*\*2428 Page 11 INTERNATIONAL CENTER OF PHOTOGRAPHY Form 990 (2017) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 4,306,069. Cash - non-interest-bearing 240,560. 1,713,709. 4,687,067. 2 2 Savings and temporary cash investments 1,616,793. 3 3 Pledges and grants receivable, net 95,257. 175,341. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 44,169. 21,610. 8 Inventories for sale or use 485,798. 283,113. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 41,030,756. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a Less: accumulated depreciation 10b 8,109,796. 32,920,960. 28,701,187. 10c 9,057,298. 10,795,824. 11 Investments - publicly traded securities 11 3,021,628. 1,963,935. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 103,682. 343,682. 15 15 Other assets, See Part IV, line 11 51,011,521. 49,566,161. Total assets. Add lines 1 through 15 (must equal line 34) 16 1,766,468. 976,177. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 4,228,268. 6,971,761. 19 19 Deferred revenue 13,284,987. 13,697,448. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 19,279,723. 21,645,386. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔣 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 17,760,586. 13,676,904. Unrestricted net assets 6,636,453. 3,576,612. 28 Temporarily restricted net assets 7,334,759. 10,667,259. 29 Permanently restricted net assets

30

31

32

33

27,920,775.

49,566,161.

31,731,798.

51,011,521.

Form 990 (2017)

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

and complete lines 30 through 34.

30

31

32

33

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		*******	30379	X
1 2 3 4 5 6 7 8 9	Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3	20,49 17,17 3,31 27,92 61	6,6! 7,2! 9,3	55. 32. 73. 75. 20.
IU	column (B))	10	31,73	1,7	98.
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			v****	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	30.00	11/1	v
2a	Troid the diganization of manda statements of the		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis			х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1141		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	174		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	-510		Х
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		3b		
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	990	(2017)
			1 0111	, 500	(2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*2428 INTERNATIONAL CENTER OF PHOTOGRAPHY Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of other irvi is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions) Total

Schedule A (Form 990 or 990-EZ) 2017 INTERNATIONAL CENTER OF PHOTOGRAPHY \*\*-\*\*\*2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4535419.	18387687.	5384420.	3227733.	12678897.	44214156.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4535419.	18387687.	5384420.	3227733.	12678897.	44214156.
	The portion of total contributions	F 1.3 K 1 2 3 7		In the way in the			
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				1000		
	on line 1 that exceeds 2% of the				Technical E		
	amount shown on line 11,	THE RESERVE	The second state of the later	The work of the		A STATE OF	
	column (f)						14220247.
6	Public support. Subtract line 5 from line 4.						29993909.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		18387687.	5384420.	3227733.	12678897.	44214156.
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	464,078.	359,801.	483,390.	283,068.	456,805.	2047142.
9	Net income from unrelated business	-					
	activities, whether or not the						
	business is regularly carried on						
10	- B 11 1 1 1						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		566,120.	521,927.	474,878.	207,490.	1770415.
11	Total support. Add lines 7 through 10	30 SOLEWING		The state of			48031713.
12		etc. (see instruction	ons)			12 37	7,737,518.
12	First five years. If the Form 990 is for	the organization's	s first, second, thir			n 501(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
_	Public support percentage for 2017 (I			olumn (f))		14	62.45 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	54.41 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ANT. NY . 12 . 15			Δ.
ŀ	33 1/3% support test - 2016. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
_	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			
17:	10% -facts-and-circumstances test	- 2017. If the ord	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
176	and if the organization meets the "fac	ts-and-circumstan	, ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	oublicly supported	organization		▶□
L	10% -facts-and-circumstances test	- 2016. If the ord	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
r.	more, and if the organization meets the	ne "facts-and-circu	mstances" test. ch	eck this box and	stop here. Explain	n in Part VI how th	ie
	organization meets the "facts-and-circ	cumstances" test	The organization of	ualifies as a public	ly supported orga	nization	
10	Private foundation. If the organization	n did not check a	box on line 13. 16	a. 16b. 17a. or 17b	check this box a	nd see instruction	is D
18	Fivale loundation, it the organization	III did not ottook d	NO COLUMN TO TO TO				0 or 990-EZ) 2017

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

800	qualify under the tests listed be tion A. Public Support	low, please comp	olete Part II.)				
		(-) 0010	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(0) 2013	(u) 2010	(6) 2017	(II)
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			8-			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						·
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		Wall Mariana				
	tion B. Total Support						-
Caler	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u></u>
14	First five years. If the Form 990 is for						
	check this box and stop here					*******************	·········
	tion C. Computation of Publi					TI	97
15	Public support percentage for 2017 (li						<u>%</u>
16	Public support percentage from 2016	Schedule A, Part				16	70
	ction D. Computation of Inves					144	
	Investment income percentage for 20						% %
18	Investment income percentage from 2	2016 Schedule A	, Part III, line 17			18	
19a	33 1/3% support tests - 2017. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> Th	e organization qua	lifies as a publicly	supported organi	zation	
b	33 1/3% support tests - 2016. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	anu
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The orga	anization qualifies	as a publicly supp	orted organization	7777000000
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see ir	structions	

#### Part IV | Supporting Organizations

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

Section A. All Supporting Organizations	
11 9 9	

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
JIE I		61
2		
2-		
3a		
- 4		
3b		
20		
3c	ĮДЦ.	
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Alla		
4b		
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4c		
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7		
8		
	2 1	
9a		
9b		
9c		
10a		
10b	90-EZ	

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1=1	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ıπ.,, i	
	controlled the organization's activities. If the organization had more than one supported organization,		2.01	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1740	1 -1	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1200	gpare.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			11.0
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		
	or management of the supporting organization was vested in the same persons that controlled or managed			-/-
	the supported organization(s).	1_	1	
Sec	tion D. All Type III Supporting Organizations		T.,	-
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	W = 1	, =,	( 1 × 1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	T-1/	11 50	W.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	0.50		- 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Dell' (AV)
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	- 1274	1000	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	15,74		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		4	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		-1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	Vac	Ma
2	Activities Test. Answer (a) and (b) below.	7	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		11 5	
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	133		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	54-		W 1
	reasons for the organization's position that its supported organization(s) would have engaged in these	01	NI SILI	
	activities but for the organization's involvement.	2b		

3а

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Schedule A (Form 990 or 990-EZ) 2017	INTERNATIONAL	CENTER	OF	PHOTOGRAPHY
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Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
•	instructions for short tax year or assets held for part of year):		THE PARTY OF THE P	
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other	MILITA		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	"None of Y	3
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6	THE COURSE	
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
on D - Distributions	Current Year		
Amounts paid to supported organizations to accomplish exer	mpt purposes		
Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpose	s of supported organizations	i	
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which th	ne organization is responsive		
(provide details in Part VI). See instructions.			
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by line 9 amount			
on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6	THE STATE OF THE S		
Underdistributions, if any, for years prior to 2017 (reason-			
Excess distributions carryover, if any, to 2017			
			THE RESIDENCE
From 2013			
From 2014			
From 2015			
From 2016			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2017 distributable amount			
Carryover from 2012 not applied (see instructions)			
Remainder, Subtract lines 3g, 3h, and 3i from 3f.		THAT IS THE LAND	
Distributions for 2017 from Section D,			
line 7: \$	Hall a Flag of the		
Applied to underdistributions of prior years			
	Marie Committee of the		
Remaining underdistributions for years prior to 2017, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2017. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in	ASSESSED FOR MAIN		
Part VI. See instructions.		The National Control of the Na	
Excess distributions carryover to 2018. Add lines 3j		The state of the s	
and 4c.			
Breakdown of line 7:	DATE OF STREET		
The same of the sa			
Excess from 2015			
Excess from 2017			
	ion D - Distributions  Amounts paid to supported organizations to accomplish exery Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purpose amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by line 9 amount  Ion E - Distribution Allocations (see instructions)  Distributable amount for 2017 from Section C, line 6  Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2017  From 2013  From 2014  From 2015  From 2016  Total of lines 3a through e  Applied to underdistributions of prior years  Applied to 2017 distributable amount  Carryover from 2012 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2017 from Section D, line 7:  \$  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2017, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Excess distributions carryover to 2018. Add lines 3j and 4c.	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions  Distributable amount for 2017 from Section C, line 6 Line 8 amount for 2017 from Section C, line 6 Line 8 amount for 2017 from Section C, line 6 Line 8 amount for 2017 from Section C, line 6  Distributable amount for 2017 from Section C, line 6  Distributable amount for 2017 from Section C, line 6  Distributable amount for 2017 from Section C, line 6  Distributable amount for 2017 from Section C, line 6  Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: \$ Applied to underdistributions of prior years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess from 2014 Excess from 2018. Add lines 3j and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Excess from 2018 Excess from 2018 Excess from 2018 Excess from 2016 Excess from 2016 Excess from 2016 Excess from 2016	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exemptsuse assets  Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI), See instructions.  Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distribution at attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount  (i)  Excess Distributions  Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI), See instructions.  Excess distributions carryover, if any, to 2017  From 2013  From 2014  From 2016  Total of lines 3a through e Applied to underdistributions of prior years Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3l from 3f. Distributions for 2017 from Section D, line 7:  \$ Applied to 2017 distributable amount Remainder. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI, See instructions.  Remaining underdistributions of prior years Applied to 2017 distributable amount Remainder. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI, See instructions.  Excess from 2018  Excess from 2014  Excess from 2015  Excess from 2015  Excess from 2015  Excess from 2016  Excess from 2016

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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Employer identification number \*\*-\*\*\*2428

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		vised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	se conferring
	impermissible private benefit?	***************************************	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	,	nistorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b		I	
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic stru	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	the organization during the tax
	year >	200	
4	Number of states where property subject to conservation eas		_
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
			and a second of ring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conser	vation easements during the year
	\$	O. C. Harris Strangers of another 45	7.0(h)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	walls	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen	se the erganization's accounting for
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
Da	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.
La	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (AS		tement and balance sheet works of art,
Ia	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
h	OFAC 44C /AC	SC 958) to report in its revenue stateme	ent and balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		, ,
	m B : 1 1 1 E 000 D-+1/III the 1		<b>&gt;</b> \$
	5010000000000	***************************************	
0	If the organization received or held works of art, historical tre	asures, or other similar assets for finan	
-2	the following amounts required to be reported under SFAS 1		
_			
a	Assets included in Form 990, Part X		
(1)	Made to Highward III Could doubt all A		

	TNTERNAT	TIONAL CENT	ER OF PHO	TOGRAPH	Y		**_*	**2428	Pag	ge 2
	t III Organizations Maintaining Co	ollections of Art	Historical T	reasures, or	Other	Simil				
3	Using the organization's acquisition, accession	n, and other records	, check any of th	e following that	are a siç	gnifican	t use of its	collection i	tems	
Ū	(check all that apply):									
а	X Public exhibition	d	X Loan or e	xchange progra	ms					
b	X Scholarly research	e	Other							
c	X Preservation for future generations		10							
4	Provide a description of the organization's co	llections and explain	how they further	the organizatio	n's exer	npt pur	oose in Pa	rt XIII.		
5	During the year, did the organization solicit or	receive donations of	f art. historical tre	asures, or othe	r similar	assets				
5	to be sold to raise funds rather than to be ma	intained as part of th	e organization's	collection?				Yes	X	No
Par	t IV Escrow and Custodial Arrang	ements. Comple	te if the organiza	tion answered "	Yes" on	Form 9	90, Part I\	/, line 9, or		
1 011	reported an amount on Form 990, Par									
12	Is the organization an agent, trustee, custodia		ary for contributi	ons or other ass	ets not	included	d .			
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a									
D	1 165, explain the arrangement in account							Amount		
	Beginning balance					. 10	:			
c d	Additions during the year						d l			
u	Distributions during the year						9			
4	Ending balance					11	f			
Τ	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or	custodial accor	unt liabil	lity?	[	Yes		No
2a	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on l	art XIII		*********			
Par		f the organization an	swered "Yes" on	Form 990, Part	IV, line	10.				
1	Zilde Willer and Gemplete	(a) Current year	(b) Prior year	(c) Two year		(d) Thre	ee years bad	ck (e) Four	years t	back
4	Regioning of year halance	13,225,713.	12,955,48			13	,280,633	1. 11,	950,9	954.
1a	Beginning of year balance	40,000.	40,00		3,686.		432,50	0.		
b	Contributions  Net investment earnings, gains, and losses	1,025,669.	1,139,30	0260	963.		546,04	4. 1,915,20		204.
С	Grants or scholarships									
d	March Section 10 g									
е	Other expenditures for facilities	4,012,275.	909,07	4. 65:	2,009.		624,40	2.	585,	527.
	and programs	-,:,								
f	Administrative expenses	10,279,107.	13,225,71	3. 12,95	5,487.	13	,634,77	3. 13,	280,	631.
g	End of year balance  Provide the estimated percentage of the curr									
2		ent year end balance	% (Into 19, 00tanii	(4)) 11014 401						
a	Board designated or quasi-endowment ► Permanent endowment ► 71.40	%								
b	Temporarily restricted endowment   2									
С	Temporarily restricted endowment 20 obs	uld agual 100%								
_	The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posse	ulu equal 10070. ssion of the organiza	tion that are held	and administer	red for tl	he orga	nization			
За		SSION OF THE Organiza	tion that are note	and daminists.					Yes	No
	by:							3a(i)		X
	(i) unrelated organizations									X
	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	ti list al es vaguir	ad on Cobodula l			*********				
b				*****************						
4	Describe in Part XIII the intended uses of the	organization's endo	wment lunus.							
Pa			Dort IV line 11:	See Form 990	Part X	line 10	120			
_	Complete if the organization answere			ost or other	(0)	Accumu	lated	(d) Bool	k value	e
	Description of property	(a) Cost or o basis (investr	1 ' '	ost or other sis (other)		epreciat		(2) 2000		-
		•		348,932.	3.			2,34	3,9	32.
1a	Land			170,336.	1	284	563.	24,18		
b				49,838.			076.		3,70	
С	Leasehold improvements		5,	100.000	J,	221	F70		0 6	

32,920,960. Schedule D (Form 990) 2017

368,665.

5,988,828.

38,570.

1,165,587.

407,235.

7,154,415.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

Schedu	ile D	(Form	990)	2017	

Schedule D (Form 990) 2017 INTERNALLONA	II CENTER OF	I IIO I OGRAFIII	Z 1 Z O Fage C
Part VII Investments - Other Securities.	(2842)22	1000000	
Complete if the organization answered "Yes" o		11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
_(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)	×		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15,)	<b>&gt;</b>	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		(F-127-31-11-11)	
(2)			
(3)		1 × 1 × 10×	
(4)		Last E To A Table	
(5)		Was House and	
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2017 INTERNATIONAL CENTER OF PHOTOGRAPHY		""" 2420 Page '
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	,	
1	Total revenue, gains, and other support per audited financial statements	1	20,084,259.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 619,420.		
b	Donated services and use of facilities		
С	Recoveries of prior year grants2c	7 -	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	619,420.
3	Subtract line 2e from line 1	3	19,464,839.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)  4b 937,730.	He sell	
D		4c	1,031,816.
_	Add lines 4a and 4b	46	
c 5	Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)	5	20,496,655.
c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	5	20,496,655.
c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.	5 Retur	20,496,655. n.
c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	5	20,496,655.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.	5 Retur	20,496,655. n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  PRESENTE IN Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	5 Retur	20,496,655. n.
Par 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  IT XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 Retur	20,496,655. n.
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Total expenses and losses per audited financial statements  2a  2b  2c	5 Retur	20,496,655. n.
Par Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  IN Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  2a  2b  Consider the organization answered "Yes" on Form 990, Part IX, line 25:  2a  2b  2c  2c  27.770	5 Retur	20,496,655. n. 16,273,236.
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  IN Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Total expenses and losses per audited financial statements  2a  2b  2c  1 27, 770	5 Retur	20,496,655. n. 16,273,236.
Par Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  IN Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	5 Retur	20,496,655. n. 16,273,236.
1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	5 Retur	20,496,655. n. 16,273,236.
1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  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  4a 94,086.	5 Retur	20,496,655. n. 16,273,236.
1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 200, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	5 Retur	20,496,655. n. 16,273,236. 127,770. 16,145,466.
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  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  Other (Describe in Part XIII.)  4a 94,086.  4b 937,730.	5 Retur	20,496,655. n. 16,273,236. 127,770. 16,145,466.
1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Form September 1 and September 1 and September 2 and Iosses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  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  Other (Describe in Part XIII.)  Other (Describe in Part XIII.)	5 Retur	20,496,655. n. 16,273,236. 127,770. 16,145,466.

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

#### PART III, LINE 1A:

THE CENTER'S ARCHIVES AND COLLECTION INCLUDES OVER 150,000 PRINTS BY MORE THAN 1,000 PHOTOGRAPHERS. THE CENTER ALSO MAINTAINS AN EXTENSIVE LIBRARY OF PHOTOGRAPHY BOOKS AND PUBLICATIONS. THESE RESOURCES ARE MAINTAINED FOR THE PUBLIC BENEFIT, TO BE USED IN PUBLIC EXHIBITIONS AND FOR EDUCATION AND RESEARCH ACTIVITY. IN ACCORDANCE WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY ART MUSEUMS, THE VALUE OF THESE RESOURCES HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION, AND GIFTS OF OBJECTS FOR THE COLLECTION AND LIBRARY ARE EXCLUDED FROM THE STATEMENTS OF ACTIVITIES. PURSUANT TO THE CENTER'S POLICY AND GENERALLY ACCEPTED PRACTICE AT ART MUSEUMS, PROCEEDS FROM THE SALE OF COLLECTION OR LIBRARY OBJECTS ARE USED TO ACQUIRE OTHER COLLECTION OR LIBRARY OBJECTS. SUCH PROCEEDS, TOGETHER

Part XIII | Supplemental Information (continued)

WITH CONTRIBUTIONS AND UNCONDITIONAL PROMISES TO GIVE FOR THE PURCHASE OF ITEMS FOR THE COLLECTION AND LIBRARY, ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL ACQUISITIONS ARE MADE. THE COST OF SUCH ACOUISITIONS IS RECORDED AS A SEPARATE PROGRAM EXPENSE.

#### PART III, LINE 4:

THE PERMANENT COLLECTION AT THE INTERNATIONAL CENTER OF PHOTOGRAPHY (ICP) CONTAINS OVER 154,000 PHOTOGRAPHS. SINCE THE OPENING OF ICP IN 1974, IMPORTANT HISTORICAL AND CONTEMPORARY IMAGES HAVE BEEN ACQUIRED THROUGH A DEDICATED ACQUISITIONS COMMITTEE AND GENEROUS DONATIONS AND BEQUESTS FROM PHOTOGRAPHERS AND COLLECTORS. THE COLLECTION SPANS THE HISTORY OF THE PHOTOGRAPHIC MEDIUM, FROM DAGUERREOTYPES TO GELATIN SILVER AND DIGITAL CHROMOGENIC PRINTS. THE COLLECTION IS OPEN BY APPOINTMENT MONDAY THROUGH FRIDAY FROM 11:00 AM TO 5:00 PM. THE COLLECTION IS ACTIVELY USED BY INDEPENDENT SCHOLARS, OUTSIDE ACADEMIC INSTITUTIONS, AND ICP'S OWN EDUCATIONAL PROGRAM THROUGH CLASS VISITS, RESEARCH AND INTERNSHIP PROJECTS. THE MUSEUM PRESENTS SELECTIONS FROM THE COLLECTION WITHIN ITS LOCAL EXHIBITIONS PROGRAM AND WITHIN TRAVELING EXHIBITIONS PRESENTED INTERNATIONALLY. FURTHER, ICP LENDS PHOTOGRAPHIC WORKS TO OTHER MUSEUMS FOR PRSEENTATION TO THE PUBLIC.

#### PART V, LINE 4:

ICP'S ENDOWMENT IS INVESTED TO PRESERVE THE INFLATION-ADJUSTED VALUE OF ITS PRINCIPAL AND TO PROVIDE TOTAL RETURN TO SUPPORT THE ORGANIZATION'S PROGRAMS. THE AMOUNT OF ENDOWMENT USED EACH YEAR (ALSO KNOWN AS THE SPENDING RATE) IS CALCULATED AS 5% OF THE ENDOWMENT'S AVERAGE BALANCE OVER THE PRECEDING TWENTY QUARTERS. THE ENDOWMENT USE IS BOTH FOR ACTIVITIES THAT HAVE BEEN RESTRICTED BY THE ENDOWMENT DONOR SUCH AS EDUCATION

Part XIII Supplemental Information (continued) PROGRAMS, STAFF POSITIONS, COLLECTION ACQUISITIONS, EXHIBITIONS, AND RESEARCH, AS WELL AS FOR GENERAL SUPPORT OF THE INSTITUTION'S PROGRAMS IF THE ENDOWMENT GIFT IS UNRESTRICTED BY THE DONOR. PART X, LINE 2: THE CENTER BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2018 AND 2017, IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: 937,730. SCHOLARSHIPS PART XII, LINE 2D - OTHER ADJUSTMENTS: 19,028. NON-TAXABLE TRANSPORTATION BENEFITS 108,742. BAD DEBT TOTAL TO SCHEDULE D, PART XII, LINE 2D 127,770. PART XII, LINE 4B - OTHER ADJUSTMENTS: 937,730. SCHOLARSHIPS

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

INTERNATIONAL C	ENTER OF	PHOTOGRA	APHY		**-***242	18	
			side the United States. Comple	ete if the organ			
Form 990, Part I							
•	-		ds to substantiate the amount of its gra				
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No	
2 For grantmakers. Desc	cribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outs	ide the	
United States.							
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)							
(a) Region	(a) Region  (b) Number of offices in the region of in the region in the region in the region of services in the region of services.  (c) Number of employees, agents, and independent contractors in the region of services.  (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to describe of services.					(f) Total expenditures for and investments in the region	
EUROPE (INCLUDING							
ICELAND & GREENLAND)							
- ALBANIA, ANDORRA,							
AUSTRIA, BELGIUM			PROGRAM SERVICES	COLLECTIONS		170,839.	
EUROPE (INCLUDING							
ICELAND & GREENLAND)							
- ALBANIA, ANDORRA,					WILLD THE CANA	112 042	
AUSTRIA, BELGIUM CENTRAL AMERICA AND			PROGRAM SERVICES	FRAVELING E	XHIBITIONS	112,942.	
THE CARIBBEAN -				W			
ANTIGUA & BARBUDA,							
ARUBA, BAHAMAS			INVESTMENTS			1,963,935.	
, , , , , , , , , , , , , , , , , , , ,						, , ,	
		:9					
				ľ			
			l .				
		-					
3 a Sub-total	0	0	A STANCTON TO SHOW IN THE	- Internal	No. of View	2,247,716.	
b Total from continuation							
sheets to Part I	0	0				0.	
c Totals (add lines 3a							
and 3b) 0 0 2,247,7							

Schedule F (Form 990) 2017 Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2017
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance					empt	
(f) Manner of cash disbursement					ecognized as tax-ex	
(e) Amount of cash grant					foreign country, r	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities.	
(c) Region					s listed above that are re respectively has provided a section rentities	
(b) IRS code section and EIN (if applicable)					Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has. Enter total number of other organizations or entities.	
1 (a) Name of organization					2 Enter total number of by the IRS, or for which 3 Enter total number of	1

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. \*\*-\*\*2428 Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

732073 10-06-17

Page 4

	le F (Form 990) 2017 INTERNATIONAL CENTER OF PHOTOGRAPHY  IV Foreign Forms	**-***2	428	Page 4
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)	arana 🔲	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X No
	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	X No
	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X 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	X No

Schedule F (Form 990) 2017

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection Employer identification number

Name of the organization

\*\*-\*\*\*2428 INTERNATIONAL CENTER OF PHOTOGRAPHY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this par	· Li					
Indicate whether the organization rais     X Mail solicitations     X Internet and email solicitations     Phone solicitations     In-person solicitations	e Solicit s f Solicit	tation of	non-g gover	overnment grants nment grants		
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	Part VII) or entity in connection with viduals or entities (fundraisers) purs	professi	onal fu	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
STAMP EVENT MANAGEMENT LLC -		Yes	No			
130 W 29TH STREET, NEW YORK,	EVENT FUNDRAISING		Х	o.	78,533.	0.
30						
			•		78,533.	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	t contribe	utions	or has been notified	it is exempt from re	gistration
AL, AK, AZ, AR, CA, CO, CT,	DE, FL, GA, HI, ID, IL,	IN, I	A,K	S, KY, LA, ME	,MD,MA,MI,	MN,MS,MO
MT, NE, NV, NH, NJ, NM, NY,	NC, ND, OH, OK, OR, PA,	RI,S	C,S	D, TN, TX, UT	, VT, VA, WA,	WV,WI,WY

		le G (Form 990 or 990-EZ) 2017 INTERNA	TIONAL CENTE	R OF PHOTOGRA		-***2428 Page 2			
Pa	irt l	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising events.							
-		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events				
			INFINITY	ICP	NONE	(d) Total events			
			AWARDS	SPOTLIGHTS	110112	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
ne		*	(1	71,					
Revenue	1	Gross receipts	1,100,930.	272,822.		1,373,752.			
	2	Less: Contributions	711,089.	49,874.		760,963.			
	_	Eddi. Contribution							
_	3	Gross income (line 1 minus line 2)	389,841.	222,948.		612,789.			
	4	Cash prizes							
				6 075		6 275			
w	5	Noncash prizes		6,275.		6,275.			
Direct Expenses	6	Rent/facility costs							
ct	7	Food and beverages	275,821.	53,188.		329,009.			
Dire						105 100			
	8	Entertainment	112,731.	13,749.		126,480.			
	9	Other direct expenses	70,886.	80,139.		151,025.			
	10	Direct expense summary. Add lines 4 through				612,789.			
Do	11 rt	Net income summary. Subtract line 10 from li  II Gaming. Complete if the organization a		000 Part IV line 10 or		0.			
1.0		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or i	reported more than				
_		\$10,000 OH FORM 330 CZ, IIII OA.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
evel									
	1	Gross revenue			,				
		Onale militare							
Ses	2	Cash prizes							
Expenses	3	Noncash prizes							
ct E									
Direct	4	Rent/facility costs							
	5	Other direct expenses		L					
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No	Path, of the same			
	7	Direct expense summary. Add lines 2 through	5 in column (d)	Trurale de la computação					
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)		<b>•</b>				
		The state of the s							
9	Ent	er the state(s) in which the organization condu	cts gaming activities:						
		he organization licensed to conduct gaming ac		states?		. Yes No			
b	lf "I	No," explain:		-					

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: \_\_

Sch	edule G (Form 990 or 990-EZ) 2017 INTERNATIONAL CENTER OF PHOTOGRAPHY **-***2428 Page 3
11	Does the organization conduct gaming activities with nonmembers? Ves No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address >
	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount
	of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
Dellaconomic	organization's own exempt activities during the tax year > \$
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
_	15c, 16, and 17b, as applicable. Also provide any additional information, dee instructions.
SC:	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
	NAME OF FUNDRAISER: STAMP EVENT MANAGEMENT LLC
7 -	/ NAME OF FONDICATORIC BYRM BYRM INTERNATIONAL 220
<u>(I</u>	ADDRESS OF FUNDRAISER: 130 W 29TH STREET, NEW YORK, NY 10001
_	
_	

Schodula G	(Form 990 or 990.E7)	TNTERNATIONAL.	CENTER	OF	PHOTOGRAPHY	**-***2428	Page 4
Part IV	Supplemental Infor	INTERNATIONAL mation (continued)	CLITTLIC		11101001111111		, ago i
Editio	Supplemental infor	(continued)					
<del>,</del>	E						

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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,

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nation.	
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for the lat	
/Form990	
v.irs.gov/	
o to www	

2017
Open to Public Inspection

INTERNATIONAL CENTER OF PHOTOGRAPHY Schedule I (Forth 990) (2017)

Part III

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

Page 2

\*\*-\*\*2428

(f) Description of noncash assistance TUITION REDUCTION TUITION REDUCTION (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. CASH CASH 0 0 (d) Amount of non-cash assistance 116,160. 643,384. 0 0 45,000. 122,502. (c) Amount of cash grant (b) Number of recipients 205 12 52 HILLMAN FOUNDATION & DOCUMARY ARTS FELLOWSHIPS (a) Type of grant or assistance TEEN STUDENT TUITION SCHOARSHIPS FINANCIAL SCHOLARSHIPS FINANCIAL NEEDS FULL-TIME FULL-TIME Part IV

LINE PART TO FULL-TIME ONE-YEAR CERTIFICATE STUDENTS WHO PROVIDED SCHOLARSHIPS ARE

SCHOLARSHIPS ARE THEIR FIRST TERM AT ICP. SUCCESSFULLY COMPLETED HAVE

THE MASTER OF FINE SECOND YEAR STUDENTS OF FIRST YEAR AND TO BOTH PROVIDED

SCHOLARSHIP FUNDS AVAILABLE VARIES EACH YEAR. THE AMOUNT OF PROGRAM. ARTS

THE FORM OF ZI ASSISTANCE STUDENTS RECEVIED TUITION 2018,

SCHOLARSHIPS ARE AWARDED BASED ON ACADEMIC PERFORMANCE.

THE

INSTRUCTOR

SCHOLARSHIP COMMITTEE REVIEWS EACH APPLICANT'S GRADES,

732102 11-01-17

SCHOLARSHIPS.

Schedule I (Form 990) (2017)

Part IV	Supplemental	Information
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EVALUATIONS. AND PORTFOLIOS BEFORE DETERMINING THE AWARDS.

NON-CASH ASSISTANCE IS PROVIDED TO STUDENTS IN TEEN PROGRAMS, STUDENTS WHO ASSIST FACULTY, AND EMPLOYEES.

755 STUDENTS WERE ENROLLED AND 368 OF THEM WERE ABLE TO ATTEND COURSES AT

ICP THROUGH SCHOLARSHIPS. THE SCHOLARSHIPS AWARDED COVERED 50-80% OF THE

CLASS FEE, DEPENDING ON NEED. SCHOLARSHIPS ARE BASED ON THE FINANCIAL NEEDS

OF THE FAMILY, AS WELL AS COMMITMENT OF THE STUDENT TO PARTICIPATE IN THE

PROGRAM, AS INDICATED BY A WRITTEN ESSAY IN THEIR APPLICATION. STAFF

COMMUNICATE WITH THE FACULTY AND FAMILY ON AN ONGOING BASIS TO ASSESS EACH

STUDENTS' SUCCESS THROUGHOUT EACH 10-WEEK COURSE.

TEACHING ASSISTANTS WORK IN EXCHANGE FOR A TUITION REDUCTION OR LAB TIME IN THE DARKROOM OR DIGITAL MEDIA LAB. IN ORDER TO RECEIVE A 50% REDUCTION IN TUITION, STUDENTS ASSIST FACULTY OR OTHER EDUCATION STAFF FOR 40 HOURS PER TERM. EACH STUDENT IS MONITORED TO ENSURE THAT THEY ADHERE TO THE TIME REQUIREMENTS. 450 STUDENTS WORKED AS TEACHER ASSISTANTS DURING 2018.

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

INTERNATIONAL CENTER OF PHOTOGRAPHY

Employer identification number \*\*-\*\*\*2428

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Payments for business use of personal residence  Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			in.
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			10
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		QE B
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	H-S		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee	20		
	Independent compensation consultant  X Compensation survey or study	5) F)	71.3	
	Form 990 of other organizations  X Approval by the board or compensation committee		V	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		F*0.	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,		I.E	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		5.15	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	10		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	20 -	H 1	
	contingent on the net earnings of:	13.1	NE I	
а	The organization?	6a		_X_
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	100		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	13 1		A Second
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		P.C.	11
	Regulations section 53 4958-6(c)?	9	L	

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Page 3

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Part III Supplemental Information Schedule J (Form 990) 2017

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. THE AMOUNT DISPLAYED IN COLUMN (B) (III) REPRESENTS A CONTRIBUTION TO A PART II SCHEDULE J, PLAN. FORM 990 457(B) Schedule J (Form 990) 2017

SCHEDULE K (Form 990)
Department of the Treasury Internal Revente Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No. 1545-0047

2017

Open to Public
Inspection

➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open

financing (i) Pooled Yes No × Employer identification number \*\*-\*\*\*2428 SN. ŝ (g) Defeased (h) On behalf ŝ × Ω of issuer Yes Yes Yes å × Yes 9 N å O (f) Description of purpose Yes Yes CONSTRUCTION MUSEUM å å B B 15000000. Yes Yes (e) Issue price 15,000,000. 1,323,200. 15,000,000 × å Ŷ 2015 04/01/15 (d) Date issued Yes Yes × OF PHOTOGRAPHY (c) CUSIP# NONE Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, \*\*-\*\*\*0561 CENTER (p) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? ain adequate books and records to support the final which owned property financed by tax-exempt bonds? INTERNATIONAL Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds NYC RESOURCE Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use bond-financed property? Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds A CORPORATION Name of the organization Part I Bond Issues Proceeds BUILD Does the or Part II 2 16 Q ო 4 9 ω 0 9 15 m O 7 일 13 4 Δ

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017

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Part III Private Business Use (Continued)

Page 2

	A		8		O		۵	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	Š	Yes	N CN
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
c. Are there any research anneaments that may result in private business use of hond-financed property?		×						
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?	×							
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		3						1
to		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
9 Has the organization established written procedures to ensure that all nongualified								Ĭ
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1,141-12 and 1,145-2?	×							
Part IV Arbitrage								
	A		В		S		۵	1
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?		×						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
o le the hand issue a variable rate issue?	>							
Ι,	4							
		×						
b Name of provider		1						
						Q.O.	Schodulo K (Earm 000) 2017	2000) 2042
								11 02 (000 111

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Schedule K (Form 990) 2017

\*\*-\*\*2428

Page 3 Schedule K (Form 990) 2017 Š S Yes Yes ŝ ŝ O Yes Yes õ ô α Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions å 2 ⋈ × Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 7 Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closirg agreement program if self-remediation isn't available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) b Name of provider section 148? c Term of GIIC regulations? 732123 10-18-17

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

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

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

Employer identification number \*\*-\*\*\*2428

Schedule M (Form 990) 2017

	INTERNATIONA	L CENT	ER OF PHO	rography	**_*	**2	428	
Pa								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art	X	1	1,126.				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		13. X 4 4 4					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	1,433,580.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23								
23 24	Scientific specimens							
	Archeological artifacts Other ( )							
25								
26	Other ()							
27	Other ()							
28	Other ( )	Totion during	the tay year for or	antributions				
29	Number of Forms 8283 received by the organization completed Forms 82		•				10	
	for which the organization completed Form 82	os, Part IV, t	Jonee Acknowledg	Jernent 29			Yes	No
	5			and of the Don't I. Black of Alamania	-L 00 that it	Janu	165	IVO
30a	During the year, did the organization receive by	•						
	must hold for at least three years from the date	_				20-		х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	P H t	and the state of the state of	. f	hinna0	0.4	Х	
31	Does the organization have a gift acceptance p				uons?	31	- 1	
32a	Does the organization hire or use third parties							X
	contributions?					32a		A
	If "Yes," describe in Part II.					DLE)		100
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	tor which column (a) is che	cked,	TELL		
	describe in Part II						Acres de la constitución de la c	

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** \*\*-\*\*\*2428

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESEARCHED, AND EXHIBITED; A PLACE WHERE STUDENTS OF ALL AGES AND
RESEARCHED, AND EARLBITED; A PHACE WHERE STODENTS OF ADD AGES AND
ACCOMPLISHMENTS LEARN TO MAKE IMAGES AND ARE CHALLENGED BY TECHNICAL
AND AESTHETIC LESSONS. ICP PROVIDES A FORUM FOR THE EXCHANGE OF IDEAS
AND FOR THE USE OF PHOTOGRAPHY AS A MEDIUM FOR REVEALING THE HUMAN
CONDITION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GENERAL PUBLIC, MEMBERS, STUDENTS, AND PROFESSIONALS IN THE FIELD OF PHOTOGRAPHY.

FORM 990, PART VI, SECTION B, LINE 11B:

STAFF WORK CLOSELY WITH OUTSIDE AUDITORS TO PREPARE A DRAFT FORM 990, WHICH IS THEN REVIEWED BY THE AUDIT COMMITTEE. SUBSEQUENT TO ANY RECOMMENDATIONS THE FINAL FORM 990 IS MADE AVAILABLE TO EACH MEMBER BY THE AUDIT COMMITTEE, THE BAORD OF TRUSTEES IN ADVANCE OF THE PLANNED FILING DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

ICP REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. THE CONFLICT OF INTEREST POLICY IS CONTAINED WITHIN ICP'S CODE OF ETHICS. EACH TRUSTEE IS PROVIDED WITH A COPY, EITHER UPON ELECTION TO THE BOARD, OR AS NEEDED, SUCH AS WHEN THE POLICY IS REVISED. EACH YEAR, TRUSTEES ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE REPORTED TO THE AUDIT WHICH DETERMINES IF THE MATTER NEEDS TO BE REPORTED TO THE

EXECUTIVE COMMITTEE AND, IF NECESSARY, TO THE FULL BOARD. THE AUDIT

COMMITTEE,

INTERNATIONAL CENTER OF PHOTOGRAPHY

Employer identification number \*\*-\*\*\*2428

COMMITTEE IS ALSO REQUIRED TO REVIEW ACTUAL OR POTENTIAL CONFLICTS OF

INTEREST OF PROSPECTIVE TRUSTEES AND REPORT ON THE MATTER TO THE FULL BOARD

BEFORE THE NOMINATION IS ACTED UPON. ALL STAFF RECEIVE A COPY OF THE CODE

OF ETHICS AND ARE EXPECTED TO FAMILIARIZE THEMSELVES WITH THE POLICY AND

ABIDE BY ITS MANDATES. POTENTIAL CONFLICTS THAT KEY STAFF MAY ENCOUNTER ARE

MANAGED BY THE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15:

THE DIRECTORS'S COMPENSATION IS REVIEWED BY THE COMPENSATION COMMITTEE,
WHOSE MEMBERS ARE THE BOARD'S PRESIDENT, CHAIR, AND TREASURER, WHICH
RECOMMENDS AN AMOUNT TO BE APPROVED BY THE ENTIRE BOARD BEFORE

IMPLEMENTATION. THE COMMITTEE REVIEWS DATA FROM ANNUAL SALARY SURVEYS SUCH
AS THOSE CONDUCTED BY THE ASSOCIATION OF ART MUSEUM DIRECTORS AND THE
MUSEUM ASSOCIATION OF NEW YORK, AS WELL AS COMPENSATION DATA FROM SPECIFIC
MUSEUMS IN NEW YORK CITY. THE COMMITTEE ALSO REVIEWS THE DIRECTOR'S

INTERNAL PERFORMANCE APPRAISALS, HIS COMPENSATION HISTORY, AND ANY OTHER
RELEVANT INFORMATION. THE BOARD'S APPROVAL IS RECORDED IN THE MINUTES AND A
MEMO AUTHORIZING THE INCREASE IS PLACED IN THE DIRECTOR'S PERSONNEL FILE.

THE COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS ARE ALSO BENCHMARKED TO
SALARY SURVEYS AND OTHER NEW YORK CITY MUSEUMS AND ARE REVIEWED ANNUALLY BY
THE BOARD'S COMPENSATION COMMITTEE. MEMOS AUTHROIZING ANY COMPENSATION
INCREASE ARE PLACED IN THEIR PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

ICP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.