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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
INTERNATIONAL CITY COUNTY MANAGEMENT ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

777 NORTH CAPITOL STREET NE NO 500

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200024201

D Employer identification number

36-2167755

E Telephone number

(202) 289-4262

G Gross receipts \$ 31,504,420

F Name and address of principal officer:
MARC OTT
777 NORTH CAPITOL STREET NE NO 500
WASHINGTON, DC 200024201

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ICMA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1914

M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE PROFESSIONAL LOCAL GOVERNMENT THROUGH LEADERSHIP, MANAGEMENT, INNOVATION, AND ETHICS.			
Revenue	2 Check this box ☐			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	131	
	6 Total number of volunteers (estimate if necessary)	6	1,046	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	242,082	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	82,845	
Expenses			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	20,001,765	13,594,125	
	9 Program service revenue (Part VIII, line 2g)	11,786,923	12,330,996	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	853,474	847,255	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,735,992	2,673,537	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,378,154	29,445,913	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,570,558	1,016,702	
Net Assets or Fund Balances	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,819,733	12,559,103	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	114,215	179,802	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶642,271			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,384,390	14,364,654	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	31,888,896	28,120,261	
	19 Revenue less expenses. Subtract line 18 from line 12	2,489,258	1,325,652	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	21,378,557	23,055,195	
	21 Total liabilities (Part X, line 26)	8,898,983	9,295,457	
	22 Net assets or fund balances. Subtract line 21 from line 20	12,479,574	13,759,738	

Part II Signature Block

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

knowledge and, solely to the extent of such knowledge, is true, correct, and complete declaration of preparer (other than officer) is based on an information of which preparer has any knowledge.

Sign Here	Signature of officer		2019-05-14		
	SABINA AGARUNOVA CHIEF FINANCIAL OFFICER		Date		
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶ GELMAN ROSENBERG & FREEDMAN			Firm's EIN ▶ 52-1392008	
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 208142930			Phone no. (301) 951-9090	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2017)

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION (ICMA) IS THE WORLD'S PREMIER LOCAL GOVERNMENT LEADERSHIP AND MANAGEMENT ORGANIZATION. FOUNDED IN 1914 BY VISIONARY REFORMERS WHO SOUGHT TO END MUNICIPAL CORRUPTION AND BRING PROFESSIONALISM AND TRANSPARENCY TO LOCAL GOVERNANCE; ICMA STRIVES TO BUILD BETTER, MORE LIVABLE COMMUNITIES BY ADVANCING THE PROFESSIONAL MANAGEMENT OF LOCAL GOVERNMENTS WORLDWIDE. ICMA'S CORE VALUES CONTINUE TO BE ROOTED IN OUR STRINGENTLY ENFORCED CODE OF ETHICS AND COMMITMENT TO REPRESENTATIVE DEMOCRACY.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **10,378,780** including grants of \$ **884,332**) (Revenue \$ **918,728**)
SERVICES TO LOCAL GOVERNMENTS: ICMA PROVIDES CONSULTING AND OTHER EXPERTISE ON FUNDAMENTAL AND LEADING LOCAL GOVERNMENT MANAGEMENT PRACTICES IN THE U.S. AND AROUND THE WORLD, WORKING THROUGH FUNDING PARTNERS SUCH AS FEDERAL AGENCIES AND FOUNDATIONS. ICMA MEMBER EXPERTISE IS TAPPED FOR CITY-TO-CITY EXCHANGES THROUGHOUT THE WORLD AS WELL. KEY ACCOMPLISHMENTS INCLUDE:- FORMALLY ESTABLISHED ICMA EUROPE, A NONPROFIT ENTITY BASED IN SLOVAKIA. ICMA EUROPE WAS GRANTED AWARDS TOTALING APPROXIMATELY \$110,000 FROM EUROPEAN DONORS TO FACILITATE LOCAL GOVERNMENT REGIONAL COOPERATION SUCH AS CITY-TO-CITY EXCHANGES AND REGIONAL CONFERENCES.- CONVENED A REGIONAL MEETING IN OSLO, NORWAY, WHICH ATTRACTED PARTICIPANTS FROM 12 COUNTRIES INCLUDING 10 ICMA EUROPEAN AFFILIATES.

4b (Code:) (Expenses \$ **3,393,273** including grants of \$) (Revenue \$ **5,749,802**)
MEMBERSHIP: MEMBERSHIP BENEFITS AND GROWTH IS IDENTIFIED AS THE FIRST PRIORITY OF ICMA'S STRATEGIC PLAN, ENVISION ICMA. IN FY 2018, WE ACCOMPLISHED GROWTH IN ALL MEMBERSHIP CATEGORIES, WITH THE TOTAL MEMBERSHIP EXCEEDING 11,800 MEMBERS IN 32 COUNTRIES. 90.1% OF OUR MEMBERS RATED THE VALUE OF ICMA MEMBERSHIP AS EXCELLENT OR GOOD, AND 89.6% ARE SATISFIED OR VERY SATISFIED WITH MEMBERSHIP. OTHER SIGNIFICANT PROGRAM ACCOMPLISHMENTS:- RELEASED THE "18 ON 2018": PREDICTIONS ON LOCAL GOVERNMENT FROM 18 EXPERTS E-BOOK WITH ARTICLES ON TOPICS IMPORTANT TO LOCAL GOVERNMENTS, INCLUDING SUCCESSION PLANNING COMMUNITY RACE RELATIONS, EQUITY, AND INCLUSIVITY.

4c (Code:) (Expenses \$ **3,120,476** including grants of \$) (Revenue \$ **3,335,680**)
PROFESSIONAL DEVELOPMENT: LEADERSHIP AND PROFESSIONAL DEVELOPMENT ARE KEY TO BUILDING CAPACITY IN OUR MEMBERS AND THOSE HOPING TO LEAD LOCAL GOVERNMENTS THROUGHOUT THE WORLD. AMONG SIGNIFICANT PROGRAM ACCOMPLISHMENTS ARE:- OFFERED PROFESSIONAL DEVELOPMENT OFFERINGS CATERED TO VARIOUS CAREER STAGES, FROM COACHING PROGRAMS TO LEADERSHIP AND MENTORSHIP PROGRAMS. IN THE MEMBERSHIP SURVEY, PROFESSIONAL DEVELOPMENT WAS MOST COMMONLY IDENTIFIED AS THE MOST VALUABLE PART OF MEMBERSHIP, FOLLOWED BY INFORMATION RESOURCES.- OFFERED AN ANNUAL CONFERENCE IN BALTIMORE, MD, WITH RELEVANT AND CONTENT-RICH OFFERINGS, AND WITH MEMBER ATTENDANCE OF MORE THAN 2,800 AND TOTAL ATTENDANCE OF 3,984.84% OF EVALUATION SURVEY RESPONDENTS RATED THEIR OVERALL IMPRESSION OF THE CONFERENCE AS VERY GOOD OR EXCELLENT. AMONG SIGNIFICANT PROGRAM ACCOMPLISHMENTS ARE:- CONTINUED TO INCLUDE CONVERSATIONS ON COMMUNITY ISSUES OF EQUALITY, EQUITY, AND INCLUSION AT THE ICMA WILLIAMSBURG AND SEI LEADERSHIP INSTITUTES. CONTINUED TO INCLUDE CULTURAL COMPETENCY AND INCLUSION IN THE LIST OF TOPICS INCLUDED IN THE ANNUAL ICMA UNIVERSITY WORKSHOP CALL FOR PRESENTERS. BEGAN CONVERSATIONS WITH THE NATIONAL LEAGUE OF CITIES (NLC) ABOUT THE DEVELOPMENT OF TRAININGS TO FACILITATE THE ACHIEVEMENT OF A MORE DIVERSE POOL OF EXECUTIVES AND CONTINUED TO PARTICIPATE ON THE NLC UNIVERSITY BOARD. EQUITY AND INCLUSION WAS OFFERED AS A NEW TRACK IN THE LG 101 CERTIFICATE PROGRAM AND CONTINUED TO HAVE A PRESENCE IN THE EFFECTIVE SUPERVISORY PRACTICES WEBINAR SERIES AND OTHER STAND-ALONE WEBINARS.- ADDED DISASTER PREPAREDNESS LEARNING TRACK TO LG 101.- PRODUCED 33 ICMA WEBINARS. DEVELOPED ICMA UNIVERSITY CATALOG AND INCORPORATED NEW CAREER STAGE GUIDE CHECKLISTS.- OFFERED 22 ICMA UNIVERSITY WORKSHOPS AT THE SAN ANTONIO CONFERENCE, SHOWCASING 12 NEW WORKSHOPS AND 6 NEW PRESENTERS FROM DIVERSE BACKGROUNDS; OFFERED 8 ICMA UNIVERSITY FORUMS. ATTENDEE RATINGS FOR WORKSHOPS AVERAGED 4.6 OUT OF A POSSIBLE 5, WITH 5 WORKSHOPS RECEIVING 4.9 OR 5.0.- OFFERED 12 ICMA UNIVERSITY WORKSHOPS AT AFFILIATE ASSOCIATION MEETINGS AND 3 TO LOCAL GOVERNMENTS. INITIATED 4 LEADERSHIP ICMA PEER-TO-PEER CONSULTING CAPSTONE PROJECTS.- WELCOMED 46 NEW PARTICIPANTS TO THE EMERGING LEADERS DEVELOPMENT PROGRAM CLASS. 18 PARTICIPANTS TO THE MID-CAREER MANAGERS INSTITUTE. 23 TO THE ICMA GETTING STARTED LEADERSHIP INSTITUTE. 23 SENIOR MANAGERS TO ICMA.

(Code:) (Expenses \$ 3,212,971 including grants of \$ 132,370) (Revenue \$ 2,326,786)

RESEARCH AND POLICY:ICMA CONTINUES TO BE SECOND ONLY TO THE FEDERAL GOVERNMENT IN THE COLLECTION AND ANALYSIS OF LOCAL GOVERNMENT RESEARCH. HERE ARE SOME OF THE PROGRAM ACCOMPLISHMENTS:- COMPLETED TWO EXTERNALLY FUNDED SURVEY PROJECTS FOCUSED ON E-GOVERNMENT AND LOCAL LAND USE REGULATIONS.- COMPLETED THREE PROJECT REPORTS (CYBERSECURITY, SMART CITIES ANALYTICS, AND SMART CITIES INFRASTRUCTURE). FEATURED CONTENT AT MULTIPLE ICMA CONFERENCE SESSIONS INCLUDING SMART CITIES (3), CYBERSECURITY (1), ALTERNATIVE SERVICE DELIVERY (1), AND STORYTELLING (1).- BEGAN WORK ON A NEW NATIONAL SURVEY OF LOCAL GOVERNMENT POLICIES AND PROGRAMS FOCUSED ON IMMIGRANT POPULATIONS.- IN PARTNERSHIP WITH THE UNIVERSITY OF CALIFORNIA, LAUNCHED A SURVEY ON ETHICS TO BETTER UNDERSTAND THE KINDS OF POLICIES, PROGRAMS, TRAINING, AND STAFFING RESOURCES THAT ARE DEVOTED TO THIS TOPIC AREA. THE PERIODIC "FORM OF GOVERNMENT" SURVEY WAS COMPLETED WITH MORE THAN 4,000 RESPONSES, ONE OF THE LARGEST TO DATE. COMPLETED THE CAO SALARY SURVEY FOR MEMBERS AND OFFERED A WEBINAR ON IT IN APRIL 2018.- SELECTED AUTHORS FOR FIVE RESEARCH PAPERS ON UNDERREPRESENTED POPULATIONS IN LOCAL GOVERNMENT MANAGEMENT (TWO PROJECTS); CRISIS LEADERSHIP; THE ROI OF PERFORMANCE MANAGEMENT PROGRAMS; AND THE IMPACTS OF GLOBALIZATION ON LOCAL GOVERNMENT MANAGEMENT. SMART CITIES REMAINS A HOT TOPIC FOR FUNDING OPPORTUNITIES.- COMPLETED A PROJECT FOR THE CITY OF HALF MOON BAY, CALIFORNIA, FOCUSING ON THE POLICIES AND ORDINANCES THAT COMMUNITIES HAVE ESTABLISHED FOR THE GROWING NUMBER OF PLACES WHERE MARIJUANA IS NOW LEGALLY PURCHASED. FINALIZED AND PUBLISHED CONTENT FOR THE LOCAL GOVERNMENT REVIEW INSERT THAT WAS INCLUDED IN THE DECEMBER ISSUE OF THE PM MAGAZINE. OUTREACH:TO ACHIEVE OUR GOALS OF HELPING TO ENSURE FUTURE-READY LEADERS AND POSITIONING ICMA AS THOUGHT LEADERS, WE FOCUSED ON BOTH CREATING MORE ENGAGING CONTENT TO ATTRACT MEMBERS AND THEIR STAFFS AND EXPANDING OUR OUTREACH ON PRIORITY TOPIC AREAS. THIS INCLUDED FOR THE FIRST TIME HIRING AN AWARD-WINNING MEDIA RELATIONS AGENCY TO PITCH ICMA CONTENT TO THE MEDIA. SOME SPECIFIC EXAMPLES OF ENGAGING CONTENT INCLUDE:- PRODUCED THE UNITED FRONT PODCAST SPECIAL SERIES TO MEET STRATEGIC GOALS FOR DIVERSITY AND INCLUSIVITY CONTENT; ALSO FOR THE MARCH ISSUE OF THE PM MAGAZINE, CREATED A COVER STORY TO MATCH THE PODCAST SERIES AND AN ARTICLE, "IT ISN'T EASY, BUT WE DO IT ANYWAY".- TOP ARTICLES AND BLOG POSTS INCLUDED: "THE LOCAL GOVERNMENT ANNUAL BUDGET PROCESS," "3 WAYS TO IMPROVE POLICE/COMMUNITY RELATIONS," "15 TIPS FOR COMMUNICATING WITH IMPACT," "FOUR FACTORS INFLUENCING FINANCIAL DECISIONS," "WHAT CHIPPING PAINT TAUGHT ME ABOUT FINDING MEANING AT WORK, AND "12 OF THE BEST JOB INTERVIEW QUESTIONS TO ASK LOCAL GOVERNMENT CANDIDATES."- PUBLISHED 32 ARTICLES/BLOGS ON THE TOPIC OF LEADERSHIP; LAUNCHED AND DISTRIBUTED ACTING MANAGER'S HANDBOOK AND CREATED A NEW ASK AN ICMA MANAGER BLOG SERIES TO ENGAGE MEMBERS IN WRITING PIECES FOR THE ICMA BLOG.- PARTNERED WITH THE PUBLIC TECHNOLOGY INSTITUTE FOR CYBERSECURITY AWARENESS MONTH AND DEVELOPED THREE CHECKLISTS FOR MEMBERS TO DOWNLOAD AS A RESOURCE; PARTNERED WITH THE NATIONAL ALLIANCE TO END HOMELESSNESS FOR NATIONAL HUNGER AND HOMELESSNESS AWARENESS WEEK.- MEDIA OUTREACH THAT RESULTED IN EXTREMELY SUCCESSFUL COVERAGE INCLUDED ICMA'S CYBERSECURITY SURVEY, WHICH GENERATED MORE THAN 300 MILLION MEDIA IMPRESSIONS IN MORE THAN A DOZEN NATIONAL AND TRADE PUBLICATIONS INCLUDING AN OP-ED PIECE IN THE NEW YORK TIMES AUTHORED BY, "HOW LOCAL GOVERNMENTS CAN PREVENT CYBERATTACKS".

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,212,971 including grants of \$ 132,370) (Revenue \$ 2,326,786)

4e **Total program service expenses** 20,105,500

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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
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		

d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No

b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	87	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	131		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b	If "Yes," enter the name of the foreign country: <u>AF, RP, KV</u> 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?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			

e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.	13a		
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	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶
AR , CA , CT , IL , MA , ME , MS , NC , NH , OK , OR , PA , SC , TN , UT , WA , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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 financial 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:
▶SABINA AGARUNOVA 777 NORTH CAPITOL STREET NE NO 500 WASHINGTON, DC 200024201 (202) 962-3547

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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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID C JOHNSTONE PRESIDENT	5.00	X		X				0	0	0
(2) KAREN E PINKOS PRESIDENT-ELECT	5.00	X		X				0	0	0
(3) LEE R FELDMAN PAST PRESIDENT	5.00	X		X				0	0	0
(4) TIM A ANDERSON REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(5) DENNIS A HOVENDEN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(6) FRANS G MENCKE REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(7) WALLY BOBKIEWICZ REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(8) PATRICK E KLEIN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(9) LON D PLUCKHAHN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(10) HEATHER M GEYER REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(11) JAMES G JAYNE REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(12) BERT LUMBRERAS REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(13) CARLOS P BAIA REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(14) MATTHEW W HART REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(15) STEPHANIE J MASON REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(16) W LANE BAILEY REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(17) EDWARD R DRIGGERS REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARL HARNESS REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(19) MARTHA J BENNETT REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(20) BRUCE E CHANNING REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(21) MARIA A HURTADO REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(22) MARC OTT EXECUTIVE DIRECTOR	37.50 2.50			X				497,646	866	48,145
(23) UMA RAMESH CHIEF OPERATING OFFICER	37.50 0.50			X				267,458	0	50,430
(24) SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	37.50			X				174,610	0	39,066
(25) DAVID GROSSMAN DIR. INTERNATIONAL PROGRAMS	37.50 1.00				X			203,721	0	28,446
(26) MARTHA PEREGO DIRECTOR, ETHICS	37.50				X			179,760	0	30,882
(27) ELLEN FOREMAN DIR. BRAND MGMT & MKT COMM	37.50					X		164,141	0	25,759
(28) TAD MCGALLIARD DIR, RESEARCH & TECH ASST	37.50					X		145,069	0	35,232
(29) JUNIPER THREN DIR, BUSINESS APP & TECH	37.50					X		151,248	0	28,718
(30) MARIS MIKELSONS CHIEF OF PARTY	40.00					X		172,842	0	5,684
(31) BONNIE KARNS DIR, HR AND OFFICE ADMINISTRATION	37.50					X		147,937	0	27,105
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,104,432	866	319,467

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

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

INSTITUTE FOR SUSTAINABLE COMMUNITIES 535 STONE CUTTERS WAY MONTPELIER, VT 05602	TECHNICAL SUBCONTRACT SERVICES	789,219
PSAV AUDIO VISUAL SERVICE GROUP INC 23918 NETWORK PLACE CHICAGO, IL 60673	AUDIOVISUAL EQUIP. & EVENTS TECHNOLOGY	456,171
THE RK CULINARY GROUP LLC PO BOX 1361 SAN ANTONIO, TX 78295	EVENTS PLANNING & HOSPITALITY SERVICES	410,530
PC CONNECTION 730 MILFORD RD MERRIMACK, NH 03054	IT PRODUCTS SOLUTIONS & SERVICES	287,821
THE FREEMAN COMPANY LLC 1600 VICERORY SUITE 100 DALLAS, TX 75235	EVENTS DESIGN AND PLANNING SERVICES	235,780
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 6		

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Part VIII **Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	12,337,968		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,256,157		
	g Noncash contributions included in lines 1a - 1f: \$				
	h Total. Add lines 1a-1f ▶		13,594,125		
Program Service Revenue	2a MEMBERSHIP DUES	Business Code			
	b PROFESSIONAL DEVELOPMENT	900099	5,749,802	5,749,802	
	c RESEARCH/INFORMATION	900099	3,335,680	3,335,680	
	d PROGRAM SERVICE REVENUE	900099	1,410,773	1,410,773	
	e MEMBERSHIP PUBLICATIONS	900099	918,728	918,728	
	f All other program service revenue	900099	673,931	673,931	
	g Total. Add lines 2a-2f ▶		242,082	242,082	
		12,330,996			
	3 Investment income (including dividends, interest, and other similar amounts) ▶		766,745		766,745
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶		2,518,706		2,518,706
	6a Gross rents	(i) Real	(ii) Personal		
		1,143,194			
	b Less: rental expenses		1,120,529		
	c Rental income or (loss)		22,665		
	d Net rental income or (loss) ▶		22,665		22,665
		(i) Securities	(ii) Other		

Other Revenue	7a Gross amount from sales of assets other than inventory	1,018,488				
	b Less: cost or other basis and sales expenses	933,352	4,626			
	c Gain or (loss)	85,136	-4,626			
	d Net gain or (loss)			80,510		80,510
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE	900099	132,166			132,166	
b						
c						
d All other revenue						
e Total. Add lines 11a–11d		132,166				
12 Total revenue. See Instructions.		29,445,913	12,088,914	242,082	3,520,792	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	754,288	754,288		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	54,327	54,327		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	208,087	208,087		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,547,280	300,728	1,246,552	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,136,638	5,154,930	1,742,352	239,356
8 Pension plan accruals and contributions (include section	537,086	315,225	202,906	18,955

8 Pension plan deposits and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,644,642	1,543,118	1,018,273	83,251
10 Payroll taxes	693,457	370,390	302,677	20,390
11 Fees for services (non-employees):				
a Management				
b Legal	122,905		122,905	
c Accounting	76,000		76,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	179,802			179,802
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,418,522	2,671,347	747,175	
12 Advertising and promotion	8,812	8,812		
13 Office expenses	891,380	736,283	143,202	11,895
14 Information technology	228,047	27,471	200,576	
15 Royalties	22,627	22,627		
16 Occupancy	1,219,646	791,894	392,431	35,321
17 Travel	1,930,517	1,655,795	227,569	47,153
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,604,628	1,499,291	99,539	5,798
20 Interest	248		248	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	469,701		469,701	
23 Insurance	118,694	12,955	105,739	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT RELATED TAXES	28,796		28,796	
b FIELD OFFICE EXPENSES	3,643,762	3,643,762		
c CREDIT CARD FEES	168,636		168,636	
d MEMBERSHIPS & SUBS.	117,584	104,618	12,966	
e All other expenses	294,149	229,552	64,247	350
25 Total functional expenses. Add lines 1 through 24e	28,120,261	20,105,500	7,372,490	642,271
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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Part X Balance Sheet

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

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	22,367	1	27,161
2 Savings and temporary cash investments	10,844,682	2	9,253,134
3 Pledges and grants receivable, net	3,071,482	3	2,688,240
4 Accounts receivable, net	1,131,693	4	1,087,112
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 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)			

Assets	voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	734,970	9	1,142,977	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,334,285			
	b	Less: accumulated depreciation	1,729,621	10c	2,604,664	
	11	Investments—publicly traded securities	3,101,326	11	6,251,907	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,378,557	16	23,055,195	
	Liabilities	17	Accounts payable and accrued expenses	4,294,988	17	3,858,749
		18	Grants payable		18	
		19	Deferred revenue	4,552,524	19	5,390,020
		20	Tax-exempt bond liabilities		20	
21		Escrow or custodial account liability. Complete Part IV of Schedule D		21		
22		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
23		Secured mortgages and notes payable to unrelated third parties		23		
24		Unsecured notes and loans payable to unrelated third parties		24		
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	51,471	25	46,688	
26		Total liabilities. Add lines 17 through 25	8,898,983	26	9,295,457	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	9,577,628	27	10,711,711	
	28	Temporarily restricted net assets	2,901,946	28	3,048,027	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	12,479,574	33	13,759,738	
	34	Total liabilities and net assets/fund balances	21,378,557	34	23,055,195	

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Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,445,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,120,261
3	Revenue less expenses. Subtract line 2 from line 1	3	1,325,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,479,574
5	Net unrealized gains (losses) on investments	5	-45,488
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,759,738

Part XII **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b 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 basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Form **990** (2017)

Form 990 (2017)

Additional Data[Return to Form](#)**Software ID:****Software Version:****Form 990, Special Condition Description:**

Special Condition Description

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection**Name of the organization**
INTERNATIONAL CITY COUNTY MANAGEMENT
ASSOCIATION**Employer identification number**
36-2167755**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2017

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

(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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	18,604,016	11,663,124	20,114,072	20,001,765	13,594,125	83,977,102
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	12,985,470	11,635,947	11,877,832	11,540,977	12,088,914	60,129,140

any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	31,589,486	23,299,071	31,991,904	31,542,742	25,683,039	144,106,242
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	18,170	9,495	13,691	8,448	5,524	55,328
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.	18,170	9,495	13,691	8,448	5,524	55,328
8 Public support. (Subtract line 7c from line 6.)						144,050,914

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.	31,589,486	23,299,071	31,991,904	31,542,742	25,683,039	144,106,242
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,981,477	2,074,702	2,134,330	3,505,888	4,428,645	14,125,042
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,981,477	2,074,702	2,134,330	3,505,888	4,428,645	14,125,042
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.		111,531	77,567	77,507	82,845	349,450
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	71,900	128,826	132,000	133,380	132,166	598,272
13 Total support. (Add lines 9, 10c, 11, and 12.)	33,642,863	25,614,130	34,335,801	35,259,517	30,326,695	159,179,006
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	90.500 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	92.420 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	8.870 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	7.190 %

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 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.	2		
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.	3a		
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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).	4c		
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?	5a		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b		
6	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 .	5c		
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).	6		
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).	7		
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 .	8		
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 .	9a		
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 .	9b		
10a	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 line 10b below.	9c		
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).	10a		
		10b		

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section 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 controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or		

trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

- 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, supervised or controlled the supporting organization.

1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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 the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section 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**):
- a ☐ 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.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2 Activities Test. **Answer (a) and (b) below.**

- a 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	6	

income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other 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	
Section 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	
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	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions.		
			(iii) Distributable Amount for 2017

3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2018

Name of the organization INTERNATIONAL CITY COUNTY MANAGEMENT ASSOCIATION	Employer identification number 36-2167755
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization INTERNATIONAL CITY COUNTY MANAGEMENT ASSOCIATION	Employer identification number 36-2167755
--	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
	(e) Transfer of gift			
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public
Inspection

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

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

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization INTERNATIONAL CITY COUNTY MANAGEMENT ASSOCIATION	Employer identification number 36-2167755
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	

d	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c	Media advertisements?	No	
d	Mailings to members, legislators, or the public?	No	
e	Publications, or published or broadcast statements?	No	
f	Grants to other organizations for lobbying purposes?	Yes	132,370
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No	
i	Other activities?	Yes	7,530
j	Total. Add lines 1c through 1i		139,900
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	
b	If "Yes," enter the amount of any tax incurred under section 4912		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTIVITIES IS TO DOCUMENT AND PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT AND THE COUNCIL-MANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA COLLECTS AND HIGHLIGHTS EXAMPLES OF COMMUNITIES THAT HAVE BEEN SUCCESSFUL WHILE OPERATING UNDER THE COUNCIL-MANAGER FORM AND PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATERIALS; AND RESPONDS TO REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE RESIDENT GROUPS THAT ARE INVOLVED IN FORM OF GOVERNMENT ADOPTION/RETENTION EFFORTS. IN FISCAL YEAR 2018, ICMA USED AVAILABLE STATISTICS, RESEARCH, AND DATA TO DEVELOP A NUMBER OF OPINION PIECES AND EDITORIALS THAT ADVOCATED RETENTION OF THE CITY MANAGER'S AUTHORITY (SAN ANTONIO, TX), AND SUPPORTED RETENTION (CLEARWATER, FL) AND ADOPTION (AMHERST, MA) OF THE COUNCIL-MANAGER FORM OF GOVERNMENT, TO NAME A FEW EFFORTS. ICMA STAFF ALSO ASSISTED WITH IDENTIFYING POTENTIAL SPEAKERS FOR PUBLIC FORUMS AND REIMBURSING THE TRAVEL EXPENSES OF THOSE INDIVIDUALS. FINALLY, DURING FISCAL YEAR 2018, ICMA PROVIDED A CONTRIBUTION TO THE STATE AND LOCAL LEGAL CENTER, AN ADVOCACY ORGANIZATION THAT FILES AMICUS CURIAE BRIEFS IN SUPPORT OF STATES AND LOCAL GOVERNMENTS IN THE U.S. SUPREME COURT, CONDUCTS MOOT COURTS FOR ATTORNEYS ARGUING BEFORE THE SUPREME COURT, AND PROVIDES OTHER ASSISTANCE TO STATES AND LOCAL GOVERNMENTS IN CONNECTION WITH SUPREME COURT LITIGATION. IN ADDITION, IN FISCAL YEAR 2018, ICMA PROVIDED FUND CONTRIBUTION IN SUPPORT OF COALITION OF STATE & AND LOCAL GOVERNMENT (AMERICANS AGAINST DOUBLE TAXATION) THAT IS DEDICATED TO PROTECTING THE STATE AND LOCAL TAX DEDUCTION (SALT), A FEDERAL TAX DEDUCTION CLAIMED BY 44 MILLION AMERICAN TAXPAYERS THAT SUPPORTS VITAL INVESTMENTS IN INFRASTRUCTURE, PUBLIC SAFETY, HOME OWNERSHIP, AND EDUCATION.

Schedule C (Form 990 or 990EZ) 2017

Additional Data

Return to Form

Software ID:
Software Version:

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 the latest information.**

OMB No. 1545-0047

2017Open to Public
Inspection**Name of the organization**INTERNATIONAL CITY COUNTY MANAGEMENT
ASSOCIATION**Employer identification number**

36-2167755

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ **Yes** ☐ **No****Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☐ **No****b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No****b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		454,448	275,902	178,546
d Equipment		3,789,717	1,395,017	2,394,700
e Other		90,120	58,702	31,418
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,604,664

Schedule D (Form 990) 2017

Part VII Investments ☐ **Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.

See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments ☐ **Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on 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	
SUBTENANT DEPOSITS	46,688
(2)	

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	46,688

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 ☒

Schedule D (Form 990) 2017

Page 4

Schedule D (Form 990) 2017

Page 4

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

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	31,322,966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-45,488
b	Donated services and use of facilities	2b	797,386
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,125,155
e	Add lines 2a through 2d	2e	1,877,053
3	Subtract line 2e from line 1	3	29,445,913
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,445,913

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	30,042,802
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	797,386
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,125,155
e	Add lines 2a through 2d	2e	1,922,541
3	Subtract line 2e from line 1	3	28,120,261
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,120,261

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEAR ENDED JUNE 30, 2018, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 1,120,529. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 8B. LOSS ON SALE OF ASSETS REPORTED AS EXPENSE ON THE FINANCIAL 4,626. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 7B.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 1,120,529. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 8B. LOSS ON SALE OF ASSETS REPORTED AS EXPENSE ON THE FINANCIAL 4,626. STATEMENTS AND NETTED AGAINST REVENUE

Additional Data

[Return to Form](#)

Software ID:
Software Version:

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH AND EQUITY (SURGE) PROGRAM	10,132	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PLANNING FOR CLIMATE CHANGE ADAPTATION PROGRAM	5,437	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PLANNING FOR CLIMATE CHANGE ADAPTATION PROGRAM	9,081	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PLANNING FOR CLIMATE CHANGE ADAPTATION PROGRAM	13,524	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PLANNING FOR CLIMATE CHANGE ADAPTATION PROGRAM	8,745	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PLANNING FOR CLIMATE CHANGE ADAPTATION PROGRAM	5,918	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PLANNING FOR CLIMATE CHANGE ADAPTATION PROGRAM	21,832	WIRE TRANSFER			

2	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	0
3	Enter total number of other organizations or entities	9

Schedule F (Form 990) 2017

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

[illegible]

Part IV Foreign Forms

- | | | |
|---|--|---|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i> | ☒ Yes ☐ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>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)</i> | ☐ Yes ☒ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>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)</i> | ☐ Yes ☒ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>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)</i> | ☐ Yes ☒ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>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)</i> | ☐ Yes ☒ No |

☐ Yes ☒ No

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2017

Software ID:
Software Version:

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
INTERNATIONAL CITY COUNTY MANAGEMENT
ASSOCIATION

Employer identification number

36-2167755

Part I 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 part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations
- b** ☒ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☒ In-person solicitations
- e** ☒ Solicitation of non-government grants
- f** ☒ Solicitation of government grants
- g** ☐ Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
BROOKE MOORE 6505 COCKERILLE AVE TAKOMA PARK, MD 20912	PROPOSAL DEVELOPMENT		No	0	6,450	-6,450
CECILIA CIEPIELA-KAELIN 1412 N WAKEFIELD STREET ARLINGTON, VA 22207	PROPOSAL DEVELOPMENT		No	0	35,831	-35,831
VERA ORLOFF 1231 W 45TH STREET LOS ANGELES, CA 90037	PROPOSAL DEVELOPMENT		No	0	20,700	-20,700
SHARADA JNAWALI 46 NAYABASTI MARG BALUWATAR, NP KATHMANDU	PROPOSAL DEVELOPMENT		No	0	10,511	-10,511
STEPHEN W GIDDINGS 8822 COLD SPRING ROAD POTOMAC, MD 20854	PROPOSAL DEVELOPMENT		No	0	19,333	-19,333
VISAR KELMENDI ZEF JUBANI 11/7 TIRANA, AL 1000	PROPOSAL DEVELOPMENT		No	0	7,580	-7,580
ELEVATE LLC 806 7TH ST NW 301 WASHINGTON, DC 20001	PROPOSAL DEVELOPMENT		No	0	60,000	-60,000
Total					160,405	-160,405

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2017

Page 3

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a** 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 ▶ \$ _____.
- c** 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:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV 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).

Return Reference

Explanation

Schedule G (Form 990 or 990-EZ) 2017

Additional Data**Return to Form****Software ID:****Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL CITY COUNTY MANAGEMENT
ASSOCIATION

Employer identification number
36-2167755

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INSTITUTE FOR SUSTAINABLE COMMUNITIES 888 17TH ST NW 610 WASHINGTON, DC 20006	22-3098727	501(C)(3)	386,209				CITY-TO-CITY LINK PARTNERSHIP PROGRAM
(2) THE LOUIS BERGER GROUP INC 412 MOUNT KEMBLE AVENUE MORRISTOWN, NJ 07960	22-1754524		81,623				STRENGTHENING URBAN RESILIENCE FOR GROWTH AND EQUITY (SURGE) PROGRAM
(3) BANYAN GLOBAL INC 1120 20TH STREET NW SUITE 950 WASHINGTON, DC 20036	20-2926200		38,981				STRENGTHENING URBAN RESILIENCE FOR GROWTH AND EQUITY (SURGE) PROGRAM
(4) HARVARD KENNEDY SCHOOL HKS EXEC EDUCATION 79 JFK ST CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	32,200				HARVARD KENNEDY SCHOLARSHIP
(5) INSTITUTE FOR BUILDING TECHNOLOGY AND SAFETY 45207 RESEARCH PL ASHBURN, VA 20147	54-1963889	501(C)(3)	22,800				PUERTO RICO MUNICIPAL DISASTER RECOVERY PROGRAM
(6) THE SOLAR FOUNDATION 1717 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	52-1089260		24,002				SOLARSMART AMERICA CITIES PROGRAM
(7) ICF INCORPORATED 9300 LEE HIGHWAY FAIRFAX, VA 22031	52-0893615		19,168				PLANNING FOR CLIMATE CHANGE ADAPTATION PROGRAM
(8) NATIONAL RESEARCH CENTER 2955 VALMONT ROAD STE 300 BOULDER, CO 80301	84-1286124		16,935				PUERTO RICO MUNICIPAL DISASTER RECOVERY PROGRAM
(9) IT'S TIME SARATOGA PO BOX 300 SARATOGO SPRINGS, NY 12866	82-1438921		20,000				COUNCIL-MANAGER FORM OF GOVERNMENT ADOPTION SUPPORT
(10) NO BOSS MAYOR 3062 SHOAL CREEK VILLAGE DR LAKELAND, FL 33803	35-2587494		71,300				COUNCIL-MANAGER FORM OF GOVERNMENT ADOPTION SUPPORT
(11) STATE AND LOCAL LEGAL CENTER 444 N CAPITOL STREET NW STE 309 WASHINGTON, DC 20001	31-0868827	501(C)(3)	20,000				SUPPORT OF ORGANIZATION THAT FILES AMICUS BRIEFS ON BEHALF OF STATE AND LOCAL GOVERNMENTS
(12) AMERICANS AGAINST DOUBLE TAXATION 660 N CAPITOL STREET NW STE 400 WASHINGTON, DC 20001	82-3063357		15,000				SUPPORT OF COALITION OF STATE AND LOCAL GOVERNMENT ORGANIZATIONS (CONTINUED ON PART IV)

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4**
- 3** Enter total number of other organizations listed in the line 1 table **8**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

Page **2**

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS TO PAY FOR TRAVEL, LODGING, AND REGISTRATION OF SELECT ICMA CONFERENCE ATTENDEES	24	32,484			
(2) HANSELL AWARD STIPEND	3	9,000			
(3) KEANE AWARD STIPEND	1	5,000			
(4) BABS ELWEL AWARD STIPEND	2	2,000			
(5) JOHN GARVEY SCHOLARSHIP FUND	1	2,293			
(6) KENNEDY SHAW SCHOLARSHIP FUND	1	1,800			
(7) LEGACY SCHOLARSHIP FUND	1	1,750			
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ASSOCIATION PROVIDES SCHOLARSHIPS TO FIRST TIME CONFERENCE ATTENDEES WHO ARE MEMBERS FOR 3 YEARS OR LESS. THEY FILL OUT AN APPLICATION AND WRITE AN ESSAY. A PANEL OF PAST SCHOLARSHIPS RECIPIENTS THEN RATE THE APPLICANTS. THE SELECTED APPLICANTS RECEIVE COMPLIMENTARY REGISTRATION FOR THE CONFERENCE AND A STIPEND TO HELP WITH TRAVEL AND HOTEL COSTS. THE ASSOCIATION ALSO OFFERS VARIOUS SCHOLARSHIP PROGRAMS SUPPORTING MID-CAREER GOVERNMENT AND YOUNG PROFESSIONALS WHO SEEK TO GAIN AN INTERNATIONAL EXPERIENCE MANAGEMENT PROSPECTIVE. THE ASSOCIATIONS CLOSELY MONITORS THE USE OF ALL GRANTS FUNDS PROVIDED TO SUBRECIPIENTS TO ENSURE PERFORMANCE EXPECTATIONS ARE BEING ACHIEVED AND PROGRAMS ARE IMPLEMENTED IN ACCORDANCE WITH AGREEMENT REQUIREMENTS AND APPLICABLE FEDERAL LAWS AND REGULATIONS. SUBRECIPIENTS ARE REQUIRED TO SUBMIT PERIODIC FINANCIAL AND TECHNICAL REPORTS DESCRIBING PROGRAM ACHIEVEMENTS DURING THE REPORTING PERIOD. ICMA FINANCE AND PROGRAM TEAMS REVIEW REPORTS FOR COMPLIANCE WITH THE TERMS OF SUB-AWARD AGREEMENTS. ICMA UTILIZES A VARIETY OF MONITORING TECHNIQUES AND TOOLS INCLUDING, BUT NOT LIMITED TO, PROGRAM SITE VISITS TO VERIFY PROGRAM RECORDS AND COMPLIANCE WITH TERMS AND CONDITIONS OF THE SUB-AWARD AGREEMENT; PARTICIPATION IN PROGRAM EVENTS; AND FINANCIAL MONITORING AND AUDIT REPORTS REVIEW.
PART II, LINE 1, COLUMN (H):	NAME OF ORGANIZATION OR GOVERNMENT: AMERICANS AGAINST DOUBLE TAXATION (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF COALITION OF STATE AND LOCAL GOVERNMENT ORGANIZATIONS DEDICATED TO PROTECTING THE STATE AND LOCAL TAX DEDUCTION (SALT)

Schedule I (Form 990) 2017

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
INTERNATIONAL CITY COUNTY MANAGEMENT
ASSOCIATIONEmployer identification number
36-2167755

Part I Questions Regarding Compensation

	Yes	No
1a 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	☒ Housing allowance or residence for personal use	
☒ Travel for companions	☐ Payments for business use of personal residence	
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees	
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
☐ Compensation committee	☐ Written employment contract	
☐ Independent compensation consultant	☐ Compensation survey or study	
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Cat. No. 50053T

Schedule J (Form 990) 2017

Page 2

Schedule J (Form 990) 2017

Page 2

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARC OTT EXECUTIVE DIRECTOR	(i)	468,926	670	28,050	23,091	25,054	545,791	0
	(ii)	866	0	0	0	0	866	0
2UMA RAMESH CHIEF OPERATING OFFICER	(i)	213,408	26,000	28,050	31,950	18,480	317,888	0
	(ii)	0	0	0	0	0	0	0
3SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	(i)	140,266	13,500	20,844	19,671	19,395	213,676	0
	(ii)	0	0	0	0	0	0	0
4DAVID GROSSMAN DIR. INTERNATIONAL PROGRAMS	(i)	163,188	13,500	27,033	21,462	6,984	232,167	0
	(ii)	0	0	0	0	0	0	0

5 MARTHA PEREGO DIRECTOR, ETHICS	(i)	142,210	13,500	24,050	20,531	10,351	210,642	0
	(ii)	0	0	0	0	0	0	0
6 ELLEN FOREMAN DIR. BRAND MGMT & MKT COMM	(i)	127,578	13,500	23,063	16,069	9,690	189,900	0
	(ii)	0	0	0	0	0	0	0
7 TAD MCGALLIARD DIR, RESEARCH & TECH ASST	(i)	126,190	13,500	5,379	16,109	19,123	180,301	0
	(ii)	0	0	0	0	0	0	0
8 JUNIPER THREN DIR, BUSINESS APP & TECH	(i)	117,420	13,500	20,328	14,785	13,933	179,966	0
	(ii)	0	0	0	0	0	0	0
9 MARIS MIKELSONS CHIEF OF PARTY	(i)	149,413	0	23,429	2,273	3,411	178,526	0
	(ii)	0	0	0	0	0	0	0
10 BONNIE KARNS DIR, HR AND OFFICE ADMINISTRATION	(i)	132,159	13,500	2,278	11,621	15,484	175,042	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	HOUSING ALLOWANCE WAS PROVIDED TO ICMA EXECUTIVE DIRECTOR, MARC OTT, FOR THE FIRST TWELVE (12) MONTHS OF THE HIS EMPLOYMENT EFFECTIVE OCTOBER 31, 2016. HOUSING ALLOWANCE IS INCLUDED IN TAXABLE WAGES. ADDITIONALLY, ICMA EXECUTIVE DIRECTOR WAS PROVIDED COMPENSATION FOR COMPANION TRAVEL, WHICH WAS INCLUDED IN TAXABLE WAGES.
PART I, LINE 7	SEE PART II FOR THE BONUSES LISTED ON PART VII.

Schedule J (Form 990) 2017

Additional Data

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Software ID:
Software Version:

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017Open to Public
InspectionName of the organization
INTERNATIONAL CITY COUNTY MANAGEMENT
ASSOCIATION

Employer identification number

36-2167755

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SIGNIFICANT PROGRAM ACCOMPLISHMENTS: - ORGANIZED A STUDY TOUR TO BEIJING, QINGDAO, SHENZHEN, XI'AN, AND SURROUNDING CITIES FOR A DELEGATION OF APPROXIMATELY 20 PARTICIPANTS FROM LOCAL GOVERNMENT, THE PRIVATE SECTOR, AND TECHNICAL EXPERTS. HOSTED FIVE TRAINING PROGRAMS IN THE U.S. FOR CHINESE LOCAL GOVERNMENT AND PRIVATE SECTOR PROFESSIONALS FROM GUANGDONG PROVINCE, SHAANXI LAND GROUP, SHAANXI PROVINCE HUMAN RESOURCES AND SOCIAL SECURITY, JINAN URBAN PLANNING AND DESIGN INSTITUTE, AND CHINA CENTER FOR URBAN DEVELOPMENT. HELD A FULL-DAY PRE-CONFERENCE CHINA SESSION DURING THE NATIONAL BROWNFIELDS CONFERENCE FEATURING BROWNFIELDS EXPERTS FROM BOTH CHINA AND THE U.S. - OFFERED STUDY TOURS, PEER-TO-PEER CITYLINKS EXCHANGES, AND THE PROFESSIONAL FELLOWS PROGRAM. SIGNED NEW AFFILIATION AGREEMENT WITH THE CENTER FOR EXPERTISE BELGIUM. THROUGH THE INTERNATIONAL MANAGEMENT EXCHANGE PROGRAM, MATCHED TWO AMERICANS WITH COUNTERPARTS IN NEW ZEALAND AND AUSTRALIA. IDENTIFIED TWO ICMA MEMBERS FOR PARTICIPATION IN THE COUNCIL OF LOCAL AUTHORITIES FOR INTERNATIONAL RELATIONS (CLAIR) FELLOWSHIP EXCHANGE PROGRAM ORGANIZED BY THE JAPAN LOCAL GOVERNMENT CENTER. THE TRANTER-LEONG SCHOLARSHIP WAS LAUNCHED, OFFERING TWO SCHOLARSHIPS PER YEAR FOR ICMA MEMBERS TO EXPAND THEIR INTERNATIONAL HORIZONS. - ORGANIZED THE 2017 BROWNFIELDS CONFERENCE, WHICH ATTRACTED NEARLY 2,400 ATTENDEES, IN PITTSBURGH, THROUGH A LONG-TIME PARTNERSHIP WITH THE U.S. ENVIRONMENTAL PROTECTION AGENCY. - THROUGH THE SOLSMART PROGRAM, A \$3.4M COOPERATIVE AGREEMENT FUNDED BY THE U.S. DEPARTMENT OF ENERGY, MORE THAN 200 COMMUNITIES HAVE ACHIEVED SOLSMART DESIGNATION, MAKING IT EASIER TO GO SOLAR. - HELD THE FINAL EVENT FOR THE PLANNING FOR CLIMATE ADAPTATION PROJECT IN THE DOMINICAN REPUBLIC. IN ADDITION TO COMPLETING FOUR CLIMATE-ADAPTED PARTICIPATORY LAND USE PLANS, THREE MUNICIPALITIES HAVE DEVELOPED ORDINANCES FOR THE PLAN'S IMPLEMENTATION WHICH WILL REGULATE THEIR LAND USE. - PLACED 57 PROFESSIONAL FELLOWS FROM SOUTHEAST ASIA WITH 25 LOCAL GOVERNMENTS AND NONPROFITS ACROSS THE U.S. AND SENT 20 U.S. PARTICIPANTS, INCLUDING ICMA MEMBERS, TO SOUTHEAST ASIA ON THE U.S. OUTBOUND EXCHANGES. - THE SURGE PROJECT IN THE PHILIPPINES CONTINUED WORK IN THE EIGHT PARTNER CITIES AS WELL AS THE CITY OF MARAWI. ACCOMPLISHMENTS INCLUDED ADVANCES ON LOCAL ADAPTATION PLANS, IMPROVING WATER AND SANITATION SERVICES AND PLANNING, STREAMLINING BUSINESS PERMITTING PROCESSES, IMPROVING LAND TENURE STRATEGIES AND PROPERTY RIGHTS RECOGNITION, ASSET MANAGEMENT, SUPPORTING ORGANIZATIONAL AND MARKETING DEVELOPMENT FOR SELECTED PRIVATE SECTOR INDUSTRIES, AND FORMULATING STRATEGIES FOR TOURISM PROMOTION. IN MARAWI, THE FOCUS IS ON REBUILDING WATER SYSTEMS THAT WERE DAMAGED IN THE FIGHTING AND SUPPORTING THE BUSINESS COMMUNITY TO GET BACK UP AND OPERATIONAL. - AS PART OF THE DEPARTMENT OF HOMELAND SECURITY AND FEMA FUNDED SUBAWARD FROM THE RAND CORPORATION, CONDUCTED GOVERNANCE AND SERVICE DELIVERY ASSESSMENTS IN ALL 78 LOCAL GOVERNMENTS OF THE COMMONWEALTH OF PUERTO RICO TO GATHER INFORMATION FOR THE GOVERNOR'S RECOVERY PLAN PRESENTED TO CONGRESS IN AUGUST 2018. THE PROJECT INCLUDED THE PARTICIPATION OF PRO BONO ICMA MEMBERS, STAFF FROM THE INSTITUTE FOR BUILDING TECHNOLOGY AND SAFETY (IBTS), AND ICMA STAFF WHO CONDUCTED THE ASSESSMENTS IN SPANISH WITH LOCAL LEADERS, IN PARTNERSHIP WITH UNIVERSITY OF PUERTO RICO STUDENTS AND FACULTY. FOR MORE INFORMATION, PLEASE REFER TO ICMA'S FY 2018 ANNUAL REPORTS, "I AM ICMA" VIDEO REPORT AND "2018 ANNUAL REPORT", FOUND HERE: HTTPS://ICMA.ORG/ANNUAL-REPORTS .
FORM 990, PART III, LINE 4B	SIGNIFICANT PROGRAM ACCOMPLISHMENTS: - LAUNCHED A NEW FACEBOOK PAGE FOR STUDENT CHAPTERS (79 DOMESTIC AND 1 INTERNATIONAL). CONDUCTED BEST CHAPTER EVENT COMPETITION, WITH AWARD PROVIDING TRAVEL FUNDS TO THE ICMA ANNUAL CONFERENCE. COMPLETED NEW CHAPTER TOOLKIT. LAUNCHED SOCIAL MEDIA STRATEGY TO ENGAGE WITH STUDENT MEMBERS. CHAPTERS HOSTED EVENTS ON TOPICS INCLUDING BUILDING COMMUNITIES OF INCLUSION, WOMEN OF COLOR IN LOCAL GOVERNMENT, AND CYBERSECURITY AND MANAGEMENT IN THE DIGITAL AGE. CONTINUED OUTREACH TO HISTORICALLY BLACK COLLEGES AND UNIVERSITIES AND HISPANIC-SERVING INSTITUTIONS. AWARDED SCHOLARSHIPS TO 34 STUDENTS TO ATTEND THE ICMA REGIONAL CONFERENCES. - THE LOCAL GOVERNMENT MANAGEMENT FELLOWS (LGMF) PROGRAM, WHICH PROVIDES AN ENTRY INTO THE PROFESSION TO APPLICANTS, CONTINUED TO ATTRACT TALENTED INDIVIDUALS. THE PROGRAM HAS BEEN EXPANDED TO INCLUDE THE VETERAN'S LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP. RECRUITED 61 DIVERSE APPLICANTS AND PLACED 34 FELLOWS IN 30 COMMUNITIES. ADDED NATIONAL ASSOCIATION OF COUNTY ADMINISTRATORS (NACA) AS AN LGMF PROGRAM PARTNER. - CONTINUED TO EXPAND THE ICMA NATIONAL COACHING PROGRAM, WHICH ATTRACTS LOCAL GOVERNMENT PROFESSIONALS TO ACCESS THE FREE PROFESSIONAL DEVELOPMENT OFFERED BY ICMA. THE ONLINE COACHCONNECT TOOL HAS 214 COACHES REGISTERED, INCLUDING 90 WOMEN, WITH MORE THAN 88 COACHING ENGAGEMENTS COMPLETED IN FY 2018 AND 62 IN PROGRESS. - CONTINUED WORK ON ADVANCING DIVERSITY AND INCLUSION IN THE PROFESSION. DEVELOPED A ROBUST CONFERENCE TRACK ON DIVERSITY AND INCLUSION AND SPONSORED EVENTS ON EQUITY DELIVERED BY OTHER ORGANIZATIONS. MORE THAN A DOZEN EDUCATIONAL SESSIONS, LEARNING LABS, SPECIAL SESSIONS, AND SPECIAL EVENTS FEATURING ISSUES OF EQUITY AND INCLUSION WERE INTEGRATED INTO THE 2017 ANNUAL CONFERENCE PROGRAM. LAUNCHED A NEW EQUITY AND INCLUSION TRACK IN THE ICMA UNIVERSITY'S LOCAL GOVERNMENT (LG) 101 ONLINE CERTIFICATE PROGRAM. COORDINATED A STAND-ALONE EVENT, TAKING CONTROL OF YOUR SUCCESS, WITH TEXAS CHAPTERS OF WOMEN LEADING GOVERNMENT IN AUSTIN, TX. DRAFTED A TOOLKIT TO BUILD SKILLS AND COMMON PRACTICES AROUND EQUITY AND INCLUSION. SPONSORED AND REPRESENTED ICMA AT KANSAS STATE UNIVERSITY'S INSPIRING WOMEN IN PUBLIC ADMINISTRATION CONFERENCE FOR THIRD

	CONSECUTIVE YEAR AND CO-SPONSORED THE UNIVERSITY OF NORTH CAROLINA ENGAGING WOMEN CONFERENCE. LAUNCHED THE COMMUNITY DIVERSITY AND INCLUSION AWARD AS A NEW ANNUAL LOCAL GOVERNMENT EXCELLENCE AWARD CATEGORY. DESIGNED AND LAUNCHED THE #SHELEADSGOV MARKETING CAMPAIGN TO PROMOTE WOMEN IN MANAGEMENT AND OTHER LOCAL GOVERNMENT LEADERSHIP ROLES. - CONTINUED ICMA'S LONG-STANDING EFFORTS TO ENGAGE WITH THE U.S. ARMY INSTALLATION COMMAND BY LAUNCHING THE CITY-COUNTY MANAGEMENT SENIOR FELLOWSHIP PROGRAM (CMSFP), FORMERLY KNOWN AS THE GARRISON COMMAND PROGRAM, WITH 10 DEPARTMENT OF DEFENSE FELLOWS PARTICIPATING. - COMPLETED THE RESOURCES FOR THE ACTING OR INTERIM MANAGER GUIDE. RECRUITED TASK FORCE MEMBERS AND BEGAN WORK ON TWO NEW GUIDES ON DEPUTY MANAGER SUCCESS AND RESOURCE(S) FOR VETERANS TRANSITIONING TO LOCAL GOVERNMENT, TO BE FINALIZED BY THE 2018 ANNUAL CONFERENCE IN BALTIMORE. - COMPLETED THE REVIEW AND UPDATE OF TENET 4 OF THE ICMA CODE OF ETHICS WITH NEW TENET LANGUAGE, REVISION OF THE LENGTH OF SERVICE GUIDELINE, AND THE DEVELOPMENT OF TWO NEW GUIDELINES TO REINFORCE THE MEMBER'S RESPONSIBILITY TO BE INCLUSIVE AND TO CONSIDER THE IMPACT OF DECISIONS ESPECIALLY IF SPECIFIC GROUPS MAY BE DISPROPORTIONATELY HARMED OR HELPED. - DEVELOPED A NEW E-BOOK, ETHICS MATTER! ADVICE FOR PUBLIC MANAGERS, FOR RELEASE IN AUGUST 2018. THIS E-BOOK WILL BE A NEW MEMBER BENEFIT, AVAILABLE FREE OF CHARGE TO ICMA MEMBERS.
FORM 990, PART VI, SECTION A, LINE 6	CORPORATE MEMBERS: ANY PERSON WHOSE PROFESSIONAL CONDUCT CONFORMS TO THE ASSOCIATION'S CODE OF ETHICS IS ELIGIBLE TO BE A FULL MEMBER IF THAT PERSON SERVES AS A FULL-TIME ADMINISTRATIVE HEAD OF A LOCAL GOVERNMENT, A FULL-TIME ADMINSTRATIVE ASSISTANT, ASSISTANT CITY/COUNTY MANAGER, ASSISTANT DIRECTOR OF A COUNCIL OF GOVERNMENTS OR A STATE/PROVINCIAL ASSOCIATION OF LOCAL GOVERNMENT, OR ASSISTANT ADMINISTRATOR, HOWEVER DESIGNATED, HAVING SIGNIFICANT GENERAL ADMINISTRATIVE RESPONSIBILITY IN A LOCAL GOVERNMENT POSITION AND WAS APPOINTED TO THAT POSITION BY THE CITY OR COUNTY MANAGER OR CHIEF ADMINISTRATOR.
FORM 990, PART VI, SECTION A, LINE 7A	THE REGIONAL VICE PRESIDENTS ARE ELECTED BY A MAJORITY VOTE OF THE CORPORATE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B	THE CONSTITUTION AND THE CODE OF ETHICS MAY BE AMENDED BY A MAJORITY VOTE OF THE CORPORATE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW. THE DRAFT WAS DISCUSSED VIA CONFERENCE CALL OR AT THE BOARD MEETING. A COPY OF THE RETURN WAS MADE AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, THE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS. IN ACCORDANCE WITH ICMA'S CONFLICT OF INTEREST POLICY, ANY SUSPECTED INSTANCES OF CONFLICT OF INTEREST WILL BE THOROUGHLY INVESTIGATED BY ICMA'S DIRECTOR OF HUMAN RESOURCES. CONFIRMED VIOLATIONS OF THE POLICY WILL RESULT IN APPROPRIATE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. THIS POLICY APPLIES TO ALL EMPLOYEES AND BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED BY THE AUDIT AND EVALUATION COMMITTEE. VARIOUS SALARY COMPARISONS OF EXECUTIVE DIRECTORS OF OTHER COMPARABLE ORGANIZATIONS IS PROVIDED ANNUALLY TO THE AUDIT AND EVALUATION COMMITTEE. THE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS WHICH VOTES ON THE RECOMMENDATION. THE RESULT IS THEN COMMUNICATED TO THE HR DIRECTOR AND THE CHIEF FINANCIAL OFFICER. THE LAST COMPENSATION REVIEW WAS IN OCTOBER 2017. FOR THE OTHER OFFICERS AND KEY EMPLOYEES, THE HUMAN RESOURCES DIRECTOR ENSURES THAT SALARIES OF ICMA STAFF ARE IN LINE WITH THE MARKET PLACE AND ADJUSTMENTS ARE MADE WHERE NEEDED. PERIODICALLY AN INDEPENDENT FIRM IS ASKED TO REVIEW THE JOB CLASSIFICATIONS AND SALARIES TO ENSURE THEY ARE WITHIN AN APPROPRIATE RANGE. THE LAST STUDY WAS DONE IN FY 2016 WITH ADJUSTMENTS MADE AS NECESSARY. ALL COMPENSATION PAID IS WITHIN THE BOARD'S APPROVED BUDGET.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 1,164,458. MANAGEMENT AND GENERAL EXPENSES 712,408. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,876,866. SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 1,319,047. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,319,047. PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 109,594. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 109,594. HONORARIUM FEES: PROGRAM SERVICE EXPENSES 46,889. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 46,889. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 31,359. MANAGEMENT AND GENERAL EXPENSES 34,767. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 66,126.

Additional Data**Return to Form**

Software ID:
Software Version:

SCHEDULE R

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL CITY COUNTY MANAGEMENT
ASSOCIATION

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

36-2167755

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORP 777 N CAPITAL ST NE 600 WASHINGTON, DC 20002 23-7268394	HELPING PUBLIC SECTOR EMPLOYEES BUILD RETIREMENT SECURITY	DE	501(C)(3)	LINE 11	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION		No
(2)ICMA EUROPE PESTOVATELSKA 2 821-04 BRATOSLAVA LO	ADVANCE ICMA'S MISSION BY SERVING AS A PLATFORM FOR ICMA'S INT'L AFFILIATES	LO	FOREIGN	N/A	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	Yes	

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

Cat. No. 50135Y

Schedule R (Form 990) 2017

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Part III Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC 777 N CAPITAL ST NE STE 600	REIT HOLDING THE HEADQUARTERS	MD	INTERNATIONAL CITYCOUNTY MANAGEMENT	C	3,238,094	9,404,685	33.330 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes
b	Gift, grant, or capital contribution to related organization(s)	1b Yes
c	Gift, grant, or capital contribution from related organization(s)	1c No
d	Loans or loan guarantees to or for related organization(s)	1d No
e	Loans or loan guarantees by related organization(s)	1e No
f	Dividends from related organization(s)	1f Yes
g	Sale of assets to related organization(s)	1g No
h	Purchase of assets from related organization(s)	1h No
i	Exchange of assets with related organization(s)	1i No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n No
o	Sharing of paid employees with related organization(s)	1o No
p	Reimbursement paid to related organization(s) for expenses	1p No
q	Reimbursement paid by related organization(s) for expenses	1q No
r	Other transfer of cash or property to related organization(s)	1r No
s	Other transfer of cash or property from related organization(s)	1s No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION	A	3,303,711	FMV
(2)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	F	620,000	FMV
(3)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	K	2,300,662	FMV
(4)ICMA EUROPE	B	57,764	FMV

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

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

[illegible]

