**Signature Block** 

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TIN: 36-2167755

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection** 

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						2020-07-10						
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	3/	ABINA AGARUNOVA CHIEF FINANCIAL OFFI	ICER									
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	oarer	Firm's name Firm's name Firm's GELMAN ROSENBERG	6 & FREEDMAN			Firm's EIN > 52	-1392008					
use	Only	Firm's address 4550 MONTGOMERY A				Phone no. (301)	951-9090					
		BETHESDA, MD 2081	142930									
May th	ne IRS disc	cuss this return with the preparer sho	own above? (see instru	ıctions)			🗸 Yes 🗌 No					
For Pa	aperwork	Reduction Act Notice, see the se	parate instructions.		Cat.	No. 11282Y	Form <b>990</b> (2018					
			Pag	je 2 ———								
			1 45	JC 2								
Form 9	990 (2018	3)					Page 2					
Par	: III St	tatement of Program Service	Accomplishments									
	Ch	neck if Schedule O contains a respons	e or note to any line ir	n this Part III .			<b>✓</b>					
1		scribe the organization's mission:										
THE I	NTERNATIO	ONAL CITY/COUNTY MANAGEMENT AS	SSOCIATION (ICMA) I	S THE WORLD'S P	REMIER LO	CAL GOVERNME	NT LEADERSHIP AND					
		DRGANIZATION. FOUNDED IN 1914 B										
		ISM AND TRANSPARENCY TO LOCAL ( DNAL MANAGEMENT OF LOCAL GOVER										
		DE OF ETHICS AND COMMITMENT TO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
2	Did the or	rganization undertake any significant	program services duri	ng the year which	were not li	sted on						
	the prior	Form 990 or 990-EZ?					🗌 Yes 🔽 No					
	If "Yes," o	describe these new services on Sched	ule O.									
3	Did the or	rganization cease conducting, or make	e significant changes i	n how it conducts	, any progra	am						
	services?						Yes 🗸 No					
	If "Yes," c	describe these changes on Schedule C	).									
4	Section 5	the organization's program service ac 01(c)(3) and 501(c)(4) organizations nue, if any, for each program service i	are required to report									
4a	(Code:	) (Eypangas t	8,399,438 including	grants of \$	742.06	2 ) (Revenue \$	536,426 )					
<b>→</b> a	SERVICES AND AROU MEMBER EX ISSUE OF F	) (Expenses \$ TO LOCAL GOVERNMENTS: ICMA PROVIDES IND THE WORLD, INCLUDING, BUT NOT LIM XPERTISE IS TAPPED FOR CITY-TO-CITY EX PM MAGAZINE FOCUSED ON ICMA'S 30-YEA TED ARTICLES AND REFLECTED ON THE VA S JOINED BY 3 ATTENDEES (1 FROM AUST	S EXPERTISE ON FUNDAM IITED TO, WORK FUNDED CHANGES THROUGHOUT AR HISTORY OF WORKING LUE AND IMPACT OF ICM/	ENTAL AND LEADING BY EXTERNAL PARTI THE WORLD AS WEL INTERNATIONALLY. A'S ASSISTANCE TO	G LOCAL GOVE ES SUCH AS I L. KEY ACCON NEARLY A DO	ERNMENT MANAGE FEDERAL AGENCIE IPLISHMENTS INCI ZEN ICMA MEMBEF	MENT PRACTICES IN THE U.S. S AND FOUNDATIONS. ICMA .UDE: - THE NOVEMBER 2018 .S AND ICMA STAFF					
46	(0.1.	) (5	2.077.604			) (B	2.452.624.)					
4b	(Code:	) (Expenses \$		grants of \$		) (Revenue \$	3,452,624 )					
	LOCAL GOV CATERED T BALTIMORE MAJORITY LEADERS E PROGRAM. NONMEMBI LEADERSH AT AFFILIA COMPLIME GOVERNME	DNAL DEVELOPMENT: LEADERSHIP AND PROVERNMENTS THROUGHOUT THE WORLD. AN VERNMENTS THROUGHOUT THE WORLD. AN VIOLATION SURVEY RESPONDENTS RADEVELOPMENT PROGRAM WELCOMED 36 NE LEADERSHIP ICMA WELCOMED 15 NEW PARTS. THERE WERE 28 NEW PARTICIPANTS IF INSTITUTE. NEW ATHENIAN PROGRAM WITE ASSOCIATION MEETINGS; 2 ICMA UNIVENTARY WEBINAR PRODUCED WITH THE LEADEN; 6 STRATEGIC PARTNER-SPONSORED WENT, 6 STRATEGIC PARTNER-SPONSORED WENT AND WENT ARE DEVELOPMENT OFFERINGS THAT ARE	MONG SIGNIFICANT PROG HING PROGRAMS TO LEAD H OFFERINGS, AND WITH ATED THEIR OVERALL IMP EW PARTICIPANTS, INCLUI IRTICIPANTS. MID-CAREEI IN THE ICMA WILLIAMSBL VELCOMED 19 PARTICIPAN ERSITY WORKSHOPS TO A AGUE OF WOMEN IN GOVE VEBINARS; 53 JURISDICT	RAM ACCOMPLISHM DERSHIP AND MENTO MEMBER ATTENDAN RESSION OF THE CO DING 7 WHO WERE R MANAGEMENT INS DIRG LEADERSHIP INS VIS ICMA UNIVERS A LOCAL GOVERNME ERNMENT ON INCRE LONS REGISTER FOR	ENTS ARE:- C DRSHIP PROGI ICE OF 2,668 AS NOT ICMA ME TITUTE WELC STITUTE AND SITY OFFERING NT; 25 ICMA I ASING THE NI R ICMA'S WEB	DFFERED PROFESSI RAMS HELD AN A AND TOTAL ATTENI S VERY GOOD OR I MBERS UNTIL THE OMED 9 NEW MEM 29 PARTICIPANTS GS INCLUDED: 11 UNIVERSITY WEBII JMBER OF WOMEN	ONAL DEVELOPMENT OFFERINGS NULL CONFERENCE IN JAIL CONFERENCE IN JANCE OF 3,313. VAST EXCELLENT. ICMA'S EMERGING AREGISTERED FOR THE BERS, 3 OF WHOM WERE IN THE GETTYSBURG IN COMA UNIVERSITY WORKSHOPS JARS, INCLUDING A WORKING IN LOCAL					
4c	(Code:	) (Expenses \$	3,566,743 including	grants of \$		) (Revenue \$	5,927,820 )					
	•	) (Expenses \$ HIP: MEMBERSHIP BENEFITS AND GROWTH	· · · ·	-	CMA'S STRATE							
	ACCOMPLIS PROGRAM	SHED GROWTH IN ALL MEMBERSHIP CATEG ACCOMPLISHMENTS:- EXPANDED THE NUM TO ENGAGE WITH STUDENT MEMBERS, WH	GORIES, WITH THE TOTAL IBER OF STUDENT CHAPTI	MEMBERSHIP EXCER ERS TO 99 (96 DOME	EDING 12,300 ESTIC AND 3 I	) MEMBERS IN 38 ( INTERNATIONAL).	COUNTRIES. OTHER SIGNIFICANT EXECUTED A SOCIAL MEDIA					

MEMBERSHIP: MEMBERSHIP BENEFITS AND GROWTH IS IDENTIFIED AS THE FIRST PRIORITY OF ICMA'S STRATEGIC PLAN, ENVISION ICMA. IN FY 2019, WE ACCOMPLISHED GROWTH IN ALL MEMBERSHIP CATEGORIES, WITH THE TOTAL MEMBERSHIP EXCEEDING 12,300 MEMBERS IN 38 COUNTRIES. OTHER SIGNIFICANT PROGRAM ACCOMPLISHMENTS:- EXPANDED THE NUMBER OF STUDENT CHAPTERS TO 99 (96 DOMESTIC AND 3 INTERNATIONAL). EXECUTED A SOCIAL MEDIA STRATEGY TO ENGAGE WITH STUDENT MEMBERS, WHICH INCLUDED A STUDENT CHAPTER FACEBOOK GROUP, A BEST CHAPTER EVENT AT THE ANNUAL CONFERENCE, AND A COMPILATION OF THE FIRST ICMA STUDENT CHAPTER YEARBOOK. PARTNERED WITH THE LOCAL GOVERNMENT HISPANIC NETWORK (LGHN) AND THE NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS (NFBPA) TO OFFER COMPLIMENTARY MEMBERSHIP IN THESE ASSOCIATIONS TO STUDENT CHAPTER MEMBERS. LAUNCHED A NEW LOCAL GOVERNMENT EARLY CAREER SERVICE CERTIFICATE FOR GRADUATING MPA/MPP (OR RELATED) STUDENTS WHO DEMONSTRATED A STRONG COMMITMENT TO LOCAL PUBLIC SERVICE THROUGH COMPLETION OF A MAJOR SERVICE PROJECT FOR A LOCAL GOVERNMENT. THE LOCAL GOVERNMENT MANAGEMENT FELLOWS (LGMF) PROGRAM, WHICH PROVIDES AN ENTRY INTO THE PROFESSION TO APPLICANTS AND WHICH ENTERED ITS 16TH YEAR, CONTINUED TO ATTRACT TALENTED INDIVIDUALS. THE PROGRAM HAS BEEN EXPANDED TO INCLUDE THE VETERAN'S LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP. THROUGH THIS PROGRAM, 31 FELLOWS WERE PLACED IN 29 HOST COMMUNITIES ACROSS THE COUNTRY. TO DATE, MORE THAN 300 FELLOWS HAVE PARTICIPATED IN THE PROGRAM, OF WHICH MORE THAN 20 ALUMNI FELLOWS ARE NOW CITY AND COUNTY MANAGERS, AND MANY MORE ARE WORKING AS DEPUTY MANAGERS, DEPARTMENT HEADS, AND IN OTHER SENIOR POSITIONS. - CONTINUED TO EXPAND THE ICMA NATIONAL COACHING PROGRAM, WHICH ATTRACTS LOCAL GOVERNMENT PROFESSIONALS TO ACCESS THE FREE PROFESSIONAL DEVELOPMENT OFFERD BY ICMA. OVER 6,400 INDIVIDUALS

PARTICIPATED IN THE SIX COMPLIMENTARY COACHING WEBINARS. THERE ARE NOW 30 STATE COACHING PARTNERS.- CONTINUED WORK ON ADVANCING DIVERSITY AND INCLUSION IN THE PROFESSION. DEVELOPED A ROBUST EQUITY AND INCLUSION TRACK OF 24 OFFERINGS FOR THE ANNUAL CONFERENCE IN BALTIMORE, INCLUDING 7 EDUCATIONAL SESSIONS, 2 LEARNING LOUNGES, 2 FORUMS, 2 FIELD DEMOS, 2 WORKSHOPS, AND 3 ROUNDTABLES. IN ADDITION, SPONSORED 6 SPECIAL EVENTS ON THE TOPIC, INCLUDING THE 3RD ICMA UNIVERSITY FORUM WITH THE LEAGUE OF WOMEN IN GOVERNMENT, THE SOLD-OUT LUNCHEON FOR WOMEN IN THE LOCAL GOVERNMENT PROFESSION, THE FIRST ANNUAL SUNDAY NIGHT EQUITY MIXER, AND THE CIVICPRIDE MIXER. AS PART OF OUR ONGOING STRATEGY TO HAVE MORE DIVERSITY IN PANELS AT ICMA EVENTS, 30% OF THE KEYNOTE/FEATURED SPEAKERS IN BALTIMORE WERE WOMEN AND 30% WERE ETHNIC/RACIAL MINORITIES. FOR ALL OTHER SESSIONS, 44% OF SPEAKERS WERE WOMEN AND 11% WERE UNDERREPRESENTED MINORITIES. ESTABLISHED A NEW COMMUNITY DIVERSITY AND INCLUSION AWARD AND AWARDED IT TO THREE RECIPIENTS AT THE BALTIMORE ANNUAL CONFERENCE. THE CONFERENCE INCLUDED A MEETING FOR THE LEADERS OF 15 STATE-BASED WOMEN LEADING GOVERNMENT (WLG) CHAPTERS, THE LEAGUE OF WOMEN IN GOVERNMENT, THE LEGACY PROJECT, AND THE 16/50 MICHIGAN-BASED GROUP TO FOSTER COLLABORATION AND NETWORKING. TO BUILD ON THE MOMENTUM OF THIS EVENT, CREATED THE HASHTAG #SHELEADSGOV, WHICH IS BEING USED IN SOCIAL MEDIA EFFORTS TO KEEP THE FOCUS ON ADVANCING WOMEN IN THE PROFESSION. PROVIDED SUPPORT TO 5 STUDENTS AND EARLY CAREER PROFESSIONALS TO ENABLE THEM TO ATTEND THE KANSAS STATE UNIVERSITY "Inspiring women in public administration" conference and to 8 students to attend the women in government arizona conference. In PARTNERSHIP WITH GOVERNMENT ALLIANCE ON RACE AND EQUITY (GARE), NATIONAL LEAGUE OF CITIES (NLC), POLICY LINK, AND LIVING CITIES, WORKED TO DEVELOP WAYS TO ADDRESS RACIAL EQUITY ISSUES IN LOCAL GOVERNMENT. RELEASED A RESEARCH REPORT "RECRUITMENT AND RETENTION OF UNDERREPRESENTED MINORITIES AS CITY AND COUNTY MANAGERS", WRITTEN BY KENDRA SMITH OF STANFORD UNIVERSITY. PRODUCED A FREE MEMBER WEBINAR IN PARTNERSHIP WITH LEAGUE OF WOMEN IN GOVERNMENT AND THE MICHIGAN MUNICIPAL LEAGUE PROMOTING WOMEN IN THE PROFESSION. LAUNCHED A NEW "EQUITY AND INCLUSION" TRACK AS PART OF ICMA UNIVERSITY'S LOCAL GOVERNMENT 101 ONLINE CERTIFICATE PROGRAM.- UNDER THE CITY-COUNTY MANAGEMENT SENIOR FELLOWSHIP PROGRAM (CMSFP), FORMERLY KNOWN AS THE GARRISON COMMAND PROGRAM, ENABLED 10 DEPARTMENT OF DEFENSE FELLOWS TO COMPLETE EXCHANGE VISITS WITH LOCAL GOVERNMENTS. STARTED THE VETERANS LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP (VLGMF), A PROGRAM TO HELP SERVICE MEMBERS TRANSITION TO LOCAL GOVERNMENT. - UPDATED OR BEGAN WORK ON A NUMBER OF CAREER RESOURCES FOR MEMBERS, INCLUDING A HANDBOOK FOR DEPUTY MANAGERS, A GUIDEBOOK FOCUSED ON HUMAN RESOURCES RECRUITING FOR VETERANS, THE FIRST-TIME ADMINISTRATOR'S HANDBOOK, THE MODEL EMPLOYMENT AGREEMENT, AND THE RECRUITMENT GUIDELINES HANDBOOK. ICMA'S CAREER GUIDES WEB PAGE HAS BEEN REDESIGNED TO MAKE THE MATERIALS MORE ACCESSIBLE AND VISUALLY APPEALING. - 2019 MARKS THE 95TH ANNIVERSARY OF THE ICMA CODE OF ETHICS. A NEW E-BOOK, ETHICS MATTER! ADVICE FOR PUBLIC MANAGERS, WAS RELEASED AS A MEMBER BENEFIT AND DOWNLOADED BY MORE THAN 1500 MEMBERS, EFFORTS TO REVISE THE CODE OF ETHICS ARE ONGOING.

(Code: ) (Expenses \$ 3,298,768 including grants of \$ 121,425 ) (Revenue \$ 2,326,210 )

RESEARCH AND POLICY: ICMA CONTINUES TO BE SECOND ONLY TO THE FEDERAL GOVERNMENT IN THE COLLECTION AND ANALYSIS OF LOCAL GOVERNMENT RESEARCH. THE FOLLOWING PROJECTS HAVE BEEN COMPLETED: - LOCAL GOVERNMENTS AND IMMIGRANT COMMUNITIES SURVEY, IN PARTNERSHIP WITH CORNELL UNIVERSITY; - ETHICS IN LOCAL GOVERNMENT SURVEY, IN PARTNERSHIP WITH SACRAMENTO STATE UNIVERSITY; - RESIDENTIAL LAND USE CONNELL UNIVERSITY, "ETHICS IN LOCAL GOVERNMENT SORVEL, IN PARTINESHIP WITH A CAMBUS STATE UNIVERSITY, "RESIDENTIAL CAND USE REGULATION SURVEY, IN PARTNERSHIP WITH THE UNIVERSITY OF PENNSYLVANIA'S WHARTON SCHOOL OF BUSINESS; - LOCAL IMPACTS OF COMMERCIAL CANNABIS, IN PARTNERSHIP WITH HALF MOON BAY, CALIFORNIA; - A FIVE-YEAR UPDATE TO ALTERNATIVE SERVICE DELIVERY SURVEY, IN PARTNERSHIP WITH CORNELL UNIVERSITY AND UNIVERSITY OF NORTH CAROLINA-WILMINGTON; - 2018 MUNICIPAL FORM OF GOVERNMENT SURVEY, UPDATE TO THE MOST COMPREHENSIVE RESOURCE AVAILABLE ON DATA PERTAINING TO THE STRUCTURE OF MUNICIPAL GOVERNMENT IN THE UNITED STATES; - ENERGY UTILITY FRANCHISE AGREEMENT SURVEY ON PREVAILING PRACTICES FOR ESTABLISHING LOCAL GOVERNMENTS' AGREEMENTS WITH ENERGY SERVICE PROVIDERS, IN PARTNERSHIP WITH THE NATIONAL RENEWABLE ENERGY LABORATORY; - ENERGY TRANSITION SURVEY ON THE EXTENT TO WHICH CURRENT SHIFTS TOWARD MORE RENEWABLE ENERGY SOURCES ARE IMPACTING U.S. LOCAL GOVERNMENTS, IN PARTNERSHIP WITH INDIANA UNIVERSITY; - THE MODEL POLICE OFFICER: RECRUITMENT, TRAINING, AND COMMUNITY ENGAGEMENT, IN PARTNERSHIP WITH THE VERA INSTITUTE; - BEYOND COMPLIANCE: RECRUITMENT AND RETENTION OF UNDERREPRESENTED POPULATIONS TO ACHIEVE HIGHER POSITIONS IN LOCAL GOVERNMENT; AUTHORED BY DR. KENDRA SMITH, UNIVERSITY OF HOUSTON COLLEGE OF MEDICINE; - LEADERSHIP OF PROFESSIONAL LOCAL GOVERNMENT MANAGERS BEFORE, DURING, AND AFTER A CRISIS, AUTHORED BY DR. RON CARLEE, OLD DOMINION UNIVERSITY; - LOCAL GOVERNMENT CYBERSECURITY PRACTICES; - 2018 CAO SALARY AND COMPENSATION SURVEY; - LEADING THE CITIES OF THE FUTURE, FUNDED BY A CHALLENGE GRANT FROM THE IBM CENTER FOR THE BUSINESS OF GOVERNMENT AND PUBLISHED IN GOVERNMENT FOR THE FUTURE (OCTOBER 2018); - WHITE PAPER ON OPPORTUNITY ZONES; - WHITE PAPER "BLOCKCHAIN TECHNOLOGY: LOCAL GOVERNMENT APPLICATIONS AND CHALLENGES", IN PARTNERSHIP WITH THE GOVERNMENT FINANCE OFFICERS ASSOCIATION. OUTREACH: TO ACHIEVE OUR GOALS OF HELPING TO ENSURE FUTURE-READY LEADERS AND POSITIONING ICMA AS THOUGHT LEADERS, WE CONTINUED TO FOCUS ON BOTH CREATING MORE ENGAGING CONTENT TO ATTRACT MEMBERS AND THEIR STAFFS AND EXPANDING OUR OUTREACH ON PRIORITY TOPIC AREAS. EXAMPLES INCLUDE:- PUBLISHED 50 ISSUES OF LEADERSHIP MATTERS, WITH OPEN RATES OF 35% FOR THE MEMBER EDITION AND 12.6% FOR THE NONMEMBER EDITION AND AVERAGE CLICK-THROUGH RATES OF 33% FOR THE MEMBER EDITION AND 11% FOR THE NONMEMBER EDITION. TOTAL NUMBER OF SUBSCRIBERS IS 27,000.- PUBLISHED 12 ISSUES OF THE PM MAGAZINE MONTHLY E-NEWSLETTER WITH OVER 12,000 SUBSCRIBERS, WITH AN OPEN RATE OF 24% AND A CLICK-THROUGH RATE OF 13%.- HAD 977 MEDIA PLACEMENTS, IN WHICH ICMA WAS EITHER THE MAIN FOCUS OF THE ARTICLE OR HAD A QUOTE OR MENTION RESULTING IN 454 MILLION VIEWS.- THE ICMA WEBSITE HAD 5 MILLION PAGEVIEWS AND 683,000 VISITORS, WITH 29% VIA MOBILE/TABLET: SOCIAL MEDIA AUDIENCE GREW TO 73,500 WITH 109,000 ENGAGEMENTS AND 156,000 REFERRALS TO ICMA.ORG.- ICMA'S MEDIA OUTREACH EFFORTS HAVE RESULTED IN SUCCESSFUL COVERAGE, INCLUDING COMMENTARY FROM ICMA STAFF ON ETHICS AND TRANSPARENCY ISSUES THAT SURFACED ALONG WITH ICMA'S POLICING RESOURCES, OUR NEW CANNABIS REPORT, SOLSMART, AND SIGNIFICANT COVERAGE OF THE ICMA ANNUAL CONFERENCE. ONE OF OUR EXPERTS WAS WIDELY QUOTED ON MANAGEMENT OF THE CALIFORNIA WILDFIRE. A PIECE COAUTHORED BY ICMA'S EXECUTIVE DIRECTOR AND ENGAGED CITIES WAS PLACED IN THE HILL. BY FAR THE LARGEST SHARE OF MEDIA ATTENTION WAS GARNERED BY ICMA RESEARCH AND COMMENTARY ON CYBERSECURITY. MORE THAN 30% OF OUR COVERAGE CAME FROM THIS TOPIC AND ITS IMPORTANCE TO LOCAL GOVERNMENTS.- THE ICMA BLOG RECEIVED 135,274 PAGEVIEWS. BLOG POSTS CONTINUED TO FOCUS ON CORE CONTENT PRIORITY AREAS: ETHICS, INNOVATION, MANAGEMENT, AND LEADERSHIP, WHILE ALSO DISTRIBUTING CONTENT AROUND THE 10 OTHER IDENTIFIED PRIORITY TOPICS.- A NEW MONTHLY CONTENT SERIES - FACTS AND STATS - WAS LAUNCHED TO HELP PROMOTE ICMA RESEARCH AND HAS BEEN PERFORMING WELL ON BOTH THE WEBSITE AND SOCIAL MEDIA. FEATURED PIECES HAVE INCLUDED DISASTER PREPAREDNESS IN OUR COMMUNITIES, AVOIDING THE DESTRUCTION OF CYBERATTACKS ON LOCAL GOVERNMENT, ADVANCING COMMUNITY GOALS: THE EVOLVING ROLE OF THE PUBLIC LIBRARY, AND BUILDING WELCOMING CITIES: ENGAGING AND INTEGRATING THE IMMIGRANT COMMUNITY, MANAGING TIGHT RESOURCES: ALTERNATIVE SERVICE DELIVERY IN LOCAL GOVERNMENT, THE DATA BEHIND THE DISASTER, VOLUNTEERISM BY THE NUMBERS: THE VALUE OF A VOLUNTEER.

 4d
 Other program services (Describe in Schedule O.)

 (Expenses \$ 3,298,768 including grants of \$ 121,425 ) (Revenue \$ 2,326,210 )

 4e
 Total program service expenses ▶ 19,242,630

4e Total program service expenses 15,242,030

Form **990** (2018)

 Form 990 (2018)
 Page 3

 Part IV
 Checklist of Required Schedules
 Yes
 No

Page 3

			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 2	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, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <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?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I(see instructions)	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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	2 (2010)
		F	orm <b>99</b>	<b>0</b> (2018)
	Page 4 ———————————————————————————————————			
orm	990 (2018)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)		. I	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	$\Box$	Yes	No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

complete Schedule K. If "No," go to line 25a

Yes

No

23

24a

D	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule ${\it M}$	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? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	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   169			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2018)
Form	990 (2018)			Page <b>5</b>
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			
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	
	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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: ►AF , RP , KV		Ī
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a	No
	solicit any contributions that were not tax deductible as charitable contributions?		
Ь	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).		
а	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	
С	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		
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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:		
а	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	1	
11	Section 501(c)(12) organizations. Enter:	1	
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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		
С	Enter the amount of reserves on hand	]	
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	No
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	No
	· · · · · · · · · · · · · · · · · · ·	Forn	n <b>990</b> (2018)
	Page 6		
	000 (2018)		
	990 (2018)	-//	Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	respons	_
Se	Check if Schedule O contains a response or note to any line in this Part VI		. 🔽

	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	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		
l1a	11a	Yes		
b				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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		
Se	ction C. Disclosure			
L7	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	0	00 51	
	, OK ,	UR , PA	, SC ,	
18				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
L9	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			
				0 (2018

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Check if Schedule O contains a response or note to a	nv 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) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation organization (W anv hours and a director/trustee) organizations from the (W- 2/1099for related 2/1099-MISC) organization and Highest Former organizations ndividual TRICE MISC) related director below dotted stitutional organizations emplo line) compensat trustee yee Trustee 5.00 (1) KAREN E PINKOS Х Х 0 PRESIDENT 5.00 (2) JANE BRAUTIGAM Χ PRESIDENT-ELECT 5.00 (3) DAVID C JOHNSTONE Х Х PAST PRESIDENT 0.50 5.00 (4) MARTHA J BENNETT Х REGIONAL VICE PRESIDENT 5.00 (5) JAMES G JAYNE Х Х 0 REGIONAL VICE PRESIDENT 5.00 (6) PATRICK E KLEIN Х REGIONAL VICE PRESIDENT 5.00 (7) STEPHANIE J MASON Х Х 0 REGIONAL VICE PRESIDENT 5.00 (8) FRANS G MENCKE Χ REGIONAL VICE PRESIDENT 5.00 (9) TIM A ANDERSON Χ REGIONAL VICE PRESIDENT 5.00 (10) W LANE BAILEY Х Х REGIONAL VICE PRESIDENT (11) WALLY BOBKIEWICZ Х REGIONAL VICE PRESIDENT 5.00 (12) EDWARD R DRIGGERS Х REGIONAL VICE PRESIDENT 5.0 (13) HEATHER M GEYER Х REGIONAL VICE PRESIDENT 5.00 (14) MATTHEW W HART REGIONAL VICE PRESIDENT

(15) MARIA A HURTADO REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(16) SUE BIDROSE REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(17) CHRISTOPHER COLEMAN REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	pers and	on (do an on son is I a dir	e bo both ecto	t che x, u n an	nless office	er	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	related organizations
18) LAURA FITZPATRICK	5.00	.,		,,					0	
REGIONAL VICE PRESIDENT		×		Х				0	0	
19) CLINT GRIDLEY	5.00							_		
REGIONAL VICE PRESIDENT		×		Х				0	0	
20) MICHAEL LAND	5.00									
EGIONAL VICE PRESIDENT		X		Х				0	0	
21) EDWARD SHIKADA	5.00									
ECIONAL VICE DESIDENT	5.00	X		Х				0	0	
EGIONAL VICE PRESIDENT 22) MARC OTT	37.50									
				Х				626,872	0	58,63
XECUTIVE DIRECTOR  23) UMA RAMESH	2.50 37.50									
·				Х				298,608	0	58,51
HIEF OPERATING OFFICER 24) SABINA AGARUNOVA	0.50		ļ							
·	37.50			Х				201,359	0	43,87
HIEF FINANCIAL OFFICER 25) DAVID GROSSMAN	37.50									
, , , , , , , , , , , , , , , , , , ,		<b></b>			Х			199,759	0	29,89
IR. INT'L PROG. (THROUGH 3/19)	1.00									
26) MARTHA PEREGO	37.50				Х			186,077	0	32,21
IRECTOR, ETHICS		••••								
27) ELLEN FOREMAN	37.50					Х		168,372	0	26,77
IR. BRAND MGMT & MKT COMM								·		
28) TAD MCGALLIARD	37.50					х		149,935	0	37,12
DIR. RESEARCH & TECH ASST								2,350		2.722
29) JUNIPER THREN	37.50					Х		151,539	0	29,58
DIR. BUS. APP & TECH (THROUGH 3/19)								131,339		25,50
30) BONNIE KARNS	37.50					Х		112 222	0	20,88
DIR. HR & OFF. ADMIN. (THROUGH 8/18)							L	112,233		20,86
31) XAVIER HUGHES	37.50					V		120 500		10.05
HIEF TECHNOLOGY OFFICER		<b> </b>				Х		130,500	0	10,87

<sup>2</sup> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 19

						_			
3	Did the organization list any filine 1a? If "Yes," complete Sci			key employee, or hi	ghest compensated	employee on	3		No
4	For any individual listed on lin organization and related organindividual					n the			
5	Did any person listed on line 1 services rendered to the organ		•	•	-	vidual for	5	Yes	No No
Se	ection B. Independent Co	ntractors		•		<u></u>			NO
1	Complete this table for your fi	ve highest com					pens	ation	
	from the organization. Report	compensation (A)		ear ending with or wi	thin the organization	n's tax year. (B)	$\neg T$	(0	<del></del>
DC AV	AUDIO VICUAL CEDVICE CDOUD INC	Name and busin	ness address			ription of services AL EQUIP. & EVENTS	_	Comper	
	AUDIO VISUAL SERVICE GROUP INC 3 NETWORK PLACE	•			TECHNOLOG				497,886
CHIC	AGO, IL 60673								
	INELLI PC				LEGAL SER\	ICES			237,011
	V 48TH PLACE SUITE 900 AS CITY, MO 64112								
MADV	VOLF TECHNOLOGIES LLC				TECH. CONS	SULTING SERVICES			225,225
	CONNECTICUT AVE NW STE 1100 HINGTON, DC 20006								
	LOX INC					DEVELOPMENT			156,734
	5 N PIMA RD 3027				SERVICES				
	TSDALE, AZ 85255 MARUSKA & COMPANY INC				COACHING	PROGRAM SERVICES	-		147,500
	IAPA AVE SUITE A-5								
	RO BAY, CA 93442 Total number of independent co	ntractors (inclu	idina but not limite	d to those listed above	ve) who received mo	ore than \$100.000	) of		
	compensation from the organiza				•			00	<b>2</b> (2010)
							ı	rorm <b>99</b>	<b>0</b> (2018)
				Page 9					
Form	990 (2018)								D 0
	rt VIII Statement of Rev	venue							Page <b>9</b>
	Check if Schedule O	contains a resp	onse or note to an	y line in this Part VIII					
				(A) Total revenue	<b>(B)</b> Related or	(C) Unrelated		( <b>D</b> ) Rever	
					exempt function	business		excluded x under	from
-					revenue	revenue	ta	512 -	
s.	erated campaigns	1a							
Grants	nbership dues	1b							
<u>ت</u> .	F Instrument and a second								
Contributions, Gifts,	mbership dues draising events ated organizations ernment grants (contributions)	1c							
G:	Ē								
ë	ated organizations	1d							
ቜ.	ernment grants (contributions)	1 40							
₩.	9,864,121	1e							
Ō	ther contributions, gifts, grants,								
	anu similar amounts not included above	1f							
	1,020,601								
g									
Non	cash contributions included								
	nes 1a - 1f:\$								
		· · ·	Business Code	<u> </u>			$\top$		
	2a			5,927,820	5,927,820		+		
l,	^=MBERSHIP DUES		900099				$\perp$		
Revenue	7		900099	3,452,624	3,452,624			_	
Sex	OFESSIONAL DEVELOPMENT		<u> </u>	1.361.321	1.361.321		+		

q.	;		900099	-,,	-,,		
Sarvice	SEARCH/INFORMATION			676,250	676,250		
			900099	,			
8	MBERSHIP PUBLICATIONS			536,426	536,426		
Program	DGRAM SERVICE REVENUE	:	900099				
ā			_	288,639		288,639	
	<b>f</b> All other program ser	vice revenue.	12,243,080			,	
	<b>9 Total.</b> Add lines 2a-2f	f 🕨	12,243,060				
	3 Investment income (in	icluding dividends, in	terest, and other	020 000			020,000
	similar amounts)		<b>•</b>	820,000			820,000
	<b>4</b> Income from investme		nd proceeds	2.442.254			2 442 254
	<b>5</b> Royalties		<u> </u>	2,443,254			2,443,254
	- 0	(i) Real	(ii) Personal				
	<b>6a</b> Gross rents	1,186,955					
	<b>b</b> Less: rental expenses	1,151,131					
		, ,					
	c Rental income or	35,824					
	(loss)	(1)		35,824			25.024
	<b>d</b> Net rental income or		_	33,624			35,824
	- 0	(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of	42,552					
	assets other than inventory						
	<b>b</b> Less: cost or other basis and	28,552					
	sales expenses	14.000					
	C Gain or (loss)	14,000	_	14.000			14.000
	<b>d</b> Net gain or (loss) .	-	•	14,000			14,000
e	<b>8a</b> Gross income from fu (not including \$	indraising events of					
Ž		d on line 1c).					
Revenu	See Part IV, line 18	a					
		s <b>b</b>  _					
e	c Net income or (loss)	from fundraising ever	nts 🕨				
otto th	■ Gross income from ga See Part IV, line 19						
ĭ	See Fait IV, illie 19	   a					
	<b>b</b> Less: direct expenses	-					
	c Net income or (loss)	I_	e .				
	10aGross sales of invento	_	·s				
	returns and allowance						
		a					
	<b>b</b> Less: cost of goods so	old <b>b</b>					
	c Net income or (loss)	from sales of invento	ry 🕨				
Ī	Miscellaneous	Revenue	Business Code				
	11a <sub>OTHER</sub> REVENUE		900099	132,212			132,212
	b						
	С						
	<b>d</b> All other revenue .						
	e Total. Add lines 11a-	-11d	•	132,212			
	12 Total revenue. See	Instructions					
			•	26,573,092	11,954,441	288,639	3,445,290

Form 990 (2018)

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 .	<u> </u>	<u> </u>	🗹
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	705,401	705,401		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,570	56,570		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	101,516	101,516		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,602,004	280,477	1,321,527	
<b>6</b> 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	7,209,085	5,243,159	1,755,583	210,343
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	558,463	382,557	158,527	17,379
<b>9</b> Other employee benefits	2,373,199	1,558,933	749,282	64,984
10 Payroll taxes	729,332	429,449	281,860	18,023
<b>11</b> Fees for services (non-employees):				
a Management				
<b>b</b> Legal	274,950		274,950	
<b>c</b> Accounting	58,200		58,200	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17	92,436			92,436
<b>f</b> Investment management fees	28,394		28,394	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,374,219	2,732,499	641,720	
12 Advertising and promotion	10,752	10,752		
13 Office expenses	732,844	590,550	137,221	5,073
14 Information technology	354,765	105,632	249,133	
15 Royalties	11,463	11,463		
16 Occupancy	1,220,656	790,219	399,703	30,734
<b>17</b> Travel	1,528,895	1,217,057	243,723	68,115
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,269,611	2,076,090	186,370	7,151
<b>20</b> Interest	416		416	
21 Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	559,013	28,519	530,494	
23 Insurance	177,763	61,791	115,972	
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	21,117		21,117	
<b>b</b> FIELD OFFICE EXPENSES	2,621,180	2,621,180		
c CREDIT CARD FEES	168,627		168,627	
d EQUIP. RENTAL & MAINT.	111,230	82,272	28,958	
e All other expenses	229,883	156,544	73,337	2
25 Total functional expenses. Add lines 1 through 24e	27,181,984	19,242,630	7,425,114	514,240
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

D			1	4
М	a۷	ıe		т

Form 990 (2018) Page **11**Part X **Balance Sheet** 

P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in t	his Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			27,161	1	500
	2	Savings and temporary cash investments .		[	9,253,134	2	8,177,528
	3	Pledges and grants receivable, net			2,688,240	3	2,607,212
	4	Accounts receivable, net			1,087,112	4	1,210,456
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquality	ated employees.	Complete		5	
s		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				
ssets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			1,142,977	9	1,094,909
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,465,729			
	b	Less: accumulated depreciation	10b	1,977,746	2,604,664	10c	2,487,983
	11	Investments—publicly traded securities .			6,251,907	11	6,955,026
	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 equ	al line 34) .		23,055,195	16	22,533,614
	17	Accounts payable and accrued expenses			3,858,749	17	3,048,429
	18	Grants payable				18	
	19	Deferred revenue			5,390,020	19	5,263,537
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedu	le D		21	
iabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ap		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third parties			23	
	24	Unsecured notes and loans payable to unrelated	third parties .			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		d third parties,	46,688	25	20,465
	26	<b>Total liabilities.</b> Add lines 17 through 25	ı		9,295,457	26	8,332,431
Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33		e► ✓ and			
lan	27	Unrestricted net assets			10,711,711	27	11,006,376
Ba	28	Temporarily restricted net assets			3,048,027	28	3,194,807
ы	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117	• • • • • • • • • • • • • • • • • • • •				
Assets or	30	check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building or eq	Juipment fund			31	
As	32	Retained earnings, endowment, accumulated in	come, or other fo	unds		32	
Net	33	Total net assets or fund balances		🗀	13,759,738	33	14,201,183
Z	34	Total liabilities and net assets/fund balances .		[	23,055,195	34	22,533,614

Form **990** (2018)

Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			573,092
2	Total expenses (must equal Part IX, column (A), line 25)	2			181,984
3	Revenue less expenses. Subtract line 2 from line 1	3			608,892
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,	759,738
5	Net unrealized gains (losses) on investments	5			172,510
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			877,827
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		14,	201,183
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash Cash Cash 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:	. o u			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis,			
	☐ Separate basis ☐ Both consolidated and separate basis				
	Separate basis Consolidated basis South consolidated and separate basis				
С	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?		2-	Vaa	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	∩ ماريام	2c	Yes	
	If the diganization changed either its oversight process of selection process during the tax year, explain in ser	iedule O	•		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single			
	Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b	Yes	
	and a second control of the second of the se				<b>0</b> (2018)

### TIN: 36-2167755

OMB No. 1545-0047

2018

Open to Public Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

INTERNATIONAL CITYCOUNTY MANAGEMENT
ASSOCIATION

\_\_\_\_

**Employer identification number** 

	CIATION		Cl Ct t.	(All		+- +l-:+ \ (	36-2167755	
	rt I rganiz	Reason for Public of ation is not a private four					see instructions.	
1	. <b>.</b>	A church, convention of					(A)(i).	
2		A school described in <b>se</b>	•					
					•	, ,		
3		A hospital or a cooperati	•	3			•	
4	name, city, and state:							
5		An organization operated 170(b)(1)(A)(iv). (Co			rsity owned or op	erated by a gov	ernmental unit describ	ped in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	l)(v).	
7		An organization that nor section 170(b)(1)(A)(			s support from a	governmental u	init or from the genera	al public described in
8		A community trust descr	ibed in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)					pport from gross		
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee <b>section 509</b>	(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 o more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check th in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q.							
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You n 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.							
С		Type III functionally is supported organization(s						ted with, its
d	<b>Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization(s) that is functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). <b>You must complete Part IV, Sections A and D, and Part V.</b>							
e		Check this box if the org				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III n the number of supported	•		-			
g		Provide the following info	-				- · · · · · · · <u>-</u>	
	(i) N	lame 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		
Tota	1							
		work Reduction Act Not	ice, see the Ir	nstructions for	Cat. No. 11285	i SF	<u> </u> Schedule A (Form 99	l 90 or 990-EZ) 2018
		or 990-EZ.	,					

Page 2

Schedule A (Form 990 or 990-EZ) 2018

Page **2** 

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.)

					1	1				
	lendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total			
	r fiscal year beginning in)		. ,				- ,			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grant.")									
2	Tax revenues levied for the									
2	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	<b>Total.</b> Add lines 1 through 3									
	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	<b>Public support.</b> Subtract line 5 from									
	line 4.									
Section B. Total Support										
	lendar year	(-)2014	<b>(b)</b> 2015	(a)2016	(4)2017	(-)2010	( <b>6</b> )Tatal			
(or	r fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f)Total			
7	Amounts from line 4									
8	Gross income from interest,		1	1						
_	dividends, payments received on									
	securities loans, rents, royalties and									
	income from similar sources		<u> </u>	<u> </u>		<u> </u>	<u> </u>			
9	Net income from unrelated business									
-	activities, whether or not the									
	business is regularly carried on									
10										
	loss from the sale of capital assets									
	(Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through									
	10	ata (asa inaturatia								
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,			
	check this box and <b>stop here</b>						٦ .			
					<u> </u>					
	ection C. Computation of Public									
14	Public support percentage for 2018 (lir	ne 6, column (f) di	vided by line 11,	column (f))		14				
15	Public support percentage for 2017 Sci	hedule Δ Part II l	ine 14			15				
16a	<b>33</b> 1/3% <b>support test—2018.</b> If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this I				
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶ 🗆			
h	<b>b</b> 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this									
b							▶∪			
-			box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
_	10%-facts-and-circumstances test	-2018. If the org	ganization did not	check a box on lir	17a 10%-facts-and-circumstances test—2018. 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					
_	10%-facts-and-circumstances test is 10% or more, and if the organization	-2018. If the org	ganization did not -and-circumstance	check a box on lir	ne 13, 16a, or 16b s box and <b>stop he</b>	, and line 14 <b>ere.</b> Explain				
_	10%-facts-and-circumstances test	-2018. If the org	ganization did not -and-circumstance	check a box on lir	ne 13, 16a, or 16b s box and <b>stop he</b>	, and line 14 <b>ere.</b> Explain	_			
_	10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	:— <b>2018.</b> If the org n meets the "facts the "facts-and-circ	ganization did not -and-circumstance cumstances" test.	check a box on lir es" test, check this The organization	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	, and line 14 ere. Explain icly supported	▶□			
_	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:— <b>2018.</b> If the org n meets the "facts the "facts-and-circ 	ganization did not -and-circumstance cumstances" test. 	check a box on lires test, check this the organization of the organization of the check a box on li	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	, and line 14 ere. Explain icly supported	▶□			
_	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:— <b>2018.</b> If the org n meets the "facts the "facts-and-circ 	ganization did not -and-circumstance cumstances" test. 	check a box on lires test, check this the organization of the organization of the check a box on li	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	, and line 14 ere. Explain icly supported	▶□			
_	10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:— <b>2018.</b> If the org n meets the "facts the "facts-and-circ  :t— <b>2017.</b> If the org sation meets the "f	ganization did not -and-circumstance umstances" test	check a box on lires" test, check this. The organization of the check a box on literaces test, check	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ  ine 13, 16a, 16b, k this box and <b>sto</b>	, and line 14 ere. Explain icly supported or 17a, and line p here.	▶ □			
_	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:— <b>2018.</b> If the org n meets the "facts the "facts-and-circ 	ganization did not -and-circumstance cumstances" test. 	check a box on lires" test, check this The organization of the check a box on literates test, check es" test. The organizations of the check a box on literates test. The organizations of the check as	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	, and line 14 ere. Explain icly supported				
17a	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:— <b>2018.</b> If the org n meets the "facts the "facts-and-circ 	ganization did not -and-circumstance umstances" test	check a box on lires" test, check this. The organization of the check a box on literaces test, check es test. The organization of the check a box on literaces test.	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	, and line 14 ere. Explain icly supported or 17a, and line p here. as a publicly				
17a	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:—2018. If the organ meets the "facts the "facts-and-circ	ganization did not -and-circumstance tumstances" test	check a box on lires" test, check this. The organization of the check a box on literates test, check es test. The organization of the check a box on literates test. The organization of the check a box on literates test. The organization of the check a box of t	ne 13, 16a, or 16b s box and stop he qualifies as a publ	, and line 14 ere. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□			
17a	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:—2018. If the organ meets the "facts the "facts-and-circ	ganization did not -and-circumstance tumstances" test	check a box on lires" test, check this. The organization of the check a box on literates test, check es test. The organization of the check a box on literates test. The organization of the check a box on literates test. The organization of the check a box of t	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	and line 14 ere. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□			
17a	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:—2018. If the organ meets the "facts the "facts-and-circ	ganization did not -and-circumstance tumstances" test	check a box on lires" test, check this. The organization of the check a box on literates test, check es test. The organization of the check a box on literates test. The organization of the check a box on literates test. The organization of the check a box of t	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	, and line 14 ere. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□			
17a	is 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets organization	:—2018. If the organ meets the "facts the "facts-and-circ	ganization did not -and-circumstance tumstances" test	check a box on lires" test, check this. The organization of the check a box on literates test, check es test. The organization of the check a box on literates test. The organization of the check a box on literates test. The organization of the check a box of t	ne 13, 16a, or 16b s box and <b>stop he</b> qualifies as a publ	and line 14 ere. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□			
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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							
3	furnished by a governmental unit to							
6	the organization without charge <b>Total.</b> Add lines 1 through 5	23,299,071	31,991,904	31,542,742	25,683,039	22,839,163	135,	355,919
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	9,495	13,691	8,448	5,524	5,655		42,813
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the							0
	greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b	9,495	13,691	8,448	5,524	5,655		42,813
8	<b>Public support.</b> (Subtract line 7c from line 6.)						135,	313,106
Se	ection B. Total Support							
	endar year fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	( <b>d</b> ) 2017	<b>(e)</b> 2018	(f) Total	
· 9	Amounts from line 6	23,299,071	31,991,904	31,542,742	25,683,039	22,839,163	135,	355,919
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,074,702	2,134,330	3,505,888	4,428,645	4,450,209	16,	593,774
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,							
С	1975. Add lines 10a and 10b.	2,074,702	2,134,330	3,505,888	4,428,645	4,450,209	16,	593,774
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	80,734		430,184
12		128,826	132,000	133,380	132,166	132,212		658,584
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).	25,614,130	34,335,801	35,259,517	30,326,695	95 27,502,318 153,038		
14	First five years. If the Form 990 is f	or the organization	on's first, second, t	hird, fourth, or fif	th tax year as a se	ection 501(c)(3) o	rganization	<u></u>
	check this box and <b>stop here</b>						<b>.</b>	
15	ection C. Computation of Public Public support percentage for 2018 (I	: Support Perc ine 8, column (f)	entage divided by line 13,	, column (f))		15	88	.420 %
16	Public support percentage from 2017					16		.500 %
Se	ection D. Computation of Inves							
17	Investment income percentage for 20	,	• • • • • • • • • • • • • • • • • • • •	,		17		.840 %
18 19a	Investment income percentage from 331/3% support tests—2018. If the					<b>18</b> 133 1/3%, and line		.870 %
	more than 33 1/3%, check this box and <b>33 1/3% support tests—2017.</b> If the	<b>stop here.</b> The do	organization qualifi d not check a box	ies as a publicly so on line 14 or line	upported organiza 19a, and line 16 is	tion s more than 33 1/3	. ► ✓ % and line	18 is
20	not more than 33 1/3%, check this bo	•	3		, , , ,	•	_	
	<b>Private foundation.</b> If the organizate	lion did not check	a box on line 14,	19a, or 19b, cnec		le A (Form 990 d		2018
			Page 4					
Sche	dule A (Form 990 or 990-EZ) 2018						ı	Page <b>4</b>
Par	t IV Supporting Organization (Complete only if you checked Part I, complete Sections A an Sections A and D, and comple	a box on line 12 d C. If you checke						
Se	ection A. All Supporting Organi	zations					1	<del></del>
1	Are all of the organization's supported	d organizations lie	ted by name in th	o organization's s	overning decumen	tc2	Yes	No
•	If "No," describe in <b>Part VI</b> how the adescribe the designation. If historic a	supported organiz	ations are designa				1	
2	Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	Part VI how the					2	
3а	Did the organization have a supporte below.	d organization des	scribed in section !	501(c)(4), (5), or	(6)? If "Yes," ans	wer (b) and (c)	3a	
b	Did the organization confirm that each	h supported organ	nization qualified u	inder section 501	(c)(4), (5), or (6)	and satisfied	-	

	tne public support tests under section 509(a)(2)? If "Yes," describe in <b>Part V1</b> when and now the organization made the determination.			<u> </u>
_	Did the exemination energy that all exempts to each exeminations used evaluation (50% as a string 170%) 20/D) www.see2	3b		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	2-		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c		
Tu	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<del>                                     </del>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	Tu		
-	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
С	supervised by or in connection with its supported organizations.  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 <b>Part VI</b> 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.	4 -		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and	4c		
Ja	(c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	5a		
	amendment to the organizing document).	- 54		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		-
b				
	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	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.	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	100		
	the organization had excess business holdings).	10b		
	Schedule A (Form 990		0-EZ)	2018
	·		-	
	Page 5			
Sched	dule A (Form 990 or 990-EZ) 2018		F	Page <b>5</b>
Par	t IV Supporting Organizations (continued)			5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
	The state of the s		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			

					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a r					
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed t			1		
Sc	ection D. All Type III Supporting Organizations		, , , , , , , , , , , , , , , , , , ,			<u> </u>
36	ection D. An Type 111 Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of					
	tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of					
	documents in effect on the date of notification, to the extent not previously provided?		gamzation's governing			
				1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el					
	organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support					
				2		
3	By reason of the relationship described in (2), did the organization's supported organi					
	organization's investment policies and in directing the use of the organization's income year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations			<u> </u>		
				3		
	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art les	t during the year (see instruct	ions):		
a			•			
t						
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u sup	ported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>				Yes	No
a	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? <i>If "Yes," then in</i>					
	organizations and explain how these activities directly furthered their exempt purp	oses,	how the organization was			
	responsive to those supported organizations, and how the organization determined th substantially all of its activities.	at the.	se activities constituted	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's i	nvolve	ment, one or more of the	20		
	organization's supported organization(s) would have been engaged in? If "Yes," explaorganization's position that its supported organization(s) would have engaged in these					
	involvement.	e activ	ities but for the organization's	2b		
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 off	icers,	directors, or trustees of each of	За		
	the supported organizations? Provide details in <b>Part VI</b> .					
t	<ul> <li>Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organiz.</li> </ul>			<u> </u>		
			Schedule A (Form 99	3b	90-FZ)	2011
			Schedule A (101111 33)	J 01 J.	30-LZ)	2010
	Page 6					
Sche	dule A (Form 990 or 990-EZ) 2018				F	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on I	Nov. 20, 1970 (explain in Part V	I). <b>Se</b> e	•	
	instructions. All other Type III non-functionally integrated supporting organization	tions		_		
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
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		7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea	ır
				(opti	onal)	
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				
	Average monthly value of securities	1a				
•	3,		î l			

	Average monthly cash balances		1b		
С	Fair market value of other non-exempt-use assets		1c		
d	Total (add lines 1a, 1b, and 1c)		1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt us	e assets	2		
3	Subtract line 2 from line 1d		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of li instructions).	ne 3 (for greater amount, see	4		
5	Net value of non-exempt-use assets (subtract line 4 fr	rom 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, lin	ne 8. Column A)	1		
	Enter 85% of line 1	0, 00.0	2		
	Minimum asset amount for prior year (from Section B	line 8 Column A)	3		
4	Enter greater of line 2 or line 3	, inte o, column A)	4		
	, and the second		5		
	Income tax imposed in prior year				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, u temporary reduction (see instructions)		6		
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-ir	itegrate	ed Type III supporting	organization (see
Scheo	dule A (Form 990 or 990-EZ) 2018	———— Page 7 —————			Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated	l 509(a)(3) Supporting C	rgani	zations (continue	ed)
Sec	tion D - Distributions				Current Year
	A				
	Amounts paid to supported organizations to accomplish	exempt purposes			
~					
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported o	organiza	ations, in	
				ations, in	
3	excess of income from activity			ations, in	
3 4	excess of income from activity  Administrative expenses paid to accomplish exempt pur  Amounts paid to acquire exempt-use assets	poses of supported organization		ations, in	
3 4 5	excess of income from activity  Administrative expenses paid to accomplish exempt pur  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require	rposes of supported organization		ations, in	
3 4 5	excess of income from activity  Administrative expenses paid to accomplish exempt pur  Amounts paid to acquire exempt-use assets	rposes of supported organization		ations, in	
3 4 5	excess of income from activity  Administrative expenses paid to accomplish exempt pur  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require	rposes of supported organization		ations, in	
3 4 5 6 7 1 8	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in <b>Part VI</b> ). See instruction	rposes of supported organization d)	าร		
3 4 5 6 7 1 8	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to who	rposes of supported organization d)	าร		
3 4 5 6 7 1 8	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the amounts of the amount of the a	rposes of supported organization d)	าร		
3 4 5 6 7 1 8 9 10 L	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the In	rposes of supported organization d)	าร	vide	(iii)
3 4 5 6 7 1 8 9 10 L	Administrative expenses paid to accomplish exempt pure.  Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval require.  Other distributions (describe in Part VI). See instruction of the interval of t	rposes of supported organization d)	ns ve (pro		(iii) Distributable Amount for 2018
3 4 5 6 7 1 8 9 10 L	Administrative expenses paid to accomplish exempt pure.  Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval require.  Other distributions (describe in Part VI). See instruction  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to what details in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
3 4 5 6 7 1 8 9 10 L	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the interval of the in	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
3 4 5 6 7 1 8 9 10 L (reas	Administrative expenses paid to accomplish exempt pure.  Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval require.  Other distributions (describe in Part VI). See instruction.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to what details in Part VI). See instructions.  Distributable amount for 2018 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  Section E - Distribution Allocations (see instructions).  Distributable amount for 2018 from Section C, line.	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
3 4 5 6 7 1 8 9 10 L (reas	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the Interest of Interest o	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
3 4 5 6 7 1 8 9 10 L (reas 3 E a b	Administrative expenses paid to accomplish exempt pure.  Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval require.  Other distributions (describe in Part VI). See instruction.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to what details in Part VI). See instructions.  Distributable amount for 2018 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  Section E - Distribution Allocations (see instructions).  Distributable amount for 2018 from Section C, line.  Inderdistributions, if any, for years prior to 2018 onable cause required explain in Part VI).  See instructions.  Excess distributions carryover, if any, to 2018:  From 2013  From 2014	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
3 4 5 6 7 1 8 9 10 L (reas	Administrative expenses paid to accomplish exempt pure.  Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval require.  Other distributions (describe in Part VI). See instruction.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to what at a support of the amount for 2018 from Section C, line 6.  Distributable amount for 2018 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  Section E - Distribution Allocations (see instructions).  Distributable amount for 2018 from Section C, line.  Inderdistributions, if any, for years prior to 2018 onable cause required explain in Part VI).  See instructions.  Excess distributions carryover, if any, to 2018:  From 2013  From 2014  From 2015	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
3 4 5 6 7 1 8 9 10 L (reas	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the Interest of Interest o	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
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3 4 5 6 7 1 8 9 10 L (reas deep f T g	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the Indiana of the Indiana of the Indiana of the Indiana of	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable
3 4 5 6 7 1 8 9 10 L (reas 3 E a b c d e f T g h i (c d c s c d c d c c d c d c c d c d c d	Administrative expenses paid to accomplish exempt pure Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval require Other distributions (describe in Part VI). See instruction of the distributions to attentive supported organizations to what the details in Part VI). See instructions  Distributions to attentive supported organizations to what the details in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2018 from Section C, line  Anderdistributions, if any, for years prior to 2018 onable cause required explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2018:  From 2013	rposes of supported organization d) ons sich the organization is responsi	ns ve (pro	vide (ii) lerdistributions	Distributable

i Remainder Subtract lines 3a 3h and 3i from 3f

2018, 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 2018. 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 2019. Add lines 3 j and 4c.  8 Breakdown of line 7:  a Excess from 2014	,	u u u u		
a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.  8 Breakdown of line 7: a Excess from 2014		line 7:		
b Applied to 2018 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2014				
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3j and 4c.  8 Breakdown of line 7:  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  e Excess from 2018  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Page 8  Schedule A (Form 990 or 990-EZ) 2018  Schedule A (For	lines 3h and 4b from line 1. If the ar	mount is greater		
b Excess from 2015		<b>2019.</b> Add lines		
b Excess from 2015	B Breakdown of line 7:			
b Excess from 2015	<b>a</b> Excess from 2014			
d Excess from 2017				
Page 8  Schedule A (Form 990 or 990-EZ) 2018  Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Pa 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 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).	<b>c</b> Excess from 2016			
Page 8  Schedule A (Form 990 or 990-EZ) 2018  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 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).	<b>d</b> Excess from 2017			
Page 8  Sichedule A (Form 990 or 990-EZ) 2018  Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part 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 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).	<b>e</b> Excess from 2018			
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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 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).	chedule A (Form 990 or 990-EZ) 2018			Page <b>8</b>
Facts And Circumstances Test	Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 ar	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1: nd 3; Part IV, Section E, lines 1c, 2	1b, and 11c; Part IV, Section B, lines 2a, 2b, 3a and 3b; Part V, line 1; Pa	s 1 and 2; Part IV, Section C, line 1; rt V, Section B, line 1e; Part V
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ObjectId: 202041929349301674 - Submission: 2020-07-10

TIN: 36-2167755

OMB No. 1545-0047

Schedule B

## Schedule of Contributors

(Form 990, 990-EZ, or 990-PF) ► Attach to Form 990, 990-EZ, or 990-PF. 2018 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization INTERNATIONAL CITYCOUNTY MANAGEMENT 36-2167755 ASSOCIATION 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 501(c)(3) exempt private foundation Form 990-PF 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 33<sup>1</sup>/3% 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). Schedule B (Form 990, 990-EZ, or 990-PF) (2018) For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X for Form 990, 990-EZ, or 990-PF. Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification number INTERNATIONAL CITYCOUNTY MANAGEMENT 36-2167755

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
DESTRICTED			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash
(a)	(b)	(c)	contributions.)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-		Φ.	Payroll
	-	<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person
_			
-		\$	Payroll
		Ф	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person
_			
		\$	Payroll
	-	Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person
_			Payroll
		\$	
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
	<u> </u>	Schedule B (Fe	orm 990, 990-EZ, or 990-PF) (2018)
	Para 2		
	Page 3		
Sobodulo B /Fa	n 000 000 E7 or 000 DE) /2049)		Daga A
Name of organiz	n 990, 990-EZ, or 990-PF) (2018)	Employer identi	Page 3
INTERNATIONAL C	CITYCOUNTY MANAGEMENT		
ASSOCIATION Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.	36-2167755	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimates) (See instruction	
		-	
		<u> </u>	
(a)	(b)	(c) FMV (or estimate	ate) (d)

10. 1101111 41111	Description of noneus	ii property given	(See instructions)	Date received
=			\$	
(a) o. from Part I	(b) Description of noncas	h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) o. from Part I	(b) Description of noncas	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a)	(b)		(c)	(d)
o. from Part I	Description of noncas	h property given	FMV (or estimate) (See instructions)	Date received
(a) o. from Part I	(b) Description of noncas	h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		Page 4	Schedule B (Form	990, 990-EZ, or 990-PF) (2
	90, 990-EZ, or 990-PF) (2018)			Page 4
me of organization TERNATIONAL CITY SOCIATION	on 'COUNTY MANAGEMENT		Employer identification 36-2167755	on number
than \$1,0 organiza the year. Use dupli	ely religious, charitable, etc., contribut 000 for the year from any one contribut tions completing Part III, enter the tota (Enter this information once. See inst cate copies of Part III if additional space	tor. Complete columns (a) through (al of exclusively religious, charitable ructions.) \$	e) and the following line , etc., contributions of \$1	entry. For ,000 or less for
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-	Transferee's name, address, an	(e) Transfer of gift nd ZIP 4 Relati	onship of transferor to tra	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-	Transferee's name, address, an	(e) Transfer of gift and ZIP 4 Relati	onship of transferor to tra	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-		(e) Transfer of gift		
<u> </u>	Transferee's name, address, an	nd ZIP 4 Relati	onship of transferor to tra	nsferee

		-	
(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		ip of transferor to transferee
		Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

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ObjectId: 202041929349301674 - Submission: 2020-07-10

TIN: 36-2167755

# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** 

**Inspection** 

f the	orga	anization aı	nswered	"Yes'	' on	Form	ı 990,	, Part ∣	IV, Line 3	3, or	Form 9	90-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.

(Pro	xy Tax) (see separate instru		i (Proxy Tax) (see separate instru	uctions) or Form 990-E2	Z, Part V, line 35c
Nar	me of the organization ERNATIONAL CITYCOUNTY MANAGEMENT			Employer identif	fication number
	OCIATION	GENERI		36-2167755	
Par	t I-A Complete if the	organization is exempt un	der section 501(c) or is a s	ection 527 organiza	tion.
1	Provide a description of the "political campaign activitie		political campaign activities in Par	t IV (see instructions for	definition of
2	Political campaign activity e	expenditures (see instructions) $\dots$		<b>&gt;</b> \$	
3	Volunteer hours for politica	l campaign activities (see instruct	ions)		
Par	t I-B Complete if the	organization is exempt un	der section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organizat	tion under section 4955		
2			managers under section 4955		
3	-	·	m 4720 for this year?		☐ Yes ☐ No
4a					☐ Yes ☐ No
_b	If "Yes," describe in Part IV.			=047 \/2\	
Par			der section 501(c), except		
1 2	Enter the amount of the fili	ng organization's funds contribute	n for section 527 exempt function and to other organizations for sections.	n 527 exempt	
3	Total exempt function expe	nditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line	17b ▶ \$	
4	Did the filing organization f	ile Form 1120-POL for this year	?	······································	☐ Yes ☐ No
5	organization made paymen of political contributions red	its. For each organization listed, e ceived that were promptly and dir	ber (EIN) of all section 527 politica nter the amount paid from the filin ectly delivered to a separate politic e is needed, provide information in	g organization's funds. A cal organization, such as	the filing Iso enter the amount
(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					

Page 2

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

Schedule C (Form 990 or 990-EZ) 2018

A	Check if the filing organization belongs to an expenses, and share of excess lobbying		in Part IV each a	ffiliated group m	ember's nam	e, addı	ress, EIN,
В	Check  if the filing organization checked box A	• •	ovisions apply.				
	Limits on Lobbying (The term "expenditures" means	Expenditures			<b>a)</b> Filing anization's totals		<b>b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)					
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)					
С	Total lobbying expenditures (add lines 1a and 1b) $\dots$						
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1c and	i 1d)					
f	Lobbying nontaxable amount. Enter the amount fron columns.	n the following table in b	oth				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble 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 e	excess over \$500,00	0.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,0	000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,00	00.			
	Over \$17,000,000	\$1,000,000.					
		<u> </u>					
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 is section 4911 tax for this year?	Ih or line 1i, did the orga	nization file Form	4720 reporting			Yes 🗆 No
	(Some organizations that made a columns below. See t	he separate instruc	tions for lines	2a through 2		e five	<b></b>
_	Lobbying Expo	enditures During 4-	Tear Averagii	ig Period			
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	3	(e) Total
2a	Lobbying nontaxable amount		3	3			
b	Lobbying ceiling amount (150% of line 2a, column(e))					_	
_ <u>c</u>	Total lobbying expenditures						
d	Grassroots nontaxable amount					+	
е	Grassroots ceiling amount (150% of line 2d, column (e))		i.	i.		$\perp$	
f	Grassroots lobbying expenditures						
	, , ,	•		Schedule	e C (Form 9	90 or 9	990-EZ) 2018
		———— Page 3 -					
Sch	edule C (Form 990 or 990-EZ) 2018						Page <b>3</b>
	art II-B Complete if the organization is	exempt under section	on 501(c)(3)	and has NOT	filed		rage <b>3</b>
	Form 5768 (election under section		(-)(-)				
For	each "Yes" response on lines 1a through 1i below, pro	ovide in Part IV a detailed	d description of th	ne lohhvina	(a)		(b)
	ivity.	viae mirare iv a actamet	a description or tr	ic robbying	Yes	No	Amount
	2				1		
1	During the year, did the filing organization attempt including any attempt to influence public opinion or						
a	Volunteers?					No	
Ŀ				i)?	Yes		
c			_	-		No	
c						No	
e	Publications, or published or broadcast statements			No			

			_	_		
	r organizations for lobbying purposes?	Yes			1	21,425
	with legislators, their staffs, government officials, or a legislative body?		No			
•	strations, seminars, conventions, speeches, lectures, or any similar means?		No			
	5?		No			
=	s 1c through 1i				1	21,425
	es in line 1 cause the organization to be not described in section 501(c)(3)?		No	_		
•	the amount of any tax incurred under section 4912					
	the amount of any tax incurred by organization managers under section 4912					
	anization incurred a section 4912 tax, did it file Form 4720 for this year?					
	nplete if the organization is exempt under section $501(c)(4)$ , section $501(c)(4)$ .	(5), o	r sec	tion		
					Yes	No
	ially all (90% or more) dues received nondeductible by members?			1		
_	zation make only in-house lobbying expenditures of \$2,000 or less?			2		
	zation agree to carry over lobbying and political expenditures from the prior year?			3		
and	nplete if the organization is exempt under section 501(c)(4), section 501(c)( I if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part I swered "Yes."				501(c	)(6)
1 Dues, assessme	ents and similar amounts from members	1				
` '	nondeductible lobbying and political expenditures (do not include amounts of political					
•	which the section 527(f) tax was paid).	2a				
<b>b</b> Carryover from	ı last year	2b				
•	, 465	2c				
	ount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does					
the organizatio	on agree to carryover to the reasonable estimate of nondeductible lobbying and political extractions year?	4				
5 Taxable amoun	nt of lobbying and political expenditures (see instructions)	5				
Part IV Sup	pplemental Information					
	tions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); P art ll-B, line 1. Also, complete this part for any additional information.	art II-	A, lines	s 1 and	d 2 (se	е
Return Re	ference Explanation			) DOC	IMENT	AND
Return Re	THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTI PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEME MANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA CREATES O ACTIVITIES OF PROFESSIONAL MANAGERS IN ALL FORMS OF LOCAL GOVERN AND REPORTS OUT ON FINDINGS REGARDING ISSUES RELATED TO LOCAL GO AND HIGHLIGHTS EXAMPLES OF BEST PRACTICES DEMONSTRATED BY COMMI UNDER THE COUNCIL-MANAGER FORM OF GOVERNMENT OR PROFESSIONAL I MANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATE REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE RESIDEN ADOPTION/RETENTION OF THE COUNCIL/MANAGER FORM OF GOVERNMENT. I USED AVAILABLE STATISTICS, RESEARCH, AND DATA TO DEVELOP A NUMBER EDITORIALS THAT ADVOCATED FOR THE RETENTION OR ADOPTION OF THE C GOVERNMENT OR THE CITY MANAGER'S AUTHORITY IN A NUMBER OF JURISD SUPPORT FOR: AUBURN, AL; BROWNSVILLE, IN; CLEARWATER, FL; CLEVELAN DANVILLE, IL; FAIRHOPE, AL; HILLIARD, OH; LITTLE ROCK, AR; NEW PALZ, N' ANTONIO, TX; SPRINGFIELD, IL; STREATOR, IL; WASHINGTON COUNTY, WI; HAVEN, CT; AND WESTON, MO. THE ASSOCIATION ALSO WORKED WITH ST. L ADVOCATE FOR RETAINING THE INTEGRITY OF THE ST. LOUIS AREA MUNICIP, PLAN THAT WOULD HAVE CONSOLIDATED 88 LOCAL COMMUNITIES INTO ONE THE MAYOR-COUNCIL FORM OF GOVERNMENT. AMONG OTHER RESOURCES, IF "LOCAL GOVERNMENT THAT WORKS," THAT EXPLAINS THE COUNCIL-MANAGE ADDITIONALLY, DIRECTOR OF ADVOCACY HAS SERVED AS SPOKESPERSON FOR COMMENT ON PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVE AND, SOCIAL MEDIA CONTENT TO PROMOTE THE VALUE OF PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVE AND, SOCIAL MEDIA CONTENT TO PROMOTE THE VALUE OF PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVE AND, SOCIAL MEDIA CONTENT TO PROMOTE THE VALUE OF PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVE	IVITIES ENT AN CONTEN MENT, DVERN UNITIE LOCAL RIALS; NT GRO OUNCI DICTIO DICTIO DICTIO DICTIO COUNCI E METR CMA PI ER FOR OR MEI RAL BL	S IS TO ID THE NT TO   CONDI MENT   GOVEF AND   DUPS P CAL YE PINION IL-MAN NS INC GHTS, AHOM, AREA N S IN O OPOLI RODUC DIA RE LOG PC	COUNHIGHL UCTS   MANAG T OPE RNMEN RESPC ROMO GAR 20 I PIECI AGER CLUDIN OH; CA CITY ASPPOSI TAN C CED A GOVER GOVER OSTS,	ICIL- IGHT T RESEAI RESEAI RESEAI RATE IT INDS T TING 19, ICI ES ANE FORM IG: UDAH Y, OK; S WEST ITY UN VIDEO ITY UN ITY UN ITY UN ITY UN ITS SEE ARTICL	THE RCH T, O MA O OF CAN TO A DER KING
	THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTI PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEME MANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA CREATES COACTIVITIES OF PROFESSIONAL MANAGERS IN ALL FORMS OF LOCAL GOVERN AND REPORTS OUT ON FINDINGS REGARDING ISSUES RELATED TO LOCAL GOAND HIGHLIGHTS EXAMPLES OF BEST PRACTICES DEMONSTRATED BY COMMI UNDER THE COUNCIL-MANAGER FORM OF GOVERNMENT OR PROFESSIONAL LE MANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATE REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE RESIDEN ADOPTION/RETENTION OF THE COUNCIL/MANAGER FORM OF GOVERNMENT. USED AVAILABLE STATISTICS, RESEARCH, AND DATA TO DEVELOP A NUMBER EDITORIALS THAT ADVOCATED FOR THE RETENTION OR ADOPTION OF THE C GOVERNMENT OR THE CITY MANAGER'S AUTHORITY IN A NUMBER OF JURISD SUPPORT FOR: AUBURN, AL; BROWNSVILLE, IN; CLEARWATER, FL; CLEVELAN DANVILLE, IL; FAIRHOPE, AL; HILLIARD, OH; LITTLE ROCK, AR; NEW PALZ, N'ANTONIO, TX; SPRINGFIELD, IL; STREATOR, IL; WASHINGTON COUNTY, WI; HAVEN, CT; AND WESTON, MO. THE ASSOCIATION ALSO WORKED WITH ST. LADVOCATE FOR RETAINING THE INTEGRITY OF THE ST. LOUIS AREA MUNICIP PLAN THAT WOULD HAVE CONSOLIDATED 88 LOCAL COMMUNITIES INTO ONE THE MAYOR-COUNCIL FORM OF GOVERNMENT. AMONG OTHER RESOURCES, IG "LOCAL GOVERNMENT THAT WORKS," THAT EXPLAINS THE COUNCIL-MANAGE ADDITIONALLY, DIRECTOR OF ADVOCACY HAS SERVED AS SPOKESPERSON FOR COMMENT ON PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVE	IVITIES ENT AN CONTEN MENT, DVERN UNITIE LOCAL RIALS; NT GRC IN FISO OUNCI DICTION ID HEIO V; OKL WATER COUIS IE E METR CMA PI RE FOR OR MEI RAL BL IANAGI	S IS TO ID THE IT TO CONDI MENT S THA GOVEF AND DUPS P CAL YE PINION IL-MAN NS INC GHTS, AHOM, TOWN, AREA N OPOLI RODUC M OF C DIA RE LOG PC EMENT	HIGHL  HI	ICIL- IGHT T RESEAI GEMEN RATE IT INDS T TING 19, ICI ES AND FORM IG: UDAHY (, OK; S WEST GERS TI ITY UN VIDEO, NMENT ITY UN VIDEO, NMENT IS SEE ARTICL LOCAL	HE RCH TT, O MA O OF C O A DER C SKING ES,
	THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTI PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEME MANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA CREATES OF ACTIVITIES OF PROFESSIONAL MANAGERS IN ALL FORMS OF LOCAL GOVERN AND REPORTS OUT ON FINDINGS REGARDING ISSUES RELATED TO LOCAL GO AND HIGHLIGHTS EXAMPLES OF BEST PRACTICES DEMONSTRATED BY COMMI UNDER THE COUNCIL-MANAGER FORM OF GOVERNMENT OR PROFESSIONAL L MANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATE REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE RESIDEN ADOPTION/RETENTION OF THE COUNCIL/MANAGER FORM OF GOVERNMENT. I USED AVAILABLE STATISTICS, RESEARCH, AND DATA TO DEVELOP A NUMBER EDITORIALS THAT ADVOCATED FOR THE RETENTION OR ADOPTION OF THE C GOVERNMENT OR THE CITY MANAGER'S AUTHORITY IN A NUMBER OF JURISD SUPPORT FOR: AUBURN, AL; BROWNSVILLE, IN; CLEARWATER, FL; CLEVELAN DANVILLE, IL; FAIRHOPE, AL; HILLIARD, OH; LITTLE ROCK, AR; NEW PALZ, N' ANTONIO, TX; SPRINGFIELD, IL; STREATOR, IL; WASHINGTON COUNTY, WI; N HAVEN, CT; AND WESTON, MO. THE ASSOCIATION ALSO WORKED WITH ST. L ADVOCATE FOR RETAINING THE INTEGRITY OF THE ST. LOUIS AREA MUNICIP, PLAN THAT WOULD HAVE CONSOLIDATED 88 LOCAL COMMUNITIES INTO ONE THE MAYOR-COUNCIL FORM OF GOVERNMENT. AMONG OTHER RESOURCES, IG "LOCAL GOVERNMENT THAT WORKS," THAT EXPLAINS THE COUNCIL-MANAGE ADDITIONALLY, DIRECTOR OF ADVOCACY HAS SERVED AS SPOKESPERSON FO COMMENT ON PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVE AND, SOCIAL MEDIA CONTENT TO PROMOTE THE VALUE OF PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVE	IVITIES ENT AN CONTEN MENT, DVERN UNITIE LOCAL RIALS; NT GRC IN FISO OUNCI DICTION ID HEIO V; OKL WATER COUIS IE E METR CMA PI RE FOR OR MEI RAL BL IANAGI	S IS TO ID THE IT TO CONDI MENT S THA GOVEF AND DUPS P CAL YE PINION IL-MAN NS INC GHTS, AHOM, TOWN, AREA N OPOLI RODUC M OF C DIA RE LOG PC EMENT	HIGHL  HI	ICIL- IGHT T RESEAI GEMEN RATE IT INDS T TING 19, ICI ES AND FORM IG: UDAHY (, OK; S WEST GERS T ITY UN VIDEO, NMENT ITY UN VIDEO, NMENT IS SEE ARTICL LOCAL	HE RCH T, O MA ) O OF CO A DER C. KING ES,

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**Additional Data** 

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ObjectId: 202041929349301674 - Submission: 2020-07-10

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

TIN: 36-2167755 OMB No. 1545-0047

**Open to Public** Inspection

lame of the organization  NTERNATIONAL CITYCOUNTY MANAGEMENT		Employer identification number
SSOCIATION		36-2167755
Part I Organizations Maintaining Donor Adv Complete if the organization answered "Y		or Accounts.
	(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		
Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the donorivate benefit?	or or donor advisor, or for any other purpose	
Conservation Easements. Complete if	the organization answered "Yes" on For	m 990, Part IV, line 7.
Purpose(s) of conservation easements held by the org	janization (check all that apply).	
Preservation of land for public use (e.g., recreati	on or education)	n historically important land area
Protection of natural habitat	Preservation of a	certified historic structure
	_ Treservation or a	ceremed instance services
Preservation of open space	a qualified concernation contribution in the fe	arm of a concomption
Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conservation contribution in the re	Held at the End of the Year
a Total number of conservation easements		2a
Total acreage restricted by conservation easements .		2b
Number of conservation easements on a certified history		2c
Number of conservation easements included in (c) acq structure listed in the National Register	• • •	2d
Number of conservation easements modified, transfer tax year	red, released, extinguished, or terminated by	the organization during the
Number of states where property subject to conservat	tion easement is located •	
Does the organization have a written policy regarding	the periodic monitoring, inspection, handling	of violations,
and enforcement of the conservation easements it hol	ds?	☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing o	conservation easements during the year
Amount of expenses incurred in monitoring, inspecting   \$\bigset\$\$ \$	g, handling of violations, and enforcing conse	ervation easements during the year
Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	, ,	170(h)(4)(B)(i) ☐ <b>Yes</b> ☐ <b>No</b>
In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	ne footnote to the organization's financial stat	
art III Organizations Maintaining Collection Complete if the organization answered "Y		her Similar Assets.
If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final provide.	or public exhibition, education, or research in	furtherance of public service,
b If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
(ii) Assets included in Form 990, Part X		
If the organization received or held works of art, histo following amounts required to be reported under SFAS	orical treasures, or other similar assets for fin-	
Revenue included on Form 990, Part VIII, line 1	, ,	<b>&gt;</b> \$
<b>b</b> Assets included in Form 990 Part X		

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

Cat. No. 52283D Schedule D (Form 990) 2018

Par	t III	Organizations Ma	intaining Col	lections o	f Art, H	listori	cal Tr	easur	es, o	r Other	Similar A	ssets (	(continued)
3		the organization's acquired (check all that apply):	uisition, accession	n, and other	records,	check a	any of t	the follo	owing t	hat are a	significant (	ıse of it	s collection
а		Public exhibition				d		Loan o	r exch	ange prog	grams		
b		Scholarly research				е		Other .					
c		Preservation for future	generations										
4	Provid Part X	de a description of the c	organization's col	lections and	explain h	now the	y furth	er the o	organiz	ation's e	xempt purpo	se in	
5		g the year, did the orga s to be sold to raise fun										□ Y	es 🗆 No
Pa	rt IV	Escrow and Custo Complete if the org line 21.			' on Fori	m 990,	, Part	IV, line	9, or	reporte	d an amou		
1a		e organization an agent, led on Form 990, Part X										□ <b>Y</b>	es 🗆 No
b	If "Ye	s," explain the arranger	ment in Part XIII	and comple	te the fol	lowina	table:				A	mount	<u> </u>
c		ning balance								1c			<u> </u>
d	_	ions during the year . $$ .								1d			
е		butions during the year								1e			<del></del> -
f		g balance								1f			
2a		ne organization include								ccount li	ahility?		es 🗆 No
b		s," explain the arranger		,	,	•					•	_	es UNO
	art V	Endowment Fund											
1 0	11 C V	Lindowinient i dire	is. complete ii	(a)Current			ior year			ears back	(d)Three year		(e)Four years back
1a	Beginn	ing of year balance .		(2)	7 7 5 5 1	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·,···· ,		(4)		(c) car years cause
ь	Contrib	outions											
С	Net inv	restment earnings, gains	s, and losses										
		or scholarships	•										_
	Other e	expenditures for facilitie											
f	Admini	strative expenses .											
g	End of	year balance											
2		de the estimated percen		ent year end	balance	(line 1g	g, colur	nn (a))	held a	s:			
а	Board	l designated or quasi-er	ndowment 🟲		••••								
b	Perma	anent endowment 🕨											
c		orarily restricted endow											
_		ercentages on lines 2a,	•	•									
За		nere endowment funds i iization by:	not in the posses	sion of the c	organizati	ion that	are ne	eld and	admin	istered fo	r the		Yes No
	(i) ur	nrelated organizations										3	Ba(i)
b		elated organizations .s" on 3a(ii), are the rela		s listed as re	 eauired a	 on Sche	 dule R?	· ·				3	a(ii) 3b
4		ibe in Part XIII the inte	-		•							<u> </u>	
Pa	rt VI	Land, Buildings, a	and Equipmer	nt.									
		Complete if the org	janization answ	vered "Yes"									
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost	or other	basis (o	ther)	(c) Acc	umulated (	depreciation		(d) Book value
1a	Land												
b	Buildin	gs											
С	Leaseh	old improvements					37	1,440			229,688		141,752
d	Equipm	nent					3,98	4,669			1,682,007		2,302,662
	Other							9,620			66,051		43,569
Γota	al. Add	lines 1a through 1e. <i>(Co</i>	lumn (d) must e	qual Form 9	90, Part )	X, colun	nn (B),	line 10	)(c).)		<b>&gt;</b>		2,487,983
				_							Sch	edule	D (Form 990) 2018

----- Page 3 -----

See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Cost or end-of-year market value (including name of security) Book 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.) 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.) 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.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes SUBTENANT DEPOSITS 20,465 (2)

(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	20,465	

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) 2018

Page 4

Schedule D (Form 990) 2018 Page 4 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 . 28,229,944 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . 172,510 а 2a Donated services and use of facilities . 2b 361,605 c Recoveries of prior year grants . . . . 2c 2d d Other (Describe in Part XIII.) . . 1.151.131 Add lines 2a through 2d . . 1,685,246 2e 3 Subtract line **2e** from line **1** . . . . . . . 3 26,544,698 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 28.394 b Other (Describe in Part XIII.) . . . . . 4b 28,394 5 26,573,092 5 Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) . 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 28,666,326 Total expenses and losses per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a 361,605 b Prior year adjustments . . . 2b 2c 2d 1,151,131 Other (Describe in Part XIII.) . Add lines 2a through 2d . . 2e 1.512.736 27,153,590 Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: 28,394 Investment expenses not included on Form 990, Part VIII, line 7b . 4a b c Add lines **4a** and **4b** . . . . . . . . . . . . . . 4с 28,394 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 27,181,984

### 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					
,	FOR THE YEAR ENDED JUNE 30, 2019, 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.					
	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 1,151,131. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 8B.					
	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 1,151,131. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 8B.					

Additional Data Return to Form

Software Version:

efile Public Visual Render ObjectId: 202041929349301674 - Submission: 2020-07-10

TIN: 36-2167755

**SCHEDULE F** (Form 990)

### Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2018 Open to Public

Department of the Treasury

Internal Revenue Service

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number

36-2167755

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and			
	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used			
	to award the grants or assistance?	<b>~</b>	Yes	N

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1		PROGRAM SERVICES	MUNICIPAL GOVERNANCE	1,086,946
EAST ASIA AND THE PACIFIC	1	44	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	3,816,647
MIDDLE EAST AND NORTH AFRICA	0	4	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	237,185
SOUTH ASIA	1	48	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	1,035,383
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	229,380
EUROPE (INCLUDING ICELAND & GREENLAND)	1	12	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	1,261,087
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		40,665
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		18,337
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		42,514
3a Sub-total	4	122	)		7,725,630
<b>b</b> Total from continuation sheets to Part I					42,514
c Totals (add lines 3a and 3b)	4	122	2		7,768,144

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

Cat. No. 50082W

Schedule F (Form 990) 2018

Page 2 -

Schedule F (Form 990) 2018 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of (a) Name of (b) IRS code (i) Method of (c) Region (d) Purpose of (f) Manner of (g) Amount (h) Description organization section and EIN (if cash of non-cash of non-cash valuation (book, FMV, appraisal, other) disbursement assistance assistance applicable) EAST ASIA AND THE PACIFIC STRENGTHENING URBAN RESILIENCE FOR GROWTH AND 18,337 WIRE TRANSFER

EQUIT (SURGE) PROGRAM MUNICIPAL CENTRAL AMERICA AND THE CARIBBEAN 34,193 WIRE TRANSFER PARTNERSHIP FOR VIOLENCE PREVENTION PROGRAM ICMA EUROPE GRAN EUROPE (INCLUDING 42,514 WIRE TRANSFER ICFLAND<sup>°</sup>&

e	exempt by the IRS, or for	or which the grantee	or counsel has p	provided a section 50	charities by the foreign of the control of the cont	er		<u> </u>	1 2 dule F (Form 990) 2018
					- Page 3 <del></del>				
Sche	dule F (Form 990) 2018				rage 3				Page <b>3</b>
Par		Other Assistance to duplicated if additi			ed States. Complete if	the organizat	ion answe	red "Yes" to Form 9	
(a)	Type of grant or assistance	· ·	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount non-cash assistance		(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
	MUNICIPAL GRANTS	CENTRAL AMERICA AND THE CARIBBEAN	8	6,472	WIRE TRANSFER				appraisal, other)
								Scher	iule F (Form 990) 2018
					Dage 4			Sellet	ane i (10iiii 330) 2010
Sche	dule F (Form 990) 2018				- Page 4		Page <b>4</b>		
	t IV Foreign Forms	3							
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)								
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)								
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)						<b>☑</b> No		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).						<b>☑</b> No		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)								
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).					Yes	<b>☑</b> No		

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page **5** 

#### Part V

Supplemental Information
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).

ReturnReference	Explanation
,	FIELD OFFICES SEND REPORTS TO THE HOME OFFICE ON A MONTHLY BASIS. REPORTS ARE REVIEWED BY THE SENIOR PROJECT FINANCE MANAGER AND FIELD OFFICE OPERATIONS & FINANCE MANAGER FUNDS ARE ALSO MONITORED BY PROJECT MANAGERS.
•	THE ORGANIZATION TRANSFERRED CASH TO FOREIGN SUBGRANTEES AND SUBCONTRACTORS. THERE WAS NO TRANSFER OF OWNERSHIP, THEREFORE, NO ADDITIONAL FILING REQUIREMENTS ARE REQUIRED.
-	
1	
•	

Schedule F (Form 990) 2018

### **Additional Data**

Software ID: **Software Version:** 

#### efile Public Visual Render

ObjectId: 202041929349301674 - Submission: 2020-07-10

**SCHEDULE G** (Form 990 or 990-EZ)

# **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.

TIN: 36-2167755 OMB No. 1545-0047

Internal Revenue Service			90 or Form 990-EZ. structions and the latest information.		Inspection
Name of the organization INTERNATIONAL CITYCOUI ASSOCIATION	NTY MANAGEMENT			<b>Employer ide</b> 36-2167755	ntification number
•	<b>g Activities.</b> Complete if the organization Z filers are not required to complete this		,	Part IV, line 1	7.
1 Indicate whether the	organization raised funds through any of the	foll	owing activities. Check all that a	pply.	
a  Mail solicitations		e	✓ Solicitation of non-governm	ent grants	
<b>b</b> Internet and ema	il solicitations	f	Solicitation of government of	grants	
<b>c</b> Phone solicitation	is	g	Special fundraising events		

✓ In-person solicitations

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 \( \simega \) No

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	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No			
	PROPOSAL DEVELOPMENT		No	0	29,900	-29,900
ARLINGTON, VA 22207						
	PROPOSAL DEVELOPMENT		No	0	12,445	-12,445
POTOMAC, MD 20854					,	,
	PROPOSAL DEVELOPMENT		No	0	30,000	-30,000
WASHINGTON, DC 20009						
Total			<b>•</b>		72,345	-72,345

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.

AK, AL, AR, CA, CO, CT, HI, IL, ME, MA, MS, ND, NV, NH, NJ, NM, NC, OK, OR, PA, SC, TN, UT, WA, WI

11

Does the organization conduct gaming activities with nonmembers?  $\ \ . \ \ .$ 

Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
nue	gross receipts greater than \$5	(a)Event #1	(b) Event #2  (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
Direct Expenses	4 Cash prizes				
Σ K	7 Food and beverages 8 Entertainment				
Dire	9 Other direct expenses				
Pai	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	from line 3, column (d)	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
찣	3 Noncash prizes				
Oirec	4 Rent/facility costs				
	6 Volunteer labor	☐ Yes%_	☐ Yes % ☐ No	☐ Yes %	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract				
9 a b	1. 110/ Oxpia	aming activities in each of	these states?		Yes No
10a b	If "Yes," explain:	enses revoked, suspende		e tax year?	☐ Yes ☐ No
				Schedule G (	Form 990 or 990-EZ) 2018
		P	age 3 ————		
Sche	edule G (Form 990 or 990-EZ) 2018		-		Page <b>3</b>

			Sched	ule G (F	orm 990 or	990-EZ) 2	.018
Return Reference		Explanati			•		
							•
			ne 2h column	· (iii) -	nd (v): a:	nd Dart	
•			ations or spent		cs		
•					Yes	□ No	
Mandatory distributions:	ate law to make charitable	distributions from the gamine	proceeds to				
		·					
☐ Director/officer	Employee	☐ Independent o	ontractor				
Description of services provided							
Gaming manager compensation ► \$_							
Name Name							
Address							
Name							
,	• •						
		<u> </u>					
If "Yes," enter the amount of gaming	revenue received by the or	rganization 🕨 \$	and th	е			
revenue?					Yes	□No	
Address							
Name 🕨							
,				13b			%
The organization's facility				13a			%
Indicate the percentage of gaming ac	tivity conducted in:				∪ res	∪ NO	
			other entity		□ Vos	□ No	
	Indicate the percentage of gaming act The organization's facility  An outside facility  Enter the name and address of the percentage of the percentage of gaming act The organization's facility  Enter the name and address of the percentage of the percentage of the organization have a contract revenue?  If "Yes," enter the amount of gaming amount of gaming revenue retained by the series of the organization required under started in the state gaming license?  Enter the amount of distributions required the organization's own exempt activities of the organi	Indicate the percentage of gaming?  Indicate the percentage of gaming activity conducted in: The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization have a contract with a third party from w revenue?  If "Yes," enter the amount of gaming revenue received by the organization for gaming revenue received by the organization and address of the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation  Description of services provided  Director/officer  Employee  Mandatory distributions:  Is the organization required under state law to make charitable retain the state gaming license?  Enter the amount of distributions required under state law distriin the organization's own exempt activities during the tax year  IV Supplemental Information. Provide the explan III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as ap	Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special eve  Name  Address  Does the organization have a contract with a third party from whom the organization receives or revenue?  If "Yes," enter the amount of gaming revenue received by the organization   \$\frac{1}{2}\$\$ amount of gaming revenue retained by the third party \$\frac{1}{2}\$\$ amount of gaming revenue retained by the third party.  Name  Address  Gaming manager information:  Name  Gaming manager compensation \$\frac{1}{2}\$\$  Director/officer	Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and research the name and address of the person who prepares the organization's gaming/special events books and research the name and address of the person who prepares the organization's gaming/special events books and research the name and address of the party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization shall be amount of gaming revenue retained by the third party shall be amount of gaming revenue retained by the third party:  Name  Gaming manager information:  Name  Gaming manager information:  Name  Gaming manager compensation shall be amplied by a service of the party of the	Indicate the percentage of gaming activity conducted in: The organization's facility  An outside facility  The organization's facility  An outside facility  The person who prepares the organization's gaming/special events books and records:  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   \$	Indicate the percentage of gaming activity conducted in: The organization's facility  An outside facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization is and the amount of gaming revenue retained by the third party is and the amount of gaming revenue retained by the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation is amount of gaming manager compensation is an analytic and the amount of gaming revenue retained by the third party:  Sample is a service in the amount of gaming revenue received by the organization is and the amount of gaming revenue retained by the third party:  Name  Gaming manager information:  Name  Description of services provided  Director/officer  Employee  Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Tyes  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 is applicable. Also provide any additional information. See inst	formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Indicate the percentage of gaming activity conducted in: The organization's facility Indicate the person who prepares the organization's gaming/special events books and records:  Name Address  Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? One of the amount of gaming revenue received by the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization so gaming revenue retained by the third party  If "Yes," enter name and address of the third party:  Name  Gaming manager information:  Name  Gaming manager compensation  S  Description of services provided  Director/officer  Employee  Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Nee organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Nee organization of services provided to other exempt organizations or spent in the organization's own exempt activities during the tax year   If yes organization required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exempt activities during the tax year   If yes organization's own exemp

**Software ID:** 

(Form 990)

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

**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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Treasu	rment of the ry al Revenue Service	► Attach to Form 990.  Go to <u>www.irs.gov/Form990</u> for the latest information.		Inspection	
	of the organization		Employe	er identification number	
	CIATIONAL CITYC	OUNTY MANAGEMENT	36-2167	7755	
Pa	rt I Genera	Information on Grants and Assistance			
1		ation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and eria used to award the grants or assistance?		<b>▽</b> Yes	□ N
2	Describe in Part	IV the organization's procedures for monitoring the use of grant funds in the United States.			

(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 grar or assistance
(1) THE LOUIS BERGER GROUP INC 412 MOUNT KEMBLE AVENUE MORRISTOWN, NJ 07960	22-1754524	OTHER	433,009				STRENGTHENING URBAN RESILIENCE FOR GROWTH AND EQUITY (SURGE) PROGRAM.
(2) FHI360 359 BLACKWELL STREET DURHAM, NC 27701	23-7413005	501(C)(3)	60,345				CONDUCT WORLDWIDE DIVERSIFIED PROGRAM OF RESEARCH, EDUCATION, AND SERVICES.
(3) HARVARD KENNDEY SCHOLARSHIP HKS EXEC EDUCATION 79 JFK ST	04-2103580	501(C)(3)	33,000				HARVARD KENNEDY SCHOLARSHIP
CAMBRIDGE, MA 02138  (4) HOME INNOVATION RESEARCH 400 PRINCE GEORGES BLVD UPPER MARLBORO, MD 20774	52-0809020	OTHER	16,768				IMPROVE THE QUALITY, DURABILIT AFFORDABILITY, ANI ENVIRONMENTAL PERFORMANCE OF HOMES AND HOME
(5) NATIONAL CIVIC LEAGUE 1889 YORK STREET DENVER, CO 80206	84-1255845	501(C)(3)	11,353				BUILDING PRODUCT  ADVANCE CIVIC ENGAGEMENT TO CREATE EQUITABLE, THRIVING COMMUNITIES.
(6) THE SOLAR FOUNDATION 1717 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	52-1089260	OTHER	20,759				SOLARSMART AMERICA CITIES PROGRAM
(7) MEISTER CONSULTANTS GROUP ONE CENTER PLAZA SUITE 320 BOSTON, MA 02108	36-4636331	OTHER	8,742				FROM ENERGY, WATI AND TRANSPORTATI TO SAFETY, SECURIT AND RESILIENCE TOGETHER, STRENGTHENING SOCIETY AND THE NATURAL WORLD.
(8) NO BOSS MAYOR 3062 SHOAL CREEK VILLAGE DR LAKELAND, FL 33803	35-2587494	OTHER	82,800				COUNCIL-MANAGER FORM OF GOVERNMENT RETENTION SUPPOR
(9) STATE AND LOCAL LEGAL CENTER 444 N CAPITOL STREET NW SUITE 309 WASHINGTON, DC 20001	31-0868827	501(C)(3)	20,000				SUPPORT OF ORGANIZATION THA FILES AMICUS BRIEF ON BEHALF OF STAT AND LOCAL GOVERNMENTS.
(10) COMMITTEE TO SUPORT ADOPTION OF CITY MANAGER 112 N VERMILION STREET DANVILLE, IL 61832	82-3063357	OTHER	9,625				TO SUPPORT ADOPTION CITY MANAGER GOVERNMENT FOR DANVILLE, IL.
(11) KEEP HILLARD BEAUTIFUL 4681 PRESTIGE LANE HILLARD, OH 43026	47-5360865	OTHER	9,000				TO SET THE STRATEGIC DIRECTION, CREATE LAWS AND REGULATIONS, APPROVE THE BUDG AND HOLD THE CITY MANAGER ACCOUNTABLE FOR EXECUTION.

Enter total number of section sol(e)(s) and government organizations instead in the mile I table I	•	•	 		•	•	•	•	•	•	•	-		
Enter total number of other organizations listed in the line 1 table												 . ▶		
												 	•	

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

Cat. No. 50055P

Schedule I (Form 990) 2018

Page 2

Schedule I (Form 990) 2018 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

– Page 2 –

(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) CONFERENCE AND REGIONAL SUMMITS	42	38,660			
(2) HANSELL AWARD STIPEND	5	9,000			
(3) BABS ELWEL AWARD STIPEND	1	750			
(4) JOHN GARVEY SCHOLARSHIP FUND	1	2,908			

(5) KENNEDY SHAW SCHOLARSHIP	FLIND	l 1	1,946	I	I	1		
(6) TRANTER-LEONG FUND	10110	2	3,306					
(6)			,					
(7)								
Part IV Supplemental Ir	formatio	on. Provide the ir	nformation required in	Part I, line 2; Part III,	column (b); and any other	er additional information.		
Return Reference	Explanati	ion						
,	WRITE AN THE CONFE CAREER GO MONITORS IMPLEMENT PERIODIC I REPORTS F LIMITED TO	ESSAY. A PANEL OF ERENCE AND A STI DVERNMENT AND Y I THE USE OF ALL O THE IN ACCORDAN FINANCIAL AND TE OOR COMPLIANCE V O, PROGRAM SITE V	F PAST SCHOLARSHIPS RE PEND TO HELP WITH TRAM OUNG PROFESSIONALS W GRANTS FUNDS PROVIDEL CE WITH AGREEMENT RE ICHNICAL REPORTS DESCI WITH THE TERMS OF SUB-	ECIPIENTS THEN RATE TH VEL AND HOTEL COSTS. I VHO SEEK TO GAIN AN IN O TO SUBRECIPIENTS TO QUIREMENTS AND APPLIC RIBING PROGRAM ACHIE' AWARD AGREEMENTS. IC AM RECORDS AND COMP	IE APPLICANTS. THE SELECTE THE ASSOCIATION ALSO OFFI ITERNATIONAL EXPERIENCE I ENSURE PERFORMANCE EXPINABLE FEBRAL LAWS AND R VEMENTS DURING THE REPOOMA UTILIZES A VARIETY OF LIANCE WITH TERMS AND CO	D APPLICANTS RECEIVE COM FRS VARIOUS SCHOLARSHIP MANAGEMENT PROSPECTIVE. CITATIONS ARE BEING ACHIE EGULATIONS. SUBRECIPIENT: RTING PERIOD. ICMA FINANC MONITORING TECHNIQUES A UNDITIONS OF THE SUB-AWA	Y FILL OUT AN APPLICATION AT PRUMENTARY REGISTRATION FOR PROGRAMS SUPPORTING MIDTHE ASSOCIATIONS CLOSELY VED AND PROGRAMS ARE SARE REQUIRED TO SUBMIT EAND PROGRAM TEAMS REVIEND TO SUBMIT SUPPORT OF THE PROPROMENT OF THE PROPROPROMENT OF THE PROPROMENT OF THE PROPROMENT OF THE PROPROMENT OF THE PROPROMENT OF THE PROPR	OR EW OT
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Additional Data							Return to Form	

Software ID: Software Version:

efile Public Visual Render ObjectId: 202041929349301674 - Submission: 2020-07-10

TIN: 36-2167755

Schedule J (Form 990)

#### **Compensation Information**

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

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

Attach to Form 990.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

Page 2

Department of the Treasury Internal Revenue Service

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT

Employer identification number

ASS	OCIATI	ON		36-2167755			
Pa	rt I	Questions Regarding Compensation		<u>.</u>			
						Yes	No
1a		k the appropiate box(es) if the organization provided a Part VII, Section A, line 1a. Complete Part III to provic					
		First-class or charter travel		Housing allowance or residence for personal use			
	$\checkmark$	Travel for companions		Payments for business use of personal residence			
	$\checkmark$	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		y of the boxes in line 1a are checked, did the organizat ovision of all of the expenses described above? If "No,"			nent · 1	Yes	
2		he organization require substantiation prior to reimburstors, trustees, officers, including the CEO/Executive Dir			2		
3	orga	ate which, if any, of the following the filing organization nization's CEO/Executive Director. Check all that apply. by a related organization to establish compensation of	Do n	ot check any boxes for methods			
		Compensation committee		Written employment contract			
		Independent compensation consultant		Compensation survey or study			
	<b>✓</b>	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Part VII ed organization:	, Se	ction A, line 1a, with respect to the filing organization of	or a		
а	Rece	ive a severance payment or change-of-control payment	?.		48	a .	No
b	Parti	cipate in, or receive payment from, a supplemental nor	iqual	ified retirement plan?	41	,	No
c		cipate in, or receive payment from, an equity-based coles" to any of lines 4a-c, list the persons and provide the			4	c .	No
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons	must complete lines 5-9.			
5		persons listed on Form 990, Part VII, Section A, line 1a, pensation contingent on the revenues of:	did	the organization pay or accrue any			
а	The	organization?			5	a .	No
b	,	related organization?	٠		51	,	No
6	For p	persons listed on Form 990, Part VII, Section A, line 1a, pensation contingent on the net earnings of:	did	the organization pay or accrue any			
а	The	organization?			6		No
b	Any	related organization?			61	,	No
	If "Y	es," on line 6a or 6b, describe in Part III.					
7		ersons listed on Form 990, Part VII, Section A, line 1a, ents not described in lines 5 and 6? If "Yes," describe			7	Yes	
8	Were	any amounts reported on Form 990, Part VII, paid or ect to the initial contract exception described in Regulat	accui	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe			
		rt III			8		No
9		es" on line 8, did the organization also follow the rebutt 958-6(c)? .			n 9		
or F	aper	work Reduction Act Notice, see the Instructions fo	or Fo	orm 990. Cat. No. 50053T Sched	ıle J (Fo	rm 990	2018

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

— Page 2 —

Schedule J (Form 990) 2018

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) Breakdo	own of W-2 and/or compensation	1099-MISC	and other	(D) Nontaxable benefits	columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1MARC OTT EXECUTIVE DIRECTOR	(i)	470,058	128,189	28,625	35,198	23,432	685,502	0
	(ii)	0	0	0	0	0	0	0
2UMA RAMESH CHIEF OPERATING OFFICER	(i)	235,137	34,846	28,625	42,022	16,497	357,127	0
	(ii)	0	0	0	0	0	0	0
3SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	(i)	156,825	22,797	21,737	23,325	20,545	245,229	0
	(ii)	0	0	0	0	0	0	0
4DAVID GROSSMAN DIR. INT'L PROG. (THROUGH 3/19)	(i)	165,972	6,305	27,482	22,822	7,075	229,656	0
	(ii)	0	0	0	0	0	0	0
5MARTHA PEREGO DIRECTOR, ETHICS	(i)	143,123	15,617	27,337	21,428	10,791	218,296	0
·	(ii)							

DIR. BRAND MGMT & MKT COMM	1							
	(ii)	0				0	0	
7TAD MCGALLIARD DIR. RESEARCH & TECH ASST	(i)	131,424	12,925	5,586	16,941	20,182	187,058	0
	(ii)	0					0	
8JUNIPER THREN DIR. BUS. APP & TECH (THROUGH 3/19)	(i)	125,288	8,437	17,814	14,707	14,878	181,124	0
	(ii)	0	0	0	0	0	0	
							<del>                                     </del>	
						:	Schedule J (Fo	orm 990) 2018
		F	Page 3 ————					
Schedule J (Form 990) 2018								Page <b>3</b>
Part III Supplemental Information								
Provide the information, evaluation, or descriptions required for Part I, liv	200 12	1b 2 4a 4b 4a 1	En Eh 6n 6h 7	and 0 and for Dart	TT Also somplete	this part for any	additional info	

14,212

27,028

Explanation ICMA'S EXECUTIVE DIRECTOR WAS PROVIDED COMPENSATION FOR COMPANION TRAVEL, WHICH WAS GROSSED UP AND INCLUDED IN TAXABLE WAGES.

16,610

10,165

195,147

127,132

(i)

Schedule J (Form 990) 2018

**Additional Data Return to Form** 

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.

Software ID: **Software Version:** 

SEE PART II FOR THE BONUSES LISTED ON PART VII.

6ELLEN FOREMAN DIR. BRAND MGMT & MKT COMM

Return Reference

PART I, LINE 1A PART I, LINE 7

efile Public Visual Render

ObjectId: 202041929349301674 - Submission: 2020-07-10

TIN: 36-2167755

OMB No. 1545-0047

2018

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#### 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.

Name of the organization INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION **Employer identification number** 

36-2167755

Return **Explanation** Reference FORM 990, AT THE CONFERENCE IN BALTIMORE THROUGH THE INTERNATIONAL MANAGEMENT EXCHANGE PROGRAM. PART III. IDENTIFIED 2 ICMA MEMBERS FOR PARTICIPATION IN THE COUNCIL OF LOCAL AUTHORITIES FOR INTERNATIONAL LINE 4A RELATIONS (CLAIR) FELLOWSHIP EXCHANGE PROGRAM ORGANIZED BY THE JAPAN LOCAL GOVERNMENT CENTER. RECOGNIZED 1 ICMA MEMBER AS A RECIPIENT OF THE TRANTER-LEONG SCHOLARSHIP, WHO IS WORKING IN ULAANBAATAR TO PROVIDE PEER-TO-PEER TRAINING AND LEARNING OPPORTUNITIES, WHILE MENTORING A GROUP OF LOCAL GOVERNMENT OFFICIALS THROUGHOUT MONGOLIA. - PROVIDED 3 ICMA MEMBERS WITH SCHOLARSHIPS TO SUPPORT THEIR PARTICIPATION IN THE 2019 INTERNATIONAL REGIONAL CONFERENCE IN ROMANIA. - PRIOR TO THE 2018 ICMA ANNUAL CONFERENCE, ICMA EUROPE ORGANIZED AND FACILITATED A PRE-CONFERENCE STUDY TOUR FOR PARTICIPANTS FROM ROMANIA, CZECH REPUBLIC, AND SLOVAKIA TO THE UNITED STATES. 11 CITY MANAGERS PARTICIPATED IN THE STUDY TOUR, WHICH INCLUDED ATTENDANCE AT THE CONFERENCE AND A VISIT TO ICMA'S DC OFFICE AS PART OF THEIR TOUR. ICMA EUROPE ALSO REPRESENTED ICMA AT THE 2018 SMART COMMUNITIES CONFERENCE IN BARCELONA. ICMA EUROPE IS WORKING WITH OUR PARTNERS IN LATVIA AND NORWAY TO ESTABLISH AFFILIATE AGREEMENTS. - WORKED WITH OUR PARTNERS IN CHINA TO PLAN A STUDY TOUR IN JUNE 2019. THREE URBAN PLANNING PROFESSIONALS FROM JINAN PROVINCE WERE HOSTED IN DECATUR, ILLINOIS AND AUSTIN, TEXAS. - PROVIDED ETHICS TRAINING FOR THE ASSOCIATION OF PALESTINIAN LOCAL AUTHORITIES FOLLOWING AN AFFILIATE AGREEMENT SIGNING CEREMONY AT THE CONFERENCE IN BALTIMORE. HELPED LOCAL GOVERNMENT PROFESSIONALS AUSTRALIA FORM THEIR OWN CREDENTIALED MANAGER PROGRAM. - ENGAGED 34 ICMA MEMBERS WHO HAVE DONATED THE EQUIVALENT OF \$37,705 OF THEIR TIME TO IMPROVE GOVERNANCE WORLDWIDE. A TOTAL OF 11,149 PARTICIPANTS ACROSS THE GLOBE HAVE BEEN TRAINED THROUGH COMMUNITY AND PEER-TO-PEER EXCHANGES, WORKSHOPS, AND TECHNICAL ASSISTANCE. - RELEASED IN SEPTEMBER 2018 A GUIDE FOR SMART COMMUNITIES: USING GIS TECHNOLOGY FOR LOCAL GOVERNMENT MANAGEMENT, JOINTLY PRODUCED BY ICMA AND ESRI. - THE U.S. DEPARTMENT OF ENERGY (DOE) FUNDED ICMA SOLSMART PROJECT HELD A SPECIAL RECOGNITION AWARDS PROGRAM AT THE CONFERENCE IN BALTIMORE. TO DATE, THE PROGRAM HAS DESIGNATED MORE THAN 265 COMMUNITIES ACROSS THE UNITED STATES FOR EXCELLENCE IN MEETING CRITERIA TO ADVANCE SOLAR IN THEIR JURISDICTIONS. - AS PART OF THE U.S. DOE-FUNDED SOLAR IN YOUR COMMUNITY PROGRAM, 170 TEAMS WORKED IN THEIR COMMUNITIES TO CREATE ACCESS TO SOLAR FOR LOW- AND MODERATE-INCOME COMMUNITIES. ICMA SUPPORTED THE TEAMS, WHICH ARE COMPLETING THEIR APPLICATIONS TO WIN UP TO \$1 MILLION IN PRIZES. - MADISON, WISCONSIN, HAS RETAINED ICMA TO PROVIDE 311-CRM CONSULTING SERVICES TO HELP THE CITY DECIDE WHAT TYPE OF CENTRALIZED CUSTOMER SERVICE SYSTEM WOULD WORK BEST FOR THE COMMUNITY. - WORKING WITH CNA AND THE U.S. DEPARTMENT OF JUSTICE, ICMA PUBLISHED A FACT SHEET HIGHLIGHTING BEST PRACTICES FOR IMPLEMENTING BODY-WORN CAMERAS IN LOCAL POLICE DEPARTMENTS. - IN COLLABORATION WITH SEVERAL NATIONAL GOVERNMENT MINISTRIES AND THE DOMINICAN FEDERATION OF MUNICIPALITIES (FEDOMU, AN ICMA AFFILIATE), ICMA HAS TRAINED PROSECUTORS, COUNSELORS, MUNICIPAL STAFF, TEACHERS, AND STUDENTS ON STRATEGIES FOR THE PREVENTION OF TRAFFICKING IN PERSONS (TIP) IN THE DOMINICAN REPUBLIC. NEARLY 9,100 STUDENT LEADERS RECEIVED TRAINING AND WILL SHARE THEIR KNOWLEDGE WITH OTHER YOUTH TO HELP IDENTIFY WARNING SIGNS OF TIP AND PREVENT VICTIMIZATION. - UNDER THE STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM IN THE PHILIPPINES. COMPLETED DESIGNS FOR THE CONSTRUCTION OF TRADING CENTERS IN MARAWI, PHILIPPINES, TO JUMPSTART ECONOMIC ACTIVITIES FOR RESIDENTS DISPLACED BY THE RECENT ARMED CONFLICT IN THE AREA. AT LEAST 3,938 INTERNALLY DISPLACED PERSONS AND DISPLACED ENTREPRENEURS AND FARMERS HAVE RECEIVED ASSISTANCE FROM THE PROJECT, INCLUDING TECHNICAL AND ENTREPRENEURIAL TRAINING (BAKING AND BAKERY OPERATIONS, WEAVING), AND MARKET LINKAGES. PROJECT HAS WORKED IN PARTNERSHIP WITH THE PRIVATE SECTOR, INCLUDING PILMICO FOODS, EAST-WEST SEED CORPORATION, AND THE COCA-COLA FOUNDATION. - THROUGH SURGE, ICMA CONTINUES TO STREAMLINE AND IMPROVE THE BUSINESS ENABLING ENVIRONMENT IN CDI CITIES. IN LEGAZPI CITY, ICMA FACILITATED AN MOU BETWEEN THE CITY GOVERNMENT AND THE BUREAU OF FIRE PROTECTION, WHICH ENABLES THE LOCAL GOVERNMENT UNIT TO BECOME A COLLECTING AGENT OF FIRE SAFETY INSPECTION FEES. THIS IS THE FIRST OF ITS KIND IN THE PHILIPPINES. THE AVERAGE GROWTH IN BUSINESS REGISTRATION IN SURGE-ASSISTED CITIES FROM 2016 TO 2018 JUMPED BY 10.40%. -DEPLOYED 4 PRO BONO VOLUNTEERS TO TANZANIA TO WORK WITH VARIOUS MUNICIPALITIES TO ADDRESS GOVERNANCE CHALLENGES TO LOCAL ECONOMIC DEVELOPMENT ON THE TANZANIA ENABLING GROWTH THROUGH INVESTMENT AND ENTERPRISE PROJECT. - DESIGNED AND APPLIED A QUESTIONNAIRE FOR MEASURING MUNICIPAL CAPACITY TO PROMOTE LOCAL ECONOMIC DEVELOPMENT IN GUATEMALA TO SUPPORT INVESTMENT AND JOB CREATION IN STRATEGIC CORRIDORS AS PART OF A 5-YEAR CREATING ECONOMIC OPPORTUNITIES PROGRAM. QUESTIONNAIRE RESULTS ARE ENABLING MUNICIPALITIES TO IDENTIFY KEY AREAS OF TECHNICAL ASSISTANCE IN LAND USE AND MUNICIPAL DEVELOPMENT PLANNING TO SUPPORT ECONOMIC GROWTH. - FACILITATED A CITYLINKS EXCHANGE BETWEEN LOUISVILLE, KENTUCKY, AND SULA VALLEY REGION OF HONDURAS TO SHARE APPROACHES TO ADDRESSING CHALLENGES IN LOCAL VIOLENCE PREVENTION WITH MEMBERS OF THE MUNICIPAL VIOLENCE PREVENTION COMMITTEES AND HELP THEM PLAN AND PRIORITIZE ACTIVITIES FOR THE COMING YEAR. - ORGANIZED AND LED A 2-WEEK STUDY TOUR FOR 18 UKRAINIAN MAYORS AND ECONOMIC DEVELOPMENT LEADERS THROUGHOUT THE UNITED STATES. - THE YOUNG SOUTHEAST ASIAN LEADERS INITIATIVE (YSEALI) PROFESSIONAL FELLOWS PROGRAM PLACED 15 FELLOWS FROM SOUTHEAST ASIA WITH 11 LOCAL GOVERNMENTS IN 10 DIFFERENT STATES. - EIGHT U.S. PARTICIPANTS REPRESENTING MIAMI BEACH, FL; PEARLAND, TX; SAGINAW, TX; MIDDLETON, WI; GOLDEN, CO; CHARLES COUNTY, MD; AND NORWOOD, MA, TRAVELED TO SOUTHEAST ASIA FOR 2 WEEKS TO DELIVER TECHNICAL ACCISTANCE TO VCEALLINTEDNATIONAL EELLOWIC ON THEID DOCT EELLOWICHID ENVIDONMENTAL

	SUSTAINABILITY ACTION PLANS. FOR MORE INFORMATION, PLEASE REFER TO ICMA'S FY 2019 ANNUAL REPORTS, WHICH CAN BE FOUND HERE: HTTPS://ICMA.ORG/DOCUMENTS/ICMA-ANNUAL-REPORT-2019.
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 ADMINISTRATIVE 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 TO THE AUDIT, FINANCE, AND BUSINESS OPERATIONS 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, EXECUTIVE BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. 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 EVALUATION COMMITTEE. VARIOUS SALARY COMPARISONS OF EXECUTIVE DIRECTORS OF OTHER COMPARABLE ORGANIZATIONS IS PROVIDED ANNUALLY TO THE 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 ON SEPTEMBER 21, 2018. 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 1,514,582. MANAGEMENT AND GENERAL EXPENSES 641,720. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,156,302. SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 938,335. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 938,335. PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 180,832. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 180,832. HONORARIUM FEES: PROGRAM SERVICE EXPENSES 55,750. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 55,750. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 43,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 43,000.
FORM 990, PART XI, LINE 9:	REVERSAL OF PROVISION FOR UNSUBSTANTIATED COSTS 877,827.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

## Additional Data

**Return to Form** 

Software ID: Software Version:

efile Public Visual Render ObjectId: 202041929349301674 - Submission: 2020-07-10

TIN: 36-2167755 OMB No. 1545-0047

### **SCHEDULE R** (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2018

Department of the Treasury

Open to Public

nternal Revenue														ı		ECLIO		_	
Name of the organization INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION										Employer identification number									
	Tantification of Discounded Fo	Alai Camadaka id	5 kla a	ii				- 000 P	T) / 1:		2167755							_	
Part I	Identification of Disregarded En	itities Complete if	the organ	ization a	(b)	erea Yes		(c)		აა. d)	1 (	e)	-		(1	``			
	Name, address, and EIN (if applicable) of disregarded entity			Prim	nary ac	tivity	Legal do	micile (state gn country)		ncome		ear asset	ts	- 1	Direct co ent	ntrollin	g		
								,,,								,			
																		_	
							zation answered "Yes" on Form 990, Part IV, line 34 because it had one or more  (c) (d) (e) (f) (gal domicile (state r foreign country) (if section 501(c)(3)) (												
																		_	
Part II	Identification of Related Tax-Exe	mpt Organizatio	ns Comple	te if the	orga	nization a	answered	d "Yes" on	Form 99	0. Part I\	V. line 34	1 becau	use it	had o	ne or	more		—	
	related tax-exempt organizations dur				. 0190							- Decar	u30 10		110 01				
	(a) Name, address, and EIN of related organization			<b>b)</b> y activity		Legal domic	ile (state			Public cha	rity status		Direct controlling				Section 512(b		
						or foreign	country)			(if section	501(c)(3))			entity			entity?		
(1)INTERNAT	IONAL CITY MANAGEMENT ASSOCIATION RETIRE	MENT CORP	HELPING PUB	BLIC SECTO	OR	DE		501(C)(3)		LINE 11		INTER	RNATIO	NAL CIT	YCOUNT		_		
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WASHINGTON 23-7268394	, DC 20002																		
(2)ICMA EUR PESTOVATELS			ADVANCE ICMA'S MISSION BY SERVING AS A			LC	)	FOREIGN		N/A				TIONAL CITYCOUNTY MENT ASSOCIATION			S		
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or Paperw	ork Reduction Act Notice, see the Inst	ructions for Form	990.			Ca	t. No. 501	.35Y					Sche	dule R	(Form	990)	2018		
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Schedule R (	Form 990) 2018															Þ	age <b>2</b>	,	
	Identification of Related Organiz	ations Taxable a	s a Partne	ershin (	Comp	lete if the	organiz	ation answ	ered "Ye	s" on Foi	rm 990.	Part I\	/. line	34 he	cause			_	
	one or more related organizations tre						organiz	acion answ	cica ic	3 011101	1111 330,	T dit I v	, iiiic	. 54 00	causc	it iide			
	(a) Name, address, and EIN of			<b>b)</b> mary	(c) Legal	(d) Direct	Pre	(e) dominant	(f) Share of	(g) Share o	of Dispro	<b>h)</b> ortionate	Code	(i) e V-UBI	(j) Genera	lor Pe	(k) ercenta	ge	
	related organization		act	ivity de	lomicile (state	controllinentity	uı	ne(related, related,	total incom	e end-of-ye assets	ear alloc		amo box	ount in 20 of		ing o	wnersh		
				f	or foreign		und	led from tax er sections					Sched (Forn	dule K-1 n 1065)					
				co	ountry)		5	12-514)				1							
											Yes	No			Yes	No			
															1 1			_	
Part IV	Identification of Related Organiza	ations Taxable a	s a Corpo	ration o	or Tr	ust Comp	lete if th	e organiza	tion ans	wered "Y	es" on F	orm 99	90. Pa	art IV.	line 34	1 beca	ause	_	
	it had one or more related organizati	ons treated as a c		or trust	durii		year.						-, -,						
	(a) Name, address, and EIN of	(b) Primary activity		(c) Lega	al	D	(d) irect contro	lling Type o		(f) Share of to	tal Shar	(g) e of end-	-of-	Perce	h) ntage		(i) Section		
	related organization			domic (state or f	foreign		entity	(C cc	orp, S rp,	income		year assets		owne	ership	co	2(b)(13 ontrolled	:d	
				count	ry)			or t	rust)							Ye	entity?		
		REIT HOLDING THE HEADQUARTERS		MD			INTERNATIONAL CITYCOUNTY		С		477	9,440,1	9,440,137 33.330 %				No	0	

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Schedule R (Form 990) 2018	nizations Compl	loto if the	o organiz	ation answo	rod "Voi	a" on For	~ 000 B	ort IV/ I	ino 24 25	h or 26					Page <b>3</b>
Part V Transactions With Related Orga				ation answe	reu re	S OII FOII	11 990, P	art IV, I	ille 34, 33	D, OF 30	). 			Ye	s No
<b>Note.</b> Complete line 1 if any entity is listed in I  1 During the tax year, did the organization engage				th one or more	related	organizati	ons listed	in Parts	II-IV?					-	.5 110
a Receipt of (i) interest, (ii) annuities, (iii) roya	•	-				_							1:	Ye	s
<b>b</b> Gift, grant, or capital contribution to related or	rganization(s)												11		
<b>c</b> Gift, grant, or capital contribution from related	d organization(s) .												14		No
<b>d</b> Loans or loan guarantees to or for related orga	. ,												10		No
e Loans or loan guarantees by related organizati	ion(s)												10	=	No
<b>f</b> Dividends from related organization(s)													1:	f Ye	s
g Sale of assets to related organization(s)													19	3	No
h Purchase of assets from related organization(s													11	_	No
i Exchange of assets with related organization(s)	)												1	i	No
${f j}$ Lease of facilities, equipment, or other assets t	to related organizati	ion(s) .											1	j	No
													-		
k Lease of facilities, equipment, or other assets											•		. 1		s No
<ul> <li>Performance of services or membership or func</li> <li>m Performance of services or membership or func</li> </ul>													11		No
n Sharing of facilities, equipment, mailing lists, o	=		-										1		No
Sharing of paid employees with related organizations			J												
- onaning or paid employees with related Organi.	zation(s)												10	)	No
- Sharing St. paid employees with related Organi.	zation(s)												10	)	No
P Reimbursement paid to related organization(s)													11		No No
	) for expenses			· · · ·		· · ·						-		)	
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**Additional Data**