Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ICF RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/1999

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ICF CONSULTING GROUP, INC.

9300 LEE HIGHWAY
FAIRFAX, VA 22031

2b Employer Identification Number (EIN)
95-2565362

2c Sponsor's telephone number
703-934-3401

2d Business code (see instructions)
541600

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	KHARY HODGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	5469
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	3621
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	1260
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4892
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	4892
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4892
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
ICF RETIREMENT SAVINGS PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ICF CONSULTING GROUP, INC.	95-2565362

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE VANGUARD GROUP INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 37 52	NONE	15233	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN 13-3200244	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
ICF RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ICF CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
95-2565362

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-6751924-001	C	543307

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SVGS TRUST III

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-2186884-001	C	2574411

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2010 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083954-001	C	4294686

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2015 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083984-001	C	9721369

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2020 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083982-001	C	10383257

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2025 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083980-001	C	13027668

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2030 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083978-001	C	14399891

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2035 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15631671

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2040 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083974-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12764627

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2045 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083972-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10513322

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2050 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083970-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7150168

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2055 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 27-6715091-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1166422

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2060 TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799419-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183028

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE INC TRUSTII

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083967-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5776816

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
ICF RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ICF CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
95-2565362

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	171068	738
(2) Participant contributions	1b(2)	355192	1776
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2825879	3584201
(9) Value of interest in common/collective trusts	1c(9)	697202	108130643
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	339818491	324579266
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	343867832	436296624
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	343867832	436296624

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	12015165	
	(B) Participants	2a(1)(B)	28678878	
	(C) Others (including rollovers)	2a(1)(C)	3603930	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		44297973
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	133999	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		133999
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11284358	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11284358
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1902307
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		62121200
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		119739837
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27217118	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	236	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27217354
f Corrective distributions (see instructions)	2f		14081
g Certain deemed distributions of participant loans (see instructions)	2g		73197
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6413	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6413
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27311045
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		92428792
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BAKER TILLY VIRCHOW KRAUSE, LLP **(2)** EIN: 39-0859910

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
ICF RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ICF CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
95-2565362

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-2186884

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Baker Tilly Virchow Krause, LLP
8219 Leesburg Pike, Suite 800
Tysons Corner, VA 22182-2625
tel 703 923 8300
fax 703 923 8330
bakertilly.com

Independent Auditors' Report

To the Trustees of the
ICF Retirement Savings Plan
Fairfax, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ICF Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan (the "Trustee"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2013, which is the responsibility of plan management, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baker Tilly Virchow Krause, LLP

Tysons Corner, Virginia
September 30, 2014

ICF RETIREMENT SAVINGS PLAN

Fairfax, Virginia

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2013 and 2012
and for the Year Ended December 31, 2013

ICF RETIREMENT SAVINGS PLAN

Financial Statements

As of December 31, 2013 and 2012 and for the Year Ended December 31, 2013

Contents

	Page
Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to the Financial Statements	5-13
Supplemental Schedule	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14

Baker Tilly Virchow Krause, LLP
8219 Leesburg Pike, Suite 800
Tysons Corner, VA 22182-2625
tel 703 923 8300
fax 703 923 8330
bakertilly.com

Independent Auditors' Report

To the Trustees of the
ICF Retirement Savings Plan
Fairfax, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ICF Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan (the "Trustee"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2013, which is the responsibility of plan management, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baker Tilly Virchow Krause, LLP

Tysons Corner, Virginia
September 30, 2014

ICF RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

As of December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value	$ 432,709,909	$ 340,515,693
Receivables		
Contributions receivable-employer	738	171,068
Contributions receivable-participants	1,776	355,192
Notes receivable from participants	3,584,201	2,825,879
Total receivables	3,586,715	3,352,139
Net Assets Available for Benefits	$ 436,296,624	$ 343,867,832

The accompanying notes are an integral part of these financial statements.

ICF RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions to Net Assets Attributable to:		
Investment income		
Net appreciation in fair value of investments	$	64,006,741
Interest and dividend income		11,435,123
Total investment income		75,441,864
Contributions		
Participant contributions		28,678,878
Employer contributions		12,015,165
Rollover contributions		3,603,930
Total contributions		44,297,973
Total additions to net assets		119,739,837
Deductions from Net Assets Attributable to:		
Benefits paid to participants		27,231,435
Deemed distributions		73,197
Administrative expenses		6,413
Total deductions from net assets		27,311,045
Net Increase		92,428,792
Net Assets Available for Benefits, beginning of year		343,867,832
Net Assets Available for Benefits, end of year	$	436,296,624

The accompanying notes are an integral part of these financial statements.

ICF RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

As of December 31, 2013 and 2012 and for the Year Ended December 31, 2013

NOTE 1 - DESCRIPTION OF PLAN

ICF International, Inc. (the "Company"), established a defined contribution plan, the ICF Retirement Savings Plan (the "Plan"), last amended and restated January 1, 2009, to provide retirement benefits to all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The following provides a general description of the Plan.

Eligibility and Contributions - Upon employment, full time employees are eligible to participate in the Plan. On-call employees are eligible to participate in the Plan after completing 1,000 hours of service. Participants may elect to make a pre-tax and/or after-tax contribution of up to 70 percent of their compensation (as defined by the Plan) to the Plan subject to annual statutory limitations.

The Company matches participants' pre-tax and after-tax contributions at the rate of 100 percent of a participant's 401(k) contributions that are attributable to the first 3 percent of the participant's compensation plus 50 percent of the participant's contributions that are attributable to the next 2 percent of the participant's compensation.

All employer contributions are deposited into investment funds according to the participant's investment selections for his or her contributions.

Vesting - Participants vest immediately in their pre-tax and after-tax contributions, rollover contributions, employer matching contributions, and any earnings thereon.

Notes Receivable from Participants - Plan participants may borrow from the Plan up to the lesser of 50 percent of their vested account balances or $50,000. The minimum loan amount is $500. No more than one general purpose loan and one principal residence loan may be outstanding at any time. Principal and interest on the loans are paid back to the Plan through payroll deductions. Interest is based on prime plus 1 percent. The interest rates on loans outstanding as of December 31, 2013 and 2012 ranged from 4.25 percent to 10.25 percent. Generally, the loans must be repaid within five years, unless the loan was used for the purchase of a primary residence, in which case the term may be ten years. At December 31, 2013 and 2012, the Plan's outstanding notes receivable from participants were $3,584,201 and $2,825,879, respectively.

Distributions - Participants may make withdrawals from their vested account balances upon attaining age 59½, retirement, death, disability, hardship, or termination of employment as defined by the plan agreement and Section 401(k) of the Internal Revenue Code ("IRC").

Upon termination of service, if the vested value of the participant's account is $1,000 or less, the participant's benefits will be paid in a lump-sum unless the Vanguard Fiduciary Trust Company (the "Trustee") is instructed within 90 days of termination by the participant electing to make a direct rollover. If the vested value is more than $1,000, but less than or equal to $5,000, the balance of the participant's account will automatically be rolled over by the Plan into an individual retirement account with the Trustee unless the Trustee is instructed within 90 days of termination by the participant electing to make a direct rollover or receive a lump-sum payment. If the vested portion of the participant's account is more than $5,000, the participant may elect a direct rollover, lump-sum payment, installment payments not to exceed a period of ten years, or to leave the account in the Plan. If no request is made and the account is greater than $5,000, the participant's account will remain in the Plan.

Administrative Expenses - A portion of the administrative costs associated with the Plan are paid by the Company. Recordkeeping and investment management fees of approximately $1,200,000 are netted against net appreciation in fair value of investments on the accompanying statement of changes in net assets available for benefits.

Participant Accounts - The Plan maintains an account for each participant. Each participant's account is credited with the participant's contribution and an allocation of the Company's contributions and plan earnings. Participant contributions are allocated among separate investment funds as elected by the participant. Participants may change percentages contributed to the Plan and may redirect contributions and transfer existing balances between investment accounts on a daily basis. The account balances may be charged for fees related to transactions and loans.

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Investment Options - Upon enrollment in the Plan, a participant may direct contributions into a variety investment options. Participants may change their investment options daily.

The following summarizes the investment funds that calculate fair value based on net asset value ("NAV") offered by the Plan as of December 31, 2013 and 2012:

Stable Value

Wells Fargo Stable Value Fund - This fund pursues its objective by actively managing a diversified portfolio of investment contracts, and the associated portfolio of underlying assets. The fund generally invests up to 95 percent of its assets in GICs, Separate Account GICs, and Security Backed Investment Contracts. The fund will generally not invest more than 3 percent of its total assets in the GICs of a single issuer at the time of purchase. The underlying assets include, but are not limited to, U.S. Treasury securities; U.S. Agency securities; asset-backed securities; certificates of deposit; corporate securities; sovereign/supranational securities; mortgage-backed securities; municipal securities; derivative instruments; money market instruments; and collective funds investing primarily in the permissible securities aforementioned above.

Vanguard Retirement Savings Trust III - This fund pursues its objective by actively managing funds conservatively in trusts mandated for stable value funds. The fund is generally diversified among U.S. Treasury securities, high-quality mortgage-backed securities, corporate bonds, and asset-backed securities.

Life Cycle/Target Date

Vanguard Target Retirement Trust II Funds (2010 through 2060) - The funds are simple funds which seeks to build appropriate asset allocation from preselected stock and bond portfolios. The allocation between funds and asset classes automatically becomes more conservative over time. The trusts handle investment selection, asset allocation, and rebalancing through retirement. One hundred percent of assets are invested in index funds. The trusts invest in Vanguard mutual funds using an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of the target year. The trusts' indirect bond holdings are a diversified mix of short-, intermediate-, and long-term U.S. government, U.S. agency, and investment-grade U.S. corporate bonds; inflation-protected public obligations issued by the U.S. Treasury; mortgage-backed and asset-backed securities; and government, agency, corporate, and securitized investment-grade foreign bonds issued in currencies other than the U.S. dollar (but hedged by Vanguard to minimize currency exposures). The trusts' indirect stock holdings are a diversified mix of U.S. and foreign large-, mid-, and small-capitalization stocks.

Vanguard Target Retirement Income Trust II - The fund is a simple fund which seeks to build appropriate asset allocation from preselected stock and bond portfolios. The trust handles investment selection, asset allocation, and rebalancing through retirement. One hundred percent of assets are invested in index funds. The trust invests in Vanguard mutual funds according to an asset allocation strategy designed for investors currently in retirement. The trust's indirect bond holdings are a diversified mix of short-, intermediate-, and long-term U.S. government, U.S. agency, and investment-grade U.S. corporate bonds; inflation-protected public obligations issued by the U.S. Treasury; mortgage-backed and asset-backed securities; and government, agency, corporate, and securitized investment-grade foreign bonds issued in currencies other than the U.S. dollar (but hedged by Vanguard to minimize currency exposures). The trust's indirect stock holdings are a diversified mix of U.S. and foreign large-, mid-, and small-capitalization stocks.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Presentation - The financial statements of the Plan have been prepared on the accrual basis in accordance with accounting principles general accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Refer to Note 3 for further information regarding fair value.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

The investments held in the various mutual funds and the common collective trusts have been valued at fair values as determined by the Trustee or the registered investment company, as appropriate, based on quoted market value or using the market approach based on market prices of similar contracts. The Plan's investment that is held in an investment contract with Wells Fargo and Vanguard as of December 31, 2013 is reported as described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. These contracts are included in the statements of net assets available for benefits based on the contract value as reported to the Plan as reported by the Trustee, which approximates fair value. The statement of changes in net assets available for benefits is prepared on a contract value basis. The fair value of these contracts is determined using the NAV of the funds. The NAV is determined by each fund's trustee using the fair value of the underlying securities within the fund at year-end.

Net appreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investments as of the beginning of the period or the cost of the investments if purchased during the year. Fees netted against net appreciation in fair value of investments represent fees charged by the Trustee and sponsoring mutual fund companies for services provided in connection with recordkeeping and investment management.

The Plan invests in common collective trusts that determine fair value using the NAV of the funds. The NAV is determined by each fund's trustee using the fair values of the underlying securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Risks and Uncertainties - Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements, the reported amounts of assets, liabilities, additions and deductions, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the term of the plan document.

Benefit Payments - Benefit payments are recorded when paid.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 30, 2014, the date the accompanying financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENT

The Plan follows U.S. GAAP for measuring, reporting, and disclosing fair value. These standards apply to all assets and liabilities that are measured, reported, and/or disclosed on a fair value basis.

As defined in the accounting standards, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported, and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets in active markets that the Plan has the ability to access.

Level 2 - Observable market based inputs or inputs that are corroborated by market data. Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs that are unobservable and are not corroborated by market data.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual Funds - The fair values of mutual funds are based on quoted market prices of the shares held by the Plan at year-end. Accordingly, these fair value measurements are classified as having used Level 1 inputs.

Common Collective Trusts - The fair values of the common collective trusts are determined based on the fair values of the underlying investments or the NAV. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The common collective trusts, stable value funds, in which the Plan invests are comprised primarily of assets for which the fair value is based on contractual terms of the underlying investments, for which there are observable inputs. Accordingly, these fair value measurements are classified as having used Level 2 inputs.

The plan sponsor is responsible for the determination of fair value. Accordingly, the plan sponsor performs periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the plan sponsor has not historically adjusted the prices obtained from the pricing services.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 3 - FAIR VALUE MEASUREMENT - CONTINUED

The table below presents the balances of assets measured at fair value on a recurring basis by level within the hierarchy as of December 31, 2013.

	Total	Level 1	Level 2	Level 3
Mutual Funds:				
Large Cap	$ 127,304,458	$ 127,304,458	$ -	$ -
International	38,092,017	38,092,017	-	-
Mid Cap	29,009,034	29,009,034	-	-
Small Cap	29,282,679	29,282,679	-	-
Bond	42,421,847	42,421,847	-	-
Blend	39,495,294	39,495,294	-	-
Money Market	18,973,937	18,973,937	-	-
Common Collective Trusts:				
Life Cycle/Target Date	105,012,925	-	105,012,925	-
Stable Value Fund	3,117,718	-	3,117,718	-
Total	$ 432,709,909	$ 324,579,266	$ 108,130,643	$ -

The table below presents the balances of assets measured at fair value on a recurring basis by level within the hierarchy as of December 31, 2012.

	Total	Level 1	Level 2	Level 3
Mutual Funds:				
Life Cycle/Target Date	$ 78,755,634	$ 78,755,634	$ -	$ -
Large Cap	92,915,275	92,915,275	-	-
International	30,701,092	30,701,092	-	-
Mid Cap	21,175,578	21,175,578	-	-
Small Cap	19,295,017	19,295,017	-	-
Bond	46,256,223	46,256,223	-	-
Blend	33,170,179	33,170,179	-	-
Money Market	17,549,491	17,549,491	-	-
Common Collective Trusts:				
Stable Value Fund	697,202	-	697,202	-
Total	$ 340,515,693	$ 339,818,491	$ 697,202	$ -

NOTE 3 - FAIR VALUE MEASUREMENT - CONTINUED

The table below provides additional information regarding the investments that calculate fair value based on NAV, as of December 31, 2013 and 2012:

	Fair Value December 31, 2013	Fair Value December 31, 2012	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Stable Value					
Wells Fargo	$ 543,307	$ 697,202	-	daily	none
Vanguard	2,574,411	-	-	daily	none
Common Collective Trusts					
Life Cycle/Target Date	105,012,925	-	-	daily	none

NOTE 4 - INVESTMENTS - UNAUDITED

The Plan's investments and notes receivable from participants are held by the Trustee in a trust for the Plan. The investment assets, transactions, income, and notes receivable from participants as presented in the accompanying financial statements and supplemental schedule were certified to be complete and accurate by the Trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013.

The following presents the investments of the Plan as of December 31, 2013 and 2012. Investments representing 5 percent or more of the Plan's assets available for benefits have been denoted with an asterisk (*).

	2013		2012	
Goldman Sachs Growth Opportunities Fund, Inst	$ 2,397,709		$ 1,738,032	
JP Morgan Mid Cap Value Fund, Institutional Shares	2,855,420		1,644,897	
Vanguard Explorer Fund Admiral Shares	18,222,110		-	
Vanguard FTSE Social Index Fund Investor Shares	4,589,361		3,236,338	
Vanguard International Index Fund	60,257,484	*	-	
Vanguard International Growth Fund Admiral Shares	30,583,939	*	-	
Vanguard International Value Fund	7,508,078		5,977,234	
Vanguard Long-Term Investment-Grade Fund: Adm Shr	15,634,592		-	
Vanguard Mid-Cap Index Fund Institutional Shares	23,755,905	*	-	
Vanguard Morgan Growth Fund Admiral Shares	19,270,608		-	
Vanguard PRIMECAP Fund Admiral Shares	27,699,070	*	-	
Vanguard Prime Money Market Fund Institutional Shares	18,973,937		-	
Vanguard Small-Cap Value Index Fund Institutional Shr	11,060,569		-	
Vanguard Total Bond Market Index Fund Institutional Shr	26,787,255	*	-	
Vanguard Wellington Fund Admiral Shares	39,495,294	*	-	
Vanguard Windsor II Fund Admiral Shares	15,487,935		-	
Vanguard 500 Index Fund Investor Shares	-		43,482,334	*
Vanguard Explorer Fund Investor Shares	-		12,522,845	

NOTE 4 - INVESTMENTS - UNAUDITED - CONTINUED

	2013	2012	
Vanguard International Growth Fund Investor Shares	-	24,723,858	*
Vanguard Long-Term Investment Grade - Investor Shares	-	18,167,423	*
Vanguard Mid-Cap Index Fund Investor Shares	-	17,792,649	*
Vanguard Morgan Growth Fund Investor Shares	-	14,772,410	
Vanguard PRIMECAP Fund Investor Shares	-	19,686,729	*
Vanguard Prime Money Market Fund	-	17,549,491	*
Vanguard Small-Cap Value Index Fund	-	6,772,171	
Vanguard Target Retirement 2010 Fund	-	4,079,857	
Vanguard Target Retirement 2015 Fund	-	8,147,716	
Vanguard Target Retirement 2020 Fund	-	8,363,226	
Vanguard Target Retirement 2025 Fund	-	9,711,768	
Vanguard Target Retirement 2030 Fund	-	10,307,804	
Vanguard Target Retirement 2035 Fund	-	11,362,630	
Vanguard Target Retirement 2040 Fund	-	8,425,180	
Vanguard Target Retirement 2045 Fund	-	7,380,574	
Vanguard Target Retirement 2050 Fund	-	4,468,574	
Vanguard Target Retirement 2055 Fund	-	556,372	
Vanguard Target Retirement 2060 Fund	-	8,234	
Vanguard Target Retirement Income	-	5,943,699	
Vanguard Total Bond Market Index Fund Investor Shares	-	28,088,801	*
Vanguard Wellington Fund Investor Shares	-	33,170,181	*
Vanguard Windsor II Fund Investor Shares	-	11,737,464	
Vanguard Target Retirement 2010 Trust II	4,294,686	-	
Vanguard Target Retirement 2015 Trust II	9,721,369	-	
Vanguard Target Retirement 2020 Trust II	10,383,257	-	
Vanguard Target Retirement 2025 Trust II	13,027,667	-	
Vanguard Target Retirement 2030 Trust II	14,399,891	-	
Vanguard Target Retirement 2035 Trust II	15,631,671	-	
Vanguard Target Retirement 2040 Trust II	12,764,627	-	
Vanguard Target Retirement 2045 Trust II	10,513,323	-	
Vanguard Target Retirement 2050 Trust II	7,150,168	-	
Vanguard Target Retirement 2055 Trust II	1,166,422	-	
Vanguard Target Retirement 2060 Trust II	183,028	-	
Vanguard Target Retirement Income Trust II	5,776,816	-	
Vanguard Retirement Savings Trust III	2,574,411	-	
Wells Fargo Stable Value Fund	543,307	697,202	
Total Investments	$ 432,709,909	$ 340,515,693	

NOTE 4 - INVESTMENTS - UNAUDITED - CONTINUED

During 2013, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value as follows.

Net Appreciation in Fair Value of Investments:		
Mutual funds	$	62,121,200
Common collective trust		1,885,541
	$	64,006,741

NOTE 5 - PARTY-IN-INTEREST

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

NOTE 6 - PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participants remain fully vested in their account balances.

NOTE 7 - PLAN TAX STATUS

The Plan obtained a prototype plan determination letter on March 31, 2008, in which the Internal Revenue Service ("IRS") stated that the prototype plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan has been amended since the date of the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

NOTE 8 - INVESTMENT CONTRACT

In 2012, the Plan entered into a benefit-responsive investment contract with Wells Fargo. Wells Fargo maintained the assets of the contract in one or more separate accounts. In 2013, the Plan entered into a benefit-responsive investment contract with Vanguard. Vanguard maintained the assets of the contract in one or more separate accounts. The contracts are credited with earnings at interest rates that reflect the performance of the underlying portfolios. The guaranteed investment contracts issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

NOTE 8 - INVESTMENT CONTRACT - CONTINUED

As described in Note 2, because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attributable for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by Wells Fargo and Vanguard, represent contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary that cause a significant withdrawal from the Plan), or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2013	2012
Average Yields - Wells Fargo		
Based on actual earnings	1.36%	0.94%
Based on interest rate credited to participants	1.52%	1.95%
Average Yields - Vanguard		
Based on actual earnings	1.98%	-
Based on interest rate credited to participants	1.56%	-

ICF RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN # 95-2565362, Plan No. 001

As of December 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Goldman Sachs Growth Opportunities Fund, Inst	Registered Investment Company	$ 2,397,709
	JP Morgan Mid Cap Value Fund, Institutional Shares	Registered Investment Company	2,855,420
*	Vanguard Explorer Fund Admiral Shares	Registered Investment Company	18,222,110
*	Vanguard FTSE Social Index Fund Investor Shares	Registered Investment Company	4,589,361
*	Vanguard International Index Fund	Registered Investment Company	60,257,484
*	Vanguard International Growth Fund Admiral Shares	Registered Investment Company	30,583,939
*	Vanguard International Value Fund	Registered Investment Company	7,508,078
*	Vanguard Long-Term Investment-Grade Fund: Adm Shr	Registered Investment Company	15,634,592
*	Vanguard Mid-Cap Index Fund Institutional Shares	Registered Investment Company	23,755,905
*	Vanguard Morgan Growth Fund Admiral Shares	Registered Investment Company	19,270,608
*	Vanguard PRIMECAP Fund Admiral Shares	Registered Investment Company	27,699,070
*	Vanguard Prime Money Market Fund Institutional Shares	Registered Investment Company	18,973,937
*	Vanguard Small-Cap Value Index Fund Institutional Shr	Registered Investment Company	11,060,569
*	Vanguard Total Bond Market Index Fund Institutional Shr	Registered Investment Company	26,787,255
*	Vanguard Wellington Fund Admiral Shares	Registered Investment Company	39,495,294
*	Vanguard Windsor II Fund Admiral Shares	Registered Investment Company	15,487,935
	Total mutual funds		324,579,266
*	Vanguard Target Retirement 2010 Trust II	Common Collective Trust	4,294,686
*	Vanguard Target Retirement 2015 Trust II	Common Collective Trust	9,721,369
*	Vanguard Target Retirement 2020 Trust II	Common Collective Trust	10,383,257
*	Vanguard Target Retirement 2025 Trust II	Common Collective Trust	13,027,667
*	Vanguard Target Retirement 2030 Trust II	Common Collective Trust	14,399,891
*	Vanguard Target Retirement 2035 Trust II	Common Collective Trust	15,631,671
*	Vanguard Target Retirement 2040 Trust II	Common Collective Trust	12,764,627
*	Vanguard Target Retirement 2045 Trust II	Common Collective Trust	10,513,323
*	Vanguard Target Retirement 2050 Trust II	Common Collective Trust	7,150,168
*	Vanguard Target Retirement 2055 Trust II	Common Collective Trust	1,166,422
*	Vanguard Target Retirement 2060 Trust II	Common Collective Trust	183,028
*	Vanguard Target Retirement Income Trust II	Common Collective Trust	5,776,816
*	Vanguard Retirement Savings Trust III	Common Collective Trust	2,574,411
	Wells Fargo Stable Value Fund	Common Collective Trust	543,307
	Total common collective trusts		108,130,643
*	Participant loans	At interest rates ranging from 4.25 percent to 10.25 percent Maturing January 9, 2014 through October 2, 2024	3,584,201
	Total Assets Held for Investment at End of Year		$ 436,294,110

* Represents a party-in-interest as defined by ERISA.

The accompanying notes are an integral part of this schedule.

ICF RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN # 95-2565362, Plan No. 001

As of December 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Goldman Sachs Growth Opportunities Fund, Inst	Registered Investment Company	$ 2,397,709
	JP Morgan Mid Cap Value Fund, Institutional Shares	Registered Investment Company	2,855,420
*	Vanguard Explorer Fund Admiral Shares	Registered Investment Company	18,222,110
*	Vanguard FTSE Social Index Fund Investor Shares	Registered Investment Company	4,589,361
*	Vanguard International Index Fund	Registered Investment Company	60,257,484
*	Vanguard International Growth Fund Admiral Shares	Registered Investment Company	30,583,939
*	Vanguard International Value Fund	Registered Investment Company	7,508,078
*	Vanguard Long-Term Investment-Grade Fund: Adm Shr	Registered Investment Company	15,634,592
*	Vanguard Mid-Cap Index Fund Institutional Shares	Registered Investment Company	23,755,905
*	Vanguard Morgan Growth Fund Admiral Shares	Registered Investment Company	19,270,608
*	Vanguard PRIMECAP Fund Admiral Shares	Registered Investment Company	27,699,070
*	Vanguard Prime Money Market Fund Institutional Shares	Registered Investment Company	18,973,937
*	Vanguard Small-Cap Value Index Fund Institutional Shr	Registered Investment Company	11,060,569
*	Vanguard Total Bond Market Index Fund Institutional Shr	Registered Investment Company	26,787,255
*	Vanguard Wellington Fund Admiral Shares	Registered Investment Company	39,495,294
*	Vanguard Windsor II Fund Admiral Shares	Registered Investment Company	15,487,935
	Total mutual funds		324,579,266
*	Vanguard Target Retirement 2010 Trust II	Common Collective Trust	4,294,686
*	Vanguard Target Retirement 2015 Trust II	Common Collective Trust	9,721,369
*	Vanguard Target Retirement 2020 Trust II	Common Collective Trust	10,383,257
*	Vanguard Target Retirement 2025 Trust II	Common Collective Trust	13,027,667
*	Vanguard Target Retirement 2030 Trust II	Common Collective Trust	14,399,891
*	Vanguard Target Retirement 2035 Trust II	Common Collective Trust	15,631,671
*	Vanguard Target Retirement 2040 Trust II	Common Collective Trust	12,764,627
*	Vanguard Target Retirement 2045 Trust II	Common Collective Trust	10,513,323
*	Vanguard Target Retirement 2050 Trust II	Common Collective Trust	7,150,168
*	Vanguard Target Retirement 2055 Trust II	Common Collective Trust	1,166,422
*	Vanguard Target Retirement 2060 Trust II	Common Collective Trust	183,028
*	Vanguard Target Retirement Income Trust II	Common Collective Trust	5,776,816
*	Vanguard Retirement Savings Trust III	Common Collective Trust	2,574,411
	Wells Fargo Stable Value Fund	Common Collective Trust	543,307
	Total common collective trusts		108,130,643
*	Participant loans	At interest rates ranging from 4.25 percent to 10.25 percent Maturing January 9, 2014 through October 2, 2024	3,584,201
	Total Assets Held for Investment at End of Year		$ 436,294,110

* Represents a party-in-interest as defined by ERISA.

The accompanying notes are an integral part of this schedule.