


Form **990**

 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 777 NORTH CAPITOL STREET NE NO

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

F Name and address of principal officer:

MARC OTT
 777 NORTH CAPITOL STREET NE NO 500
 WASHINGTON, DC 200024201

D Employer identification number

36-2167755

E Telephone number

(202) 289-4262

G Gross receipts \$ 31,125,389

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ICMA.ORG

H(a) Is this a group return for

subordinates? ☐ Yes ☒ No

H(b) Are all subordinates

included? ☐ Yes ☐ No

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

H(c) Group exemption number

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1914

M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE PROFESSIONAL LOCAL GOVERNMENT THROUGH LEADERSHIP, MANAGEMENT, INNOVATION, AND ETHICS.		
Activities & Governance	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	123
	6 Total number of volunteers (estimate if necessary)	6	861
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	195,898
	b Net unrelated business taxable income from Form 990-T, line 39	7b	72,338
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	10,884,722
	9 Program service revenue (Part VIII, line 2g)	Current Year	13,900,469
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,243,080
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		834,000
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		786,561
			2,611,290
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,718,782
	14 Benefits paid to or for members (Part IX, column (A), line 4)		26,573,092
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		863,487
	16a Professional fundraising fees (Part IX, column (A), line 11e)		2,323,103
	b Total fundraising expenses (Part IX, column (D), line 25) 538,319		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		12,472,083
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		12,413,927
	19 Revenue less expenses. Subtract line 18 from line 12		92,436
Net Assets or Fund Balances			102,693
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	22,533,614
	21 Total liabilities (Part X, line 26)	End of Year	23,816,774
	22 Net assets or fund balances. Subtract line 21 from line 20		8,332,431
			14,201,183

Part II Signature Block

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

Sign
Here

Signature of officer

2021-05-03

Date

SABINA AGARUNOVA CHIEF FINANCIAL OFFICER

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN
P00288314

Firm's name ▶ GELMAN ROSENBERG & FREEDMAN

Firm's EIN ▶ 52-1392008

Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N

Phone no. (301) 951-9090

BETHESDA, MD 208142930

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 11,286,121 including grants of \$ 2,271,403) (Revenue \$ 900,001)

SERVICES TO LOCAL GOVERNMENTS: ICMA PROVIDES EXPERTISE ON FUNDAMENTAL AND LEADING LOCAL GOVERNMENT MANAGEMENT PRACTICES IN THE U.S. AND AROUND THE WORLD, INCLUDING, BUT NOT LIMITED TO, WORK FUNDED BY EXTERNAL PARTIES SUCH AS FEDERAL AGENCIES AND FOUNDATIONS. ICMA MEMBER EXPERTISE IS TAPPED FOR CITY-TO-CITY EXCHANGES THROUGHOUT THE WORLD AS WELL. KEY ACCOMPLISHMENTS INCLUDE: - HOSTED THE 18TH NATIONAL BROWNFIELDS TRAINING CONFERENCE, CO-SPONSORED BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY AND ICMA, IN LOS ANGELES, CA, IN DECEMBER 2019. BROWNFIELDS 2019 FEATURED OVER 140 EDUCATIONAL SESSIONS, 250 SPEAKERS, AND MORE THAN 2,000 ATTENDEES; AND ADDRESSED TOPICS FROM EQUITABLE DEVELOPMENT, FINANCING, ENVIRONMENTAL LIABILITY, AND COMMUNITY ENGAGEMENT TO PUBLIC HEALTH, RENEWABLE ENERGY, AND WORKFORCE DEVELOPMENT AND JOB TRAINING. - WITH SUPPORT FROM THE ROBERT WOOD JOHNSON FOUNDATION, WORKED WITH PARTNERS AT THE NYU GROSSMAN SCHOOL OF MEDICINE TO SUPPORT THE CITY HEALTH DASHBOARD, A FREE WEB-BASED RESOURCE TO PLACE CITY-AND NEIGHBORHOOD-LEVEL DATA INTO THE HANDS OF POLICYMAKERS AND THEIR PARTNERS. THE DASHBOARD FEATURES 35 MEASURES OF HEALTH ORGANIZED BY CLINICAL CARE, HEALTH BEHAVIORS, HEALTH OUTCOMES, PHYSICAL ENVIRONMENT, AND SOCIAL AND ECONOMIC FACTORS, REPRESENTING THE 500 LARGEST U.S. CITIES. - WITH FUNDING FROM THE U.S. DEPARTMENT OF ENERGY (DOE), RECOGNIZED OVER 372 CITIES, COUNTIES AND TOWNS THAT HAVE OPTIMIZED PLANNING, ZONING, PERMITTING AND INSPECTION TO MAKE IT FASTER, EASIER, AND MORE AFFORDABLE FOR RESIDENTS AND BUSINESSES TO GO SOLAR. THE PROJECT EXCEEDED THE PROGRAM GOAL OF 300 DESIGNEES, FACILITATING SOLAR FOR OVER 91 MILLION INDIVIDUALS ACROSS THE U.S. - SUPPORTED 170 TEAMS THAT COMPETED TO WIN \$1 MILLION IN PRIZES AS PART OF THE U.S. DOE-FUNDED SOLAR IN YOUR COMMUNITY PROGRAM SUPPORTING THE CREATION OF ACCESS TO SOLAR FOR LOW- AND MODERATE-INCOME COMMUNITIES. - DEVELOPED A MUNICIPAL CAPACITY MEASUREMENT TOOL FOR ECONOMIC DEVELOPMENT IN GUATEMALA TO MEASURE THE MUNICIPALITIES' ABILITY TO PROMOTE AND SUSTAIN ECONOMIC GROWTH AS PART OF A USAID-FUNDED INITIATIVE. - WITH STATE DEPARTMENT FUNDING, THROUGH THE COMMUNITY RESILIENCE INITIATIVE (CRI), DEVELOPED A MODEL FOR COMMUNITY INTERVENTION TO PROVIDE PEER-TO-PEER MENTORSHIP AND DELIVERY OF PSYCHOSOCIAL SERVICES TO VULNERABLE YOUTH IN TWO COMMUNITIES OF DHAKA, BANGLADESH. - DEPLOYED 1 PRO BONO VOLUNTEER AND 1 PAID CONSULTANT TO TANZANIA TO WORK WITH VARIOUS LOCAL MUNICIPALITIES TO ADDRESS LOCAL GOVERNMENT FINANCE CHALLENGES AND ASSIST LOCAL GOVERNMENT ASSOCIATIONS IN DEVELOPING LOCAL ECONOMIC GROWTH STRATEGIES ON THE USAID-FUNDED TANZANIA ENABLING GROWTH THROUGH INVESTMENT AND ENTERPRISE (ENGINE) PROJECT. - THROUGH THE DECENTRALIZATION OFFERING BETTER RESULTS AND EFFICIENCY (DOBRE) PROJECT, ORGANIZED AND IMPLEMENTED A 2-WEEK STUDY TOUR FOR 50 UKRAINIAN MAYORS AND ECONOMIC DEVELOPMENT LEADERS TO EXPLORE LOCAL APPROACHES TO GOVERNANCE, ECONOMIC DEVELOPMENT, AND TOURISM, IN SMALL TO MID-SIZE COMMUNITIES OF TENNESSEE, WEST VIRGINIA, KENTUCKY, AND VIRGINIA. - PLACED 22 PROFESSIONAL FELLOWS FROM SOUTHEAST ASIA IN THE SUSTAINABLE DEVELOPMENT AND ENVIRONMENT FIELD WITH 16 ORGANIZATIONS ACROSS 11 STATES AND THE DISTRICT OF COLUMBIA FOR FOUR-WEEK PROFESSIONAL FELLOWSHIPS AND MENTORING WITH AMERICAN TECHNICAL EXPERTS THROUGH THE U.S. STATE DEPARTMENT'S YOUNG SOUTHEAST ASIAN LEADERS INITIATIVE (YSEALI) PROFESSIONAL FELLOWS PROGRAM. - UNDER THE USAID-FUNDED STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM IN THE PHILIPPINES, - PROVIDED ASSISTANCE FOR THE CONSTRUCTION OF TWO TRADING CENTERS IN MARAWI AND ITS ENVIRONS TO SUSTAIN THE RETURN AND REINTEGRATION OF INTERNALLY DISPLACED PERSONS (IDPS). PROVIDED SUPPORT VIA TECHNICAL, SKILLS AND ENTREPRENEURIAL TRAINING, MENTORING, MARKET LINKAGES, CHAMBER STRENGTHENING AND BUSINESS FORA, THAT BENEFITED MORE THAN 6,000 IDPS AND DISPLACED MARAWI ENTREPRENEURS IN THEIR LIVELIHOOD RECOVERY. - INCORPORATED COVID-19 PANDEMIC AND OTHER NATURAL HAZARDS INTO THE RISK ASSESSMENT SCOPE OF THE CLIMATE AND DISASTER RISK ASSESSMENT (CDRA) METHODOLOGY IN COLLABORATION WITH THE DEPARTMENT OF HUMAN SETTLEMENTS AND URBAN DEVELOPMENT (DHSUD) AND UN HABITAT. CHANGES WERE INTEGRATED INTO THE LATEST VERSION OF THE CDRA TRAINING MODULE THAT CITIES AND MUNICIPALITIES USE IN LOCAL DEVELOPMENT PLANNING. - PARTNERED WITH U.S.-BASED GOLDEN GATE UNIVERSITY TO DEVELOP THE URBAN DEVELOPMENT LEARNING PROGRAM (UDLP) AT HOLY NAME UNIVERSITY IN TAGBILARAN CITY. THE PROGRAM IS A 21-UNIT POST-GRADUATE DIPLOMA COURSE WHICH INCLUDES SUBJECTS SUCH AS FUNDAMENTALS AND PRACTICE OF URBAN AND REGIONAL PLANNING AND DEVELOPMENT, RESEARCH METHODS IN PLANNING, LAND USE PLANNING AND DEVELOPMENT, PLANNING ANALYSIS, URBAN PLAN IMPLEMENTATION AND NATURAL RESOURCE USE AND DEVELOPMENT. - EQUIPPED WATER SERVICE PROVIDERS WITH KNOWLEDGE AND SKILLS TO EVALUATE POTENTIAL IMPACTS OF NATURAL DISASTERS TO THEIR SUPPLY SYSTEMS AND FACILITIES. DIAGNOSTICS HELPED WATER SERVICE PROVIDERS IN THE CITIES OF BATANGAS AND GENERAL SANTOS AND ADJACENT AREAS ALLOCATE NEW FUNDING FOR WATER SOURCE DEVELOPMENT TO EXPAND THEIR SERVICES AND GENERATE 6,500 NEW CONNECTIONS TO A POPULATION OF 32,500. CONDUCTED A RAPID ASSESSMENT TO DETERMINE THE IMPACTS OF COVID-19 ON WATER SERVICE PROVIDERS IN BATANGAS AND GENERAL SANTOS AND ADJACENT AREAS. CONDUCTED A RAPID ASSESSMENT TO DETERMINE THE IMPACTS OF COVID-19 ON WATER SERVICE PROVIDERS IN BATANGAS AND GENERAL SANTOS AND ADJACENT AREAS. 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SERVICE PROVIDERS IN PARTNER CITIES AND INITIATE THE FORMULATION OF A BUSINESS CONTINUITY AND RECOVERY PLANNING (BCRP) TRAINING MODULE. - STRENGTHENED PROMOTION OF PROPER HANDWASHING AS ONE OF THE MOST EFFECTIVE WAYS TO STOP THE SPREAD OF THE CORONAVIRUS IN THE PHILIPPINES. WORKED WITH LOCAL STAKEHOLDERS AND THE BUSINESS SECTOR TO MAKE HANDWASHING MORE ACCESSIBLE BY INSTALLING HANDWASHING STATIONS AT STRATEGIC PUBLIC AREAS IN THE CITIES OF CAGAYAN DE ORO, GENERAL SANTOS, AND TAGBILARAN. - SUPPORTED PARTNER CITIES IN BUSINESS AND AREA SERVICE RESPONSE AND RECOVERY (BASRR) PLANNING TO HELP THEM ADAPT EVIDENCE-BASED RISK MITIGATION AND MANAGEMENT, RELATED TO THE COVID-19 PANDEMIC. - HELD A SERIES OF VIRTUAL LEARNING SESSIONS TO ADDRESS THE LOCAL GOVERNMENTS' NEEDS FOR QUICK AND RELIABLE INFORMATION ON COVID-19 RESPONSES AND INTERVENTIONS TO GUIDE IN DECISION-MAKING. THROUGH FOUR VIRTUAL SESSIONS, LOCAL CHIEF EXECUTIVES (LCES) AND INTERNATIONAL EXPERTS SHARED EFFECTIVE PRACTICES AND EXPERIENCES ON TARGETED AND EXPANDED TESTING, CONTACT TRACING, AREA FOCUSED RESPONSE AND MITIGATION STRATEGIES, AND RECOVERY FOR THE TOURISM SECTOR.FOR MORE INFORMATION, PLEASE REFER TO ICMA'S FY 2020 ANNUAL REPORTS, WHICH CAN BE FOUND HERE: [HTTPS://ICMA.ORG/ANNUAL-REPORTS](https://icma.org/annual-reports)

4b (Code:) (Expenses \$ 4,117,161 including grants of \$) (Revenue \$ 3,702,219)

PROFESSIONAL DEVELOPMENT: LEADERSHIP AND PROFESSIONAL DEVELOPMENT ARE KEY TO BUILDING CAPACITY IN OUR MEMBERS AND THOSE HOPING TO LEAD LOCAL GOVERNMENTS THROUGHOUT THE WORLD. AMONG SIGNIFICANT PROGRAM ACCOMPLISHMENTS ARE:- OFFERED PROFESSIONAL DEVELOPMENT OFFERINGS CATERED TO VARIOUS CAREER STAGES, FROM COACHING PROGRAMS TO LEADERSHIP AND MENTORSHIP PROGRAMS.- EMERGING LEADERS DEVELOPMENT PROGRAM WELCOMED 45 NEW PARTICIPANTS, INCLUDING 11 WHO WERE NOT ICMA MEMBERS UNTIL THEY REGISTERED FOR THE PROGRAM. - MID-CAREER MANAGEMENT INSTITUTE WELCOMED 5 NEW PARTICIPANTS. - ICMA UNIVERSITY DELIVERED 3 WORKSHOPS AT AFFILIATE ASSOCIATION MEETINGS; 1 WORKSHOP TO A LOCAL GOVERNMENT; 18 WORKSHOPS AT THE ANNUAL CONFERENCE IN NASHVILLE.- ICMA UNIVERSITY ONLINE LEARNING DELIVERED 13 WEBINARS; 6 STRATEGIC PARTNER-SPONSORED WEBINARS; AND 47 JURISDICTIONS REGISTERED FOR ICMA UNIVERSITY'S WEBINAR SUBSCRIPTION.- IN MARCH 2020, ICMA UNIVERSITY PIVOTED THE WEBINAR PROGRAM TO DELIVER RAPID RESPONSE COMMUNICATIONS DURING THE COVID-19 PANDEMIC, PRODUCING AN ADDITIONAL 16 FREE WEBINARS IN FY20 TO CONNECT LOCAL GOVERNMENT LEADERS WITH EXPERTS IN TOPICS RANGING FROM PUBLIC HEALTH TO RACIAL EQUITY TO EMERGENCY MEDICAL SERVICES.

4c (Code:) (Expenses \$ 3,114,995 including grants of \$) (Revenue \$ 6,176,772)

MEMBERSHIP: MEMBERSHIP BENEFITS & GROWTH IS IDENTIFIED AS THE FIRST PRIORITY OF ICMA'S STRATEGIC PLAN, ENVISION ICMA. IN FY 2020, WE ACCOMPLISHED GROWTH IN ALL MEMBERSHIP CATEGORIES, WITH THE TOTAL MEMBERSHIP EXCEEDING 13,000 MEMBERS IN 43 COUNTRIES. OTHER SIGNIFICANT PROGRAM ACCOMPLISHMENTS:- EXPANDED THE NUMBER OF STUDENT CHAPTERS TO 123, INCLUDING 19 INTERNATIONAL STUDENT CHAPTERS. ENGAGE WITH CHAPTERS THROUGH MONTHLY EMAILS, MANAGEMENT OF THE STUDENT CHAPTER FACEBOOK GROUP, & STRATEGIC SOCIAL MEDIA LEVERAGING. STUDENTS FROM THE UNIVERSITY OF DELAWARE, UNIVERSITY OF ARIZONA, & GRAND VALLEY STATE UNIVERSITY WERE ABLE TO ATTEND ICMA'S NASHVILLE CONFERENCE THROUGH TRAVEL SCHOLARSHIPS AWARDED TO THOSE SCHOOLS AS THE WINNERS OF LAST YEAR'S BEST CHAPTER EVENT. IN NASHVILLE, 41 STUDENTS REPRESENTING 21 OF ICMA'S ACTIVE STUDENT CHAPTERS ATTENDED THE ANNUAL STUDENT CHAPTER MEETING. AWARDED 40 STUDENTS WITH THE LOCAL GOVERNMENT EARLY CAREER SERVICE CERTIFICATE WHICH WAS CREATED IN FY19. AWARDED FOUR STUDENT CHAPTERS THIS YEAR'S BEST CHAPTER EVENT AWARD: ARIZONA STATE UNIVERSITY, UNIVERSITY OF DELAWARE, UNIVERSITY OF SOUTHERN CALIFORNIA, & TEXAS A&M UNIVERSITY. EACH WINNING CHAPTER RECEIVED \$1,000 TOWARD CHAPTER PROGRAMMING. THE UNIVERSITY OF CENTRAL FLORIDA'S ICMA STUDENT CHAPTER SIGNED ON AS A SUPPORTING PARTNER OF A RECENT NATIONAL SCIENCE FOUNDATION GRANT PROPOSAL SUBMITTED BY ICMA'S GLOBAL PROGRAMS TEAM. WE HOPE TO ENGAGE STUDENTS IN THIS CHAPTER IN THIS PROJECT SUPPORTING SUSTAINABLE COMMUNITIES IN COASTAL COMMUNITIES.- THE LOCAL GOVERNMENT MANAGEMENT FELLOWS (LGMF) PROGRAM, WHICH PROVIDES AN ENTRY INTO THE PROFESSION TO APPLICANTS & WHICH ENTERED ITS 17TH YEAR, CONTINUED TO ATTRACT TALENTED INDIVIDUALS. THE PROGRAM HAS BEEN EXPANDED TO INCLUDE THE VETERAN'S LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP. - COMPLETED THE FIRST YEAR OF THE JUDY KELSEY AWARD WITH A SUBCOMMITTEE OF THE LGMF ADVISORY BOARD WHO REVIEWED CANDIDATE ESSAYS & CHOSE TWO WINNERS FOR THIS YEAR'S AWARD, WHICH WERE ANNOUNCED IN MAY. AWARD IS NAMED IN HONOR OF JUDY LYN KELSEY, A PIONEER IN THE LOCAL GOVERNMENT MANAGEMENT PROFESSION & LONG-TIME ICMA MEMBER, WHO GIFTED \$108,941 TO ICMA IN THE DISBURSEMENT OF HER ESTATE. WITH HER GIFT, ICMA ESTABLISHED THE LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP JUDY L. KELSEY SCHOLARSHIP TO HELP WOMEN EMERGING LEADERS WHO HAVE BEEN ACCEPTED INTO THE LGMF, WHICH PLACES A FELLOW IN A MANAGER'S OR DEPARTMENT HEAD'S OFFICE IN A COUNCIL-MANAGER COMMUNITY. - CONTINUED TO EXPAND THE ICMA NATIONAL COACHING PROGRAM, WHICH ATTRACTS LOCAL GOVERNMENT PROFESSIONALS TO ACCESS THE FREE PROFESSIONAL DEVELOPMENT OFFERED BY ICMA. OVER 4,400 INDIVIDUALS PARTICIPATED IN THE SIX COMPLIMENTARY COACHING WEBINARS. THERE ARE NOW 30 STATE COACHING PARTNERS & NINE COACHING OUTREACH PARTNERS. SUCCESSFULLY TRANSITIONED TO A NEW COACHING PLATFORM, COACHCONNECT, WITH 160 COACHES & 201 LEARNERS ONBOARD. COHORTS USING COACHCONNECT TO SUPPORT PARTICIPANTS ARE THE LGMF PROGRAM, THE VLGMF PROGRAM, & THE MID-CAREER MANAGEMENT INSTITUTE OF ICMA UNIVERSITY.- CONTINUED WORK ON ADVANCING DIVERSITY AND INCLUSION IN THE PROFESSION. CONCLUDED A MAJORITY OF THE WORK ASSIGNED BY THE TASK FORCE'S RECOMMENDATIONS ON WOMEN IN THE PROFESSION & THE TASK FORCE ON STRENGTHENING INCLUSIVENESS, ALONG WITH OTHER INITIATIVES TO ADVANCE EQUITY & INCLUSION IN THE PROFESSION. CONFERRED ICMA'S COMMUNITY DIVERSITY & INCLUSION AWARD TO ST. LOUIS PARK & BLOOMINGTON, MN, & GWINNETT COUNTY, GA, PRESENTED IN NASHVILLE. FOR THE SECOND YEAR, ICMA COORDINATED A MEETING AT THE ICMA ANNUAL CONFERENCE FOR THE LEADERS OF STATE-BASED WOMEN LEADING GOVERNMENT CHAPTERS, LEAGUE OF WOMEN IN GOVERNMENT, LEGACY PROJECT, & MICHIGAN MUNICIPAL LEAGUE'S 16/50 PROJECT TO FOSTER COLLABORATION AND NETWORKING. CONTINUE TO PROMOTE THE HASHTAG #SHELEADSGOV IN SOCIAL MEDIA EFFORTS TO KEEP THE FOCUS ON ADVANCING WOMEN IN THE PROFESSION. FEATURED FIVE SESSIONS ON EQUITY & INCLUSION AT THE NASHVILLE CONFERENCE. COORDINATED A STAND-ALONE EVENT, THE ROAD TO LEADERSHIP: DON'T JUST SURVIVE - THRIVE! IN RALEIGH, NC, SUPPORTED BY ICMA STRATEGIC PARTNER, CIGNA, WITH 80 ATTENDEES. PROVIDED SCHOLARSHIPS TO EIGHT STUDENTS TO COVER REGISTRATION FOR THE WOMEN IN GOVERNMENT ARIZONA CONFERENCE, & ICMA-SPONSORED INDIANA UNIVERSITY'S FIRST EVENT AT THE O'NEILL SCHOOL: 2019 FOR THE GREATER GOOD WOMEN'S SUMMIT. PUBLISHED THE SEPTEMBER ISSUE OF PM MAGAZINE FOCUSED ON EQUITY & INCLUSION, WITH A SPECIAL SUPPLEMENT ON BUILDING A DIVERSE PROFESSION. ICMA IS PART OF A NEW WORKING GROUP WITH GARE, NLC, POLICY LINK, & LIVING CITIES TO DEVELOP WAYS TO ADDRESS RACIAL EQUITY ISSUES IN THE LOCAL GOVERNMENT.- SUCCESSFULLY IMPLEMENTED A CHANGE IN ICMA'S CONSTITUTION DESIGNED TO ENHANCE INCLUSION, REPRESENTATION, & ENGAGEMENT WITH AFFILIATE MEMBERS. THOSE WITH 5 YEARS IN LOCAL GOVERNMENT & ICMA MEMBERSHIP ARE NOW ELIGIBLE TO SERVE ON THE ICMA EXECUTIVE BOARD AND VOTE. - UNDER THE CITY-COUNTY MANAGEMENT SENIOR FELLOWSHIP PROGRAM (CMSFP), INFORMALLY KNOWN AS THE GARRISON COMMAND PROGRAM, AS PART OF OUR SECOND COHORT WITH THE ARMY, 12 DEPARTMENT OF DEFENSE FELLOWS COMPLETED EXCHANGE VISITS WITH LOCAL GOVERNMENTS; THEY ALSO MET IN NASHVILLE TO REPORT ON THEIR FINDINGS. THE ARMY SELECTED 10 FELLOWS TO PARTICIPATE IN 2020. THAT COHORT HELD AN ORIENTATION MEETING IN MARCH BUT COVID-19 RESTRICTED TRAVEL FOR SITE VISITS. FINALIZED THE DEPARTMENT OF DEFENSE MEMORANDUM OF AGREEMENT TO ENROLL ICMA AS AN OFFICIAL SKILLBRIDGE PARTNER, ALLOWING RECRUITING TO THE VETERANS LOCAL GOVERNMENT FELLOWSHIP (VLGMF) AT ALL MILITARY INSTALLATIONS ACROSS THE U.S. & OVERSEAS. LAUNCHED THE THIRD COHORT OF THE YEAR FOR THE VLGMF PROGRAM TO HELP SERVICE MEMBERS TRANSITION TO LOCAL GOVERNMENT. TO DATE, MORE THAN 70 VETERANS HAVE COMPLETED THE PROGRAM, WITH THREE COHORTS PER YEAR; 34 PARTICIPATED IN FY2019 & PLACED 33 IN FY2020. IN ADDITION, 17 NEW VLGMF HOST ORGANIZATIONS WERE ADDED TO THE PROGRAM IN ORDER TO INCREASE AVAILABLE LOCATIONS. ATTENDED A CAREER EVENT SPONSORED BY THE MILITARY OFFICERS ASSOCIATION OF AMERICA IN SEPTEMBER, WITH ONE ICMA MEMBER & ONE VETERAN FELLOW TO PROMOTE LOCAL GOVERNMENT AND THE VLGMF. SCHEDULED TO PARTICIPATE IN FOUR VIRTUAL RECRUITING EVENTS IN FY2021 WITH MOAA, NAVY PACIFIC WEST REGION, NAVY MIDATLANTIC REGION, & RECRUIT MILITARY. STAFFED A BOOTH AT THE NATIONAL ASSOCIATION OF COUNTY VETERAN SERVICE OFFICERS' ANNUAL CONFERENCE & WILL PARTICIPATE IN THEIR VIRTUAL EVENT IN FY2021. RECRUITING TRAVEL HAS BEEN CUT OR POSTPONED GIVEN COVID-19 CONSTRAINTS. ENGAGED WITH THE ASSOCIATION OF DEFENSE COMMUNITIES, PRINCIPAL DEPUTY ASSISTANT SECRETARY OF THE ARMY INSTALLATIONS, ENERGY, & ENVIRONMENT, & DEPARTMENT OF ARMY G9 PARTNERSHIPS PROGRAM TO PROMOTE COLLABORATION BETWEEN COMMUNITY MANAGERS & INSTALLATION LEADERS & EXPLORE FORMAL PARTNERING OPPORTUNITIES. AWARDED THREE VETERAN RECOGNITION AWARDS TO PROMOTE VETERANS WHO ARE FULL TIME LOCAL GOVERNMENT EMPLOYEES & WITH OUTSTANDING PERFORMANCE RECORDS IN THEIR LOCAL GOVERNMENT ORGANIZATIONS. - COMPLETED THE SECOND VETERAN CAREER GUIDEBOOK FOCUSED ON HUMAN RESOURCES RECRUITING FOR VETERANS, HUMAN RESOURCES RECRUITMENT HANDBOOK: HIRING VETERANS FOR LOCAL GOVERNMENT POSITIONS WAS RELEASED IN NOVEMBER & IS AVAILABLE AT ICMA.ORG/VETERANS. REVIEWED AND EDITED FIRST-TIME ADMINISTRATOR'S HANDBOOK, WHICH IS IN THE LAST STAGE OF PRODUCTION WITH A SHORTER DOCUMENT-STYLE GUIDE & AN EXPANDED MEMBERS-ONLY TOOLKIT ONLINE. THE ICMA MODEL EMPLOYMENT AGREEMENT, UPDATED BY A MEMBER TASK FORCE, WAS APPROVED BY THE BOARD IN DECEMBER. FEATURED A 'WALL OF GUIDES' AT THE ICMA MEMBER PAVILION AND OUTSIDE THE EXHIBIT HALL IN NASHVILLE. PARTNERING WITH CAL-ICMA TO TAKE THE ENCORE PROGRAM, DESIGNED TO PROVIDE ADVICE TO MANAGERS UPON THEIR RETIREMENT, NATIONAL. PROGRAM HAS A PRESENCE ON ICMA'S WEBSITE & WILL PROMOTE THESE MATERIALS AS NEW ICMA RESOURCES FOR MEMBERS MAKING THE TRANSITION INTO THEIR NEXT LIFE PHASE.- ICMA PROMOTED ETHICS AWARENESS IN LOCAL GOVERNMENT & ADHERENCE TO THE ICMA CODE OF ETHICS PRINCIPLES VIA THE ETHICS MATTER COLUMN IN PM MAGAZINE, CONDUCTING TRAINING FOR LOCAL GOVERNMENT MANAGERS, ASSISTANTS, & STAFF, & PROVIDING CONTENT AT ICMA EVENTS. MARCH PM WAS DEDICATED TO ETHICS FOR NATIONAL ETHICS AWARENESS MONTH WITH ARTICLES AUTHORED BY CURRENT & FORMER PRACTITIONERS & ONE ACADEMIC WHO FOCUSED ON THE CHALLENGES OF ETHICAL LEADERSHIP. AS PART OF THE ICMA ATHENIAN PROGRAM, DEVELOPED A FRAMEWORK, TRAINING MATERIALS, ARTICLE IN PM & CONFERENCE SESSION FOCUSED ON THE ROLE OF PROFESSIONALS IN A DEMOCRACY & THE TENSION BETWEEN ADVOCATING FOR PERSONAL & PROFESSIONAL ISSUES GIVEN THE PROFESSION'S COMMITMENT TO POLITICAL NEUTRALITY.- THE COMPREHENSIVE REVIEW OF THE ICMA CODE OF ETHICS ADVANCED WITH THE MEMBERSHIP APPROVING NEW LANGUAGE FOR TENETS 1, 2, 5 & 6 ALONG WITH REVISIONS TO TENET 2 GUIDELINE ON ADVICE TO OFFICIALS OF OTHER LOCAL GOVERNMENTS & TENET 5 GUIDELINE ON CONFLICTING ROLES WHICH WAS MOVED TO TENET 3.

(Code:) (Expenses \$ 3,102,733 including grants of \$ 51,700) (Revenue \$ 2,391,825)

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 OR STARTED DURING THE FY20 FISCAL YEAR: - LED ICMA'S COVID-19 ACTION TEAM WHICH FACILITATED THE CREATION OF MORE THAN 110 ARTICLES, 19 WEBINARS, AND NUMEROUS PUBLIC POLICY ACTIONS IN RESPONSE TO THE CORONAVIRUS PANDEMIC.- FINALIZED 4TH EDITION OF THE BUDGETING GUIDE FOR LOCAL GOVERNMENTS- COMPLETED THE INNOVATIONS IN FIRE AND RESCUE SERVICES REPORT IN PARTNERSHIP WITH CPSE.- CONDUCTED A SURVEY ON ENERGY TRANSITIONS AND LOCAL GOVERNMENT MANAGEMENT.- COMPLETED A NATIONAL SURVEY ON DISASTER RECOVERY AND FOLLOW-UP SUMMARY REPORT.- BEGAN WORKING ON A DRAFT GUIDEBOOK ON CREATIVE PLACEMAKING FOR LOCAL GOVERNMENT LEADERS AND MANAGERS.- PRODUCED TWO VOLUMES OF LOCAL GOVERNMENT REVIEW THAT FEATURES PRACTITIONER RESEARCH ON CITY AND COUNTY MANAGEMENT TOPICS.- BEGIN REVISIONS TO TWO EXISTING ICMA PUBLICATIONS, INCLUDING MANAGING LOCAL GOVERNMENT SERVICES AND THE EFFECTIVE LOCAL GOVERNMENT MANAGER- CONDUCTING TWO SURVEYS ON COVID RESPONSES BY LOCAL GOVERNMENTS, INCLUDING POTENTIAL FINANCIAL CHALLENGES AND E-GOVERNMENT AND VIRTUALIZATION INNOVATIONS- CONDUCTED SURVEY AND CASE STUDY RESEARCH ON COLLABORATION TO ADDRESS PUBLIC HEALTH ISSUES.- CONDUCTED A FOLLOW UP SURVEY ON PLANNING FOR ALL AGES. - RELEASED PRELIMINARY FINDINGS FROM THE INAUGURAL COHORT OF ICMA LOCAL GOVERNMENT RESEARCH FELLOWS.- LAUNCHED A NEW PROJECT ON THE PIONEERING FIRST AFRICAN AMERICAN CITY AND COUNTY MANAGERS THAT WERE HIRED IN THE LATE 1960S AND EARLY 1970S. OUTREACH: TO ACHIEVE OUR GOALS OF ENSURING FUTURE-READY LEADERS AND POSITIONING ICMA AS THOUGHT LEADERS, WE CONTINUED TO FOCUS ON CREATING MORE ENGAGING CONTENT TO ATTRACT MEMBERS AND THEIR STAFF AND EXPAND OUR OUTREACH ON PRIORITY TOPIC AREAS. EXAMPLES INCLUDE:- PUBLISHED 49 ISSUES OF LEADERSHIP MATTERS, WITH OPEN RATES OF 29% FOR THE MEMBER EDITION AND 10% FOR THE NONMEMBER EDITION AND AVERAGE CLICK-THROUGH RATES OF 33% FOR THE MEMBER EDITION AND 12.6% FOR THE NONMEMBER EDITION. TOTAL NUMBER OF SUBSCRIBERS IS 25,780.- PUBLISHED 12 ISSUES OF THE PM MAGAZINE MONTHLY E-NEWSLETTER WITH OVER 8,500 SUBSCRIBERS, WITH AN OPEN RATE OF 24% AND A CLICK-THROUGH RATE OF 11%.- HAD 1022 MEDIA PLACEMENTS, IN WHICH ICMA WAS EITHER THE MAIN FOCUS OF THE ARTICLE OR HAD A QUOTE OR MENTION RESULTING IN 941.3 MILLION VIEWS.- THE ICMA WEBSITE HAD OVER 5.7 MILLION PAGEVIEWS AND 983,732 VISITORS, WITH 29% VIA MOBILE/TABLET.- SOCIAL MEDIA AUDIENCE GREW TO 82,976 WITH 84,652 ENGAGEMENTS AND 89,404 REFERRALS TO ICMA.ORG.- ICMA'S MEDIA OUTREACH EFFORTS HAVE RESULTED IN SUCCESSFUL COVERAGE, INCLUDING COMMENTARY FROM ICMA ON LEADING AND MANAGING MUNICIPALITIES THROUGH THE PANDEMIC AND RISING SOCIAL JUSTICE AND RACIAL EQUITY ISSUES. ICMA'S EXECUTIVE DIRECTOR AUTHORED A PIECE IN THE HILL AND SPOKE WITH AUSTIN, TEXAS NBC AFFILIATE KXAN ON THE VITAL ROLE LOCAL GOVERNMENT PLAYS IN CRISIS MANAGEMENT AND THE RECOVERY OF OUR COMMUNITIES FROM THE CORONAVIRUS PANDEMIC.- THE ICMA BLOG RECEIVED 220,559 PAGE VIEWS. BLOG POSTS FOCUSED ON THE FOLLOWING CORE CONTENT PRIORITY AREAS: CRISIS MANAGEMENT, ETHICS, INNOVATION, MANAGEMENT, AND LEADERSHIP, WHILE ALSO DISTRIBUTING CONTENT AROUND THE CORONAVIRUS PANDEMIC AND 10 OTHER IDENTIFIED PRIORITY TOPICS.- PROVIDED BETA TEST OF THE NEW ICMA CONNECT ONLINE MEMBER COMMUNITY TO 200 ICMA MEMBERS TO CONNECT AND WORK THROUGH THE CORONAVIRUS PANDEMIC'S CHALLENGES ON MARCH 9. FOLLOWING THE BETA TEST PERIOD, LAUNCHED NEW ICMA CONNECT MEMBER COMMUNITY ON THE HIGHERLOGIC PLATFORM TO ALL 12,000+ ICMA MEMBERS ON MARCH 30. THROUGH THE END OF FY2020, THE COMMUNITY HAD 15,577 TOTAL LOGINS, 812 TOTAL DISCUSSION POSTS, 120 RESOURCE LIBRARY ENTRIES ACCOUNTING FOR 9003 DOWNLOADS, AND 311 MOBILE APP USERS.

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

(Expenses \$ 3,102,733 including grants of \$ 51,700) (Revenue \$ 2,391,825)

4e Total program service expenses 21,621,010

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No

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

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No

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

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

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . .	1a	153	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	123		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	Yes		
b	If "Yes," enter the name of the foreign country: AF, RP, KV See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			

h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, 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 720, Schedule O.	16		No

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI <input checked="" type="checkbox"/>
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Section A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 21 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 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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?		No
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		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

AR , CA , IL , MA , ME , MS , NC , NH , OK , OR , PA , SC , TN , UT , WA , WI , CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

SABINA AGARUNOVA 777 NORTH CAPITOL STREET NE NO 500 WASHINGTON, DC 200024201 (202) 962-3547

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations					
		Individual or director	Institutional	Officer	Key employee	Highest compensated employee	Former			

		if trustee or	inal Trustee	loyee	compensated				
(1) JANE S BRAUTIGAM PRESIDENT	5.00 0.00	X		X			0	0	0
(2) JAMES J MALLOY PRESIDENT-ELECT	5.00 0.00	X		X			0	0	0
(3) KAREN E PINKOS PAST PRESIDENT	5.00 0.00	X		X			0	0	0
(4) TIM ANDERSON REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(5) ROBERT KRISTOF REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(6) STEPHEN F PARRY REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(7) WALLY BOBKIEWICZ REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(8) CLINT P GRIDLEY REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(9) MOLLY MEHNER REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(10) HEATHER M GEYER REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(11) MICHAEL S LAND REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(12) RAYMOND GONZALES REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(13) MATTHEW W HART REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(14) CHRISTOPHER T COLEMAN REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(15) TERESA A TIEMAN REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(16) W LANE BAILEY REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0
(17) LAURA A FITZPATRICK REGIONAL VICE PRESIDENT	5.00 0.00	X		X			0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or director	Institutional	Officer	Key employee	Highest compensated employee	Former			

		Trustee or Trustee	Trustee	Employee	Compensated			
(18) MICHAEL A KAIGLER	5.00	X		X			0	0
REGIONAL VICE PRESIDENT	0.00							0
(19) MARIA A HURTADO	5.00	X		X			0	0
REGIONAL VICE PRESIDENT	0.00							0
(20) EDWARD K SHIKADA	5.00	X		X			0	0
REGIONAL VICE PRESIDENT	0.00							0
(21) PETER TROEDSSON	5.00	X		X			0	0
REGIONAL VICE PRESIDENT	0.00							0
(22) MARC OTT	37.50			X			523,621	1,093
EXECUTIVE DIRECTOR	2.50							59,001
(23) UMA RAMESH	37.50			X			186,780	0
COO (UNTIL 7/31/19)	0.00							31,002
(24) SABINA AGARUNOVA	37.50			X			207,107	0
CHIEF FINANCIAL OFFICER	0.00							45,370
(25) MARTHA PEREGO	37.50			X			180,636	0
DIRECTOR, ETHICS	0.00							31,494
(26) TAD MCGALLIARD	37.50			X			163,248	0
DIR. RESEARCH & TECH ASST	0.00							39,164
(27) ELLEN FOREMAN	37.50				X		168,355	0
DIR. BRAND MGMT & MKT COMM	0.00							27,223
(28) XAVIER HUGHES	37.50				X		255,382	0
CTO (UNTIL 3/31/20)	0.00							26,779
(29) ISABELLE BULLY-OMICTIN	37.50				X		157,008	0
DIRECTOR, FUNDED PROGRAMS	0.00							26,774
(30) NICOLETTE HURD	37.50				X		199,499	0
CHIEF PEOPLE OFF.(UNTIL 11/15/19)	0.00							10,988
(31) BRIAN MATIBAG	40.00				X		189,567	0
DEPUTY CHIEF OF PARTY	0.00							3,515

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,231,203	1,093	301,310

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **28**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PSAV AUDIO VISUAL SERVICE GROUP INC 23918 NETWORK PLACE CHICAGO, IL 60673	AUDIOVISUAL EQUIP. & EVENTS TECHNOLOGY	570,262
CENTERPLATE 1 LANDMARK SQ FL 18 STAMFORD, CT 06901	EVENTS PLANNING & HOSPITALITY SERVICES	458,524
FREEMAN EXPOSITIONS INC 75 N WASHINGTON ST 200 ALEXANDRIA, VA 22314	EVENTS MGMT, DESIGN & PLANNING SERVICES	367,563
POLSINELLI PC 600 W 48TH PLACE SUITE 600	LEGAL SERVICES	246,876

900 W 40TH PLACE SUITE 900 KANSAS CITY, MO 64112		
HBP INC	DESIGN, PRINTING, & PROD. SERVICES	184,832
952 FREDERICK ST HAGERSTOWN, MD 21740		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 12		

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Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
erated campaigns 1a				
embership dues 1b				
draising events 1c				
ated organizations 1d				
1,075,500				
ernment grants (contributions) 1e				
12,153,858				
ther contributions, gifts, grants, and similar amounts not included above 1f				
671,111				
g Noncash contributions included in lines 1a - 1f: \$ 1g				
h Total. Add lines 1a-1f ▶ 13,900,469				

Program Service Revenue	2a MEMBERSHIP DUES	Business Code				
		900099	6,176,772	6,176,772		
	PROFESSIONAL DEVELOPMENT	900099	3,702,219	3,702,219		
	RESEARCH/INFORMATION	900099	1,528,399	1,528,399		
	PROGRAM SERVICE REVENUE	900099	900,001	900,001		
	MEMBERSHIP PUBLICATIONS	900099	667,528	667,528		
	f All other program service revenue.		195,898		195,898	
g Total. Add lines 2a-2f. ▶		13,170,817				

3 Investment income (including dividends, interest, and other similar amounts) ▶	781,811			781,811
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties ▶	2,478,317			2,478,317
6a Gross rents 6a	(i) Real	(ii) Personal		
	586,710			
	b Less: rental expenses 6b	478,902		
	c Rental income or (loss) 6c	107,808		
d Net rental income or (loss) ▶	107,808			107,808
	(i) Securities	(ii) Other		

Other Revenue	7a Gross amount from sales of assets other than inventory	7a	74,608			
	b Less: cost or other basis and sales expenses	7b	69,858			
	c Gain or (loss)	7c	4,750			
	d Net gain or (loss)			4,750		4,750
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE		900099	132,657			132,657
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			132,657			
12 Total revenue. See instructions			30,576,629	12,974,919	195,898	3,505,343

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,606,821	1,606,821		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	68,278	68,278		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	648,004	648,004		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,319,677	376,404	943,273	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,220,058	5,419,804	1,554,625	245,629
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	502,329	313,184	171,283	17,862

9 Other employee benefits	2,647,064	1,597,701	966,041	83,322
10 Payroll taxes	724,799	415,022	288,486	21,291
11 Fees for services (non-employees):				
a Management				
b Legal	227,241		227,241	
c Accounting	64,300		64,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	102,693			102,693
f Investment management fees	30,513		30,513	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,093,490	2,390,885	702,605	
12 Advertising and promotion	20,561	20,561		
13 Office expenses	827,561	690,987	136,574	
14 Information technology	394,123	93,459	300,664	
15 Royalties	24,027	24,027		
16 Occupancy	1,324,590	881,526	403,382	39,682
17 Travel	1,154,430	942,698	183,892	27,840
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,416,869	2,277,343	139,526	
20 Interest	3,959		3,959	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	588,435	24,789	563,646	
23 Insurance	133,775	36,049	97,726	
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	45,964		45,964	
b FIELD OFFICE EXPENSES	3,512,109	3,512,109		
c CREDIT CARD FEES	161,625		161,625	
d MISCELLANEOUS	107,722	70,689	37,033	
e All other expenses	265,338	210,670	54,668	
25 Total functional expenses. Add lines 1 through 24e	29,236,355	21,621,010	7,077,026	538,319
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	500	1	500
2 Savings and temporary cash investments	8,177,528	2	12,077,008
3 Pledges and grants receivable, net	2,607,212	3	2,533,798
4 Accounts receivable, net	1,210,456	4	1,128,000
5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7 Notes and loans receivable, net		7	
8 Inventories for sale or use		8	
9 Prepaid expenses and deferred charges	1,001,000	9	752,208

Assets

Assets	Prepaid expenses and deferred charges		1,007,000		1,007,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,514,704		
	b Less: accumulated depreciation	10b	2,406,690	2,487,983	10c 2,108,014
	11 Investments—publicly traded securities		6,955,026	11	5,217,246
	12 Investments—other securities. See Part IV, line 11			12	
	13 Investments—program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
	16 Total assets. Add lines 1 through 15 (must equal line 33)		22,533,614	16	23,816,774
	Liabilities	17 Accounts payable and accrued expenses		3,048,429	17
18 Grants payable				18	
19 Deferred revenue			5,263,537	19	3,073,288
20 Tax-exempt bond liabilities				20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D				21	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
23 Secured mortgages and notes payable to unrelated third parties				23	
24 Unsecured notes and loans payable to unrelated third parties				24	1,842,900
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			20,465	25	20,465
26 Total liabilities. Add lines 17 through 25			8,332,431	26	8,161,157
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions		11,006,376	27	12,417,530
	28 Net assets with donor restrictions		3,194,807	28	3,238,087
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds			29	
	30 Paid-in or capital surplus, or land, building or equipment fund			30	
	31 Retained earnings, endowment, accumulated income, or other funds			31	
	32 Total net assets or fund balances		14,201,183	32	15,655,617
	33 Total liabilities and net assets/fund balances		22,533,614	33	23,816,774

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,576,629
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,236,355
3	Revenue less expenses. Subtract line 2 from line 1	3	1,340,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,201,183
5	Net unrealized gains (losses) on investments	5	114,160
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,655,617

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		No

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

efile Public Visual Render		ObjectID: 202121239349300842 - Submission: 2021-05-03		TIN: 36-2167755	
SCHEDULE A (Form 990 or 990-EZ)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			OMB No. 1545-0047 2019 Open to Public Inspection
Department of the Treasury Internal Revenue Service					

Name of the organization INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION		Employer identification number 36-2167755
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . .	20,114,072	20,001,765	13,594,125	10,884,722	13,900,469	78,495,153
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,877,832	11,540,977	12,088,914	11,954,441	12,974,919	60,437,083
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the						

7	For revenues received for the organization's benefit and either paid to or expended on its behalf					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5	31,991,904	31,542,742	25,683,039	22,839,163	138,932,236
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	13,691	8,448	5,524	5,655	38,538
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					0
c	Add lines 7a and 7b.	13,691	8,448	5,524	5,655	38,538
8	Public support. (Subtract line 7c from line 6.)					138,893,698

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	31,991,904	31,542,742	25,683,039	22,839,163	26,875,388	138,932,236
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,134,330	3,505,888	4,428,645	4,450,209	3,846,838	18,365,910
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	2,134,330	3,505,888	4,428,645	4,450,209	3,846,838	18,365,910
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	77,567	77,507	82,845	80,734	72,338	390,991
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	132,000	133,380	132,166	132,212	132,657	662,415
13 Total support. (Add lines 9, 10c, 11, and 12.)	34,335,801	35,259,517	30,326,695	27,502,318	30,927,221	158,351,552
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	87.710 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	88.420 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	11.600 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	10.840 %

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		

c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	3c		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4b		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	6		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	8		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	9c		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a		
		10b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page **5**

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
		2	

Section C. Type II Supporting Organizations

	Yes	No

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	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 officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
	3b			

Schedule A (Form 990 or 990-EZ) 2019

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

1	<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	

e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			

d Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . .			
b Excess from 2016. . . .			
c Excess from 2017. . . .			
d Excess from 2018. . . .			
e Excess from 2019. . . .			

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

Facts And Circumstances Test

Return Reference	Explanation
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efile Public Visual Render		ObjectID: 202121239349300842 - Submission: 2021-05-03		TIN: 36-2167755	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2019
Name of the organization INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION				Employer identification number 36-2167755	

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I

Contributors

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 3

Name of organization
INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION

Employer identification number

36-2167755

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	Employer identification number 36-2167755
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

Use duplicate copies of Part III if additional space is needed.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public
Inspection

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

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

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

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

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

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

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

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

Name of the organization INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	Employer identification number 36-2167755
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	

r	Grants to other organizations for lobbying purposes?	Yes		51,700
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No		
i	Other activities?	No		
j	Total. Add lines 1c through 1i			51,700
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No		
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	<p>THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTIVITIES IS TO DOCUMENT AND PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT AND THE COUNCIL-MANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA CREATES CONTENT TO HIGHLIGHT THE ACTIVITIES OF PROFESSIONAL MANAGERS IN ALL FORMS OF LOCAL GOVERNMENT, CONDUCTS RESEARCH AND REPORTS OUT ON FINDINGS REGARDING ISSUES RELATED TO LOCAL GOVERNMENT MANAGEMENT, AND HIGHLIGHTS EXAMPLES OF BEST PRACTICES DEMONSTRATED BY COMMUNITIES THAT OPERATE UNDER THE COUNCIL-MANAGER FORM OF GOVERNMENT OR PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATERIALS; AND RESPONDS TO REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE LOCAL NON-PROFIT GROUPS PROMOTING ADOPTION/RETENTION OF THE COUNCIL/MANAGER FORM OF GOVERNMENT. IN FISCAL YEAR 2020, ICMA USED AVAILABLE STATISTICS, RESEARCH, AND DATA TO DEVELOP A NUMBER OF OPINION PIECES AND EDITORIALS THAT ADVOCATED FOR THE RETENTION OR ADOPTION OF THE COUNCIL-MANAGER FORM OF GOVERNMENT OR THE CITY MANAGERFS AUTHORITY IN A NUMBER OF JURISDICTIONS INCLUDING: ASHLAND, OR; AUSTIN, TX; BALTIMORE, MD; BEAVERTON, OR; BUTTE-SILVER BOW, MT; CLEVELAND HEIGHTS, OH; EAGLE LAKE, TX; GALVESTON, TX; GLOCESTER, RI; MANDEVILLE, LA; MILFORD, DE; SARATOGA SPRINGS, NY; SMITHFIELD, RI; WIMBERLY, TX; WASHINGTON COUNTY, WI; YAKIMA, WA. THE DIRECTOR OF ADVOCACY HAS SERVED AS A SPOKESPERSON FOR MEDIA REQUESTS SEEKING COMMENT ON PROFESSIONAL MANAGEMENT PRACTICES AND CREATED CONTENT INCLUDING BLOG POSTS, ARTICLES, AND SOCIAL MEDIA POSTS TO PROMOTE THE VALUE OF PROFESSIONAL MANAGEMENT. ICMA'S EXECUTIVE DIRECTOR ALSO USES HIS PLATFORM AS PART OF THE BIG SEVEN STATE AND LOCAL GOVERNMENT ORGANIZATIONS AS WELL AS SPEAKING ENGAGEMENTS TO ADVOCATE FOR THE IMPORTANCE OF PROFESSIONAL MANAGEMENT AROUND THE WORLD. IN ADDITION TO SUPPORTING COMMUNITIES SEEKING INFORMATION ABOUT VARIOUS FORMS OF GOVERNMENT, ICMA PROVIDES RESOURCES TO STATE ASSOCIATIONS. THE BROCHURE: COUNCIL-MANAGER FORM OF GOVERNMENT: WHAT IT IS, HOW IT WORKS, AND THE BENEFITS TO YOUR COMMUNITY WAS UPDATED AND MADE AVAILABLE TO INDIVIDUALS. IT AND AN "EXPLAINER" VIDEO LOCAL GOVERNMENT THAT WORKS: THE COUNCIL-MANAGER FORM OF GOVERNMENT CAN BE CUSTOMIZED BY STATE ASSOCIATIONS AND LOCAL ADVOCACY GROUPS. ICMA'S PUBLICATIONS AND RESEARCH TEAM RELEASED ITS LATEST "MUNICIPAL FORM OF GOVERNMENT" RESEARCH REPORT AND RELATED CONTENT. RELATED DATA SETS ARE ALSO AVAILABLE FOR ACADEMICS AND OTHERS CONDUCTING RESEARCH. AFTER A SUCCESSFUL MULTI-YEAR CAMPAIGN, LIFE WELL RUN RESOURCES WERE MIGRATED TO THE ICMA FORM OF GOVERNMENT MICROSITE. THIS LOCATION IS NOW A CENTRALIZED REPOSITORY FOR THOSE SEEKING INFORMATION ON FORM OF GOVERNMENT AND PROFESSIONAL MANAGEMENT.</p>

Schedule C (Form 990 or 990EZ) 2019

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019Open to Public
Inspection**Name of the organization**INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION**Employer identification number**

36-2167755

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____ (ii) Assets included in Form 990, Part X ► \$ _____	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ► \$ _____ b Assets included in Form 990, Part X ► \$ _____	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . ☐

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		231,624	117,776	113,848
d Equipment		4,208,566	2,231,122	1,977,444
e Other		74,514	57,792	16,722
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,108,014

Schedule D (Form 990) 2019

Part VII Investments ☐ Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments ☐ Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(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) 2019

Page 4

Schedule D (Form 990) 2019

Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,276,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	114,160
b	Donated services and use of facilities	2b	137,108
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	478,902
e	Add lines 2a through 2d	2e	730,170
3	Subtract line 2e from line 1	3	30,546,116
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,513
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,513
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	30,576,629

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

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

1	Total expenses and losses per audited financial statements	1	29,821,852
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	137,108
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	478,902
e	Add lines 2a through 2d	2e	616,010
3	Subtract line 2e from line 1	3	29,205,842
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,513
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,513
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	29,236,355

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEAR ENDED JUNE 30, 2020, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 478,902. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 6B.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 478,902. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 6B.

Schedule D (Form 990) 2019

Additional Data

Return to Form

Software ID:

Software ID

► 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.

2019

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT
ASSOCIATION

36-2167755

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? ☒ **Yes** ☐ **No**

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

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

Cat. No. 50082W

Schedule F (Form 990) 2019

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

[illegible]

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3	Enter total number of other organizations or entities	3
---	---	---

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- | | | |
|---|--|---|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>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).</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CECILIA CIEPIELA-KAELIN 1412 N WAKEFIELD STREET ARLINGTON, VA 22207	PROPOSAL DEVELOPMENT		No	0	24,400	-24,400
GREGORY CHANSA PLOT NO 90/100 IBEXHILL LUSAKA, ZA	PROPOSAL DEVELOPMENT		No	0	15,844	-15,844
JOAQUIN GONZALEZ 766 GREAT HIGHWAY SAN FRANCISCO, CA 94121	PROPOSAL DEVELOPMENT		No	0	42,250	-42,250
INDHIRA DE JESUS CALLE NICOLAS URENA DE MENDOZA 107 SANTO DOMINGO, DR	PROPOSAL DEVELOPMENT		No	0	6,062	-6,062
Total ▶					88,556	-88,556

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

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

Schedule G (Form 990 or 990-EZ) 2019

Page 2

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Additional Data

Return to Form

Software ID:

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ANNUAL CONFERENCE AND REGIONAL SUMMITS	54	48,528			
(2) JUDY KELSEY SCHOLARSHIP FUND	2	10,000			
(3) TRANTER-LEONG SCHOLARSHIP FUND	2	7,500			
(4) BABS ELWEL AWARD STIPEND	3	2,250			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ASSOCIATION PROVIDES SCHOLARSHIPS TO FIRST TIME CONFERENCE ATTENDEES WHO ARE MEMBERS FOR 3 YEARS OR LESS. THEY FILL OUT AN APPLICATION AND WRITE AN ESSAY. A PANEL OF PAST SCHOLARSHIPS RECIPIENTS THEN RATES THE APPLICANTS. THE SELECTED APPLICANTS RECEIVE COMPLIMENTARY REGISTRATION FOR THE CONFERENCE AND A STIPEND TO HELP WITH TRAVEL AND HOTEL COSTS. THE ASSOCIATION ALSO OFFERS VARIOUS SCHOLARSHIP PROGRAMS SUPPORTING MID-CAREER GOVERNMENT, YOUNG PROFESSIONALS WHO SEEK TO GAIN AN INTERNATIONAL EXPERIENCE MANAGEMENT PERSPECTIVE, AND EMERGING WOMEN LEADERS WHO HAVE BEEN ACCEPTED INTO THE ICMA LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP PROGRAM (LGMF), WHICH PLACES A FELLOW IN A MANAGER'S OR DEPARTMENT HEAD'S OFFICE IN A COUNCIL-MANAGER COMMUNITY. THE ASSOCIATION CLOSELY MONITORS THE USE OF ALL GRANTS FUNDS PROVIDED TO SUBRECIPIENTS TO ENSURE PERFORMANCE EXPECTATIONS ARE BEING ACHIEVED AND PROGRAMS ARE IMPLEMENTED IN ACCORDANCE WITH AGREEMENT REQUIREMENTS AND APPLICABLE FEDERAL LAWS AND REGULATIONS. SUBRECIPIENTS ARE REQUIRED TO SUBMIT PERIODIC FINANCIAL AND TECHNICAL REPORTS DESCRIBING PROGRAM ACHIEVEMENTS DURING THE REPORTING PERIOD. ICMA FINANCE AND PROGRAM TEAMS REVIEW REPORTS FOR COMPLIANCE WITH THE TERMS OF SUB-AWARD AGREEMENTS. ICMA UTILIZES A VARIETY OF MONITORING TECHNIQUES AND TOOLS INCLUDING, BUT NOT LIMITED TO, PROGRAM SITE VISITS TO VERIFY PROGRAM RECORDS AND COMPLIANCE WITH TERMS AND CONDITIONS OF THE SUB-AWARD AGREEMENT; PARTICIPATION IN PROGRAM EVENTS; AND FINANCIAL MONITORING AND AUDIT REPORTS REVIEW.

Schedule I (Form 990) 2019

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render		ObjectID: 202121239349300842 - Submission: 2021-05-03		TIN: 36-2167755	
Schedule J (Form 990)		Compensation Information			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			2019 Open to Public Inspection
Name of the organization INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION				Employer identification number 36-2167755	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.							
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.							
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARC OTT EXECUTIVE DIRECTOR	(i) 471,421	23,000	29,200	35,198	23,803	582,622	0
	(ii) 1,093	0	0	0	0	1,093	0
2UMA RAMESH COO (UNTIL 7/31/19)	(i) 158,960	0	27,820	20,938	10,064	217,782	0
	(ii) 0	0	0	0	0	0	0
3SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	(i) 187,033	10,500	9,574	24,077	21,293	252,477	0
	(ii) 0	0	0	0	0	0	0
4MARTHA PEREGO DIRECTOR, ETHICS	(i) 147,046	5,835	27,755	20,344	11,150	212,130	0
	(ii) 0	0	0	0	0	0	0
5TAD MCGALLIARD DIR. RESEARCH & TECH ASST	(i) 151,751	5,500	5,997	18,082	21,082	202,412	0
	(ii) 0	0	0	0	0	0	0

		u	u	u	u	u	u	u
6ELLEN FOREMAN DIR. BRAND MGMT & MKT COMM	(i)	141,181	5,500	21,674	16,651	10,572	195,578	0
	(ii)	0	0	0	0	0	0	0
7XAVIER HUGHES CTO (UNTIL 3/31/20)	(i)	246,944	4,500	3,938	6,000	20,779	282,161	0
	(ii)	0	0	0	0	0	0	0
8ISABELLE BULLY-OMICTIN DIRECTOR, FUNDED PROGRAMS	(i)	142,994	6,216	7,798	16,718	10,056	183,782	0
	(ii)	0	0	0	0	0	0	0
9NICOLETTE HURD CHIEF PEOPLE OFF.(UNTIL 11/15/19)	(i)	157,613	0	41,886	2,424	8,564	210,487	0
	(ii)	0	0	0	0	0	0	0
10BRIAN MATIBAG DEPUTY CHIEF OF PARTY	(i)	184,411	2,316	2,840	3,277	238	193,082	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019		Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.		
Return Reference	Explanation	
PART I, LINE 1A	ICMA'S EXECUTIVE DIRECTOR WAS PROVIDED COMPENSATION FOR COMPANION TRAVEL, WHICH WAS GROSSED UP AND INCLUDED IN TAXABLE WAGES, PER THE TERMS OF HIS EMPLOYMENT AGREEMENT.	
PART I, LINE 7	SEE PART II FOR THE BONUSES LISTED ON PART VII.	

Schedule J (Form 990) 2019

Additional Data

Return to Form

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019Open to Public
InspectionName of the organization
INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION

Employer identification number

36-2167755

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING FY 2020, THE ORGANIZATION MADE THE FOLLOWING CHANGES: - EXTEND VOTING PRIVILEGES TO AFFILIATE MEMBERS IN SERVICE WHO HAVE 5 YEARS OF LOCAL GOVERNMENT EXPERIENCE AND 5 YEARS OF ICMA MEMBERSHIP. - EXTEND ELIGIBILITY TO SERVE ON THE BOARD IN THE DESIGNATED NON-CAO POSITION TO AFFILIATE MEMBERS IN SERVICE WHO HAVE 5 YEARS OF LOCAL GOVERNMENT EXPERIENCE AND 5 YEARS OF ICMA MEMBERSHIP. - EXPAND OPPORTUNITIES FOR ICMA MEMBERS TO SERVE ON THE REGIONAL NOMINATING COMMITTEE. - AMEND THE IMPLEMENTATION DEADLINE FOR CONSTITUTIONAL CHANGES.
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 A, LINE 8B	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.
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 CHIEF PEOPLE OFFICER. 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 ICMA BOARD PERFORMANCE EVALUATION COMMITTEE. SALARY COMPARISONS OF EXECUTIVE DIRECTORS OF OTHER COMPARABLE ORGANIZATIONS PROVIDED ANNUALLY TO THE EVALUATION COMMITTEE TO AID IN THEIR SALARY ADJUSTMENT RECOMMENDATIONS TO THE ICMA EXECUTIVE BOARD, WHICH VOTES ON THE RECOMMENDATIONS. THE RESULT IS THEN COMMUNICATED TO THE CHIEF PEOPLE OFFICER AND THE CHIEF FINANCIAL OFFICER FOR EXECUTION OF THE APPROVED ADJUSTMENTS. THE LAST COMPENSATION REVIEW WAS APPROVED IN DECEMBER 2019. FOR OTHER OFFICERS AND KEY EMPLOYEES, THE CHIEF PEOPLE OFFICER ENSURES THAT THE SALARIES OF ICMA STAFF ARE IN LINE WITH THE MARKETPLACE AND ADJUSTMENTS ARE MADE WHERE NEEDED. PERIODICALLY AN INDEPENDENT FIRM IS ASKED TO REVIEW THE JOB CLASSIFICATION AND SALARY STRUCTURES TO ENSURE THEY ARE MARKET COMPETITIVE. THE LAST COMPREHENSIVE COMPENSATION STUDY WAS CONDUCTED IN FY 2016 WITH SALARY AND GRADE ADJUSTMENTS MADE AS NECESSARY. ALL EMPLOYEE COMPENSATION COSTS ARE WITHIN THE FY BUDGET APPROVED BY THE FULL ICMA EXECUTIVE BOARD.
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 2,127,865. MANAGEMENT AND GENERAL EXPENSES 653,454. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,781,319. SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 9,051. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,051. PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 151,307. MANAGEMENT AND GENERAL EXPENSES 200. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 151,507. HONORARIUM FEES: PROGRAM SERVICE EXPENSES 32,500. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 32,500. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 70,162. MANAGEMENT AND GENERAL EXPENSES 48,951. FUNDRAISING EXPENSES 0. TOTAL

	EXPENSES 119,113.
FORM 990, PART X, LINE 24:	ON APRIL 20, 2020, THE ASSOCIATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$1,842,900 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE BEARS INTEREST AT A RATE OF 1.00% PER YEAR AND CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SEVEN MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART IF THE PROCEEDS ARE USED FOR PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM. ICMA HAS MET THE CONDITIONS FOR FORGIVENESS OF THE LOAN AND OBTAINED FULL FORGIVENESS FOR THE ENTIRE LOAN AMOUNT AFTER THE END OF THE REPORTING PERIOD BUT PRIOR TO FILING OF THE IRS FORM 990.

Software ID:
Software Version:

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue ServiceName of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT
ASSOCIATION

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

36-2167755

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORP 777 N CAPITOL ST NE 600 WASHINGTON, DC 20002 23-7268394	HELPING PUBLIC SECTOR EMPLOYEES BUILD RETIREMENT SECURITY	DE	501(C)(3)	LINE 10	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION		No
(2) ICMA EUROPE PESTOVATELSKA 2 821-04 BRATOSLAVA LO	ADVANCE ICMA'S MISSION BY SERVING AS A PLATFORM FOR ICMA'S INT'L AFFILIATES	LO	FOREIGN	N/A	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	Yes	

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Cat. No. 50135Y

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

Page 2

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC 777 N CAPITOL ST NE STE 600	REIT HOLDING THE HEADQUARTERS	MD	INTERNATIONAL CITYCOUNTY MANAGEMENT	C	3,277,110	9,386,452	33.330 %		No

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

	Yes	No
--	-----	----

1a	Yes	
----	-----	--

1b	Yes	
----	-----	--

1c	Yes	
----	-----	--

1d	No
----	----

1e	No
----	----

1f	Yes
----	-----

1g		No
----	--	----

1h		No
----	--	----

1i		No
----	--	----

1i	No
----	----

1k	Yes	
----	-----	--

11		No
----	--	----

1m	No
----	----

1n	No
----	----

10		No
----	--	----

1p	No
----	----

1g	No
----	----

1r		No
----	--	----

1s		No
----	--	----

(a)	(b)	(c)	(d)
-----	-----	-----	-----

Schedule R (Form 990) 2019

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

[illegible]

