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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

D Employer identification number
36-2167755

E Telephone number
(202) 962-3680

G Gross receipts $ 27,402,702

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

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ICMA.ORG

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

L Year of formation: 1914

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO ADVANCE PROFESSIONAL LOCAL GOVERNMENT THROUGH LEADERSHIP, MANAGEMENT, INNOVATION, AND ETHICS.

2 Check this box ▶ ☐

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	106
6	Total number of volunteers (estimate if necessary)	**6**	740
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	205,729
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	60,513

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,900,469	12,451,236
9	Program service revenue (Part VIII, line 2g)	13,170,817	9,426,757
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	786,561	795,653
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,718,782	2,400,685
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,576,629	25,074,331
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,323,103	1,971,399
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,413,927	12,352,977
16a	Professional fundraising fees (Part IX, column (A), line 11e)	102,693	42,775
b	Total fundraising expenses (Part IX, column (D), line 25) ▶502,625		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,396,632	8,770,322
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	29,236,355	23,137,473
19	Revenue less expenses. Subtract line 18 from line 12	1,340,274	1,936,858

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,816,774	26,776,388
21	Total liabilities (Part X, line 26)	8,161,157	9,088,249
22	Net assets or fund balances. Subtract line 21 from line 20	15,655,617	17,688,139

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	2022-05-03 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 BETHESDA, MD 208142930			Phone no. (301) 951-9090	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2020)

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 $ 7,039,069 including grants of $ 1,901,455) (Revenue $ 185,823)

SERVICES TO LOCAL GOVERNMENTS:- THE FEMA FUNDED PLANNING FOR ECONOMIC RECOVERY TRAINING PROGRAM WAS LAUNCHED FOR LOCALITIES AND SEVERAL ONLINE TRAININGS WERE HELD FOR LOCAL GOVERNMENT LEADERS, MANAGERS, STAFF, AND STAKEHOLDERS.- 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.- PRODUCED A 6-MODULE TRAINING PROGRAM FOR URBAN LOCAL BODY EXECUTIVES IN ODISHU, INDIA. THE TRAINING IS ICMA UNIVERSITY'S FIRST MAJOR GLOBAL PROGRAM. THE MODULES WERE: ETHICS, PERFORMANCE MANAGEMENT, ELECTED/EXECUTIVE RELATIONS, BUDGETING, COMMUNITY ENGAGEMENT, AND EQUITY IN WATER SANITATION AND HYGIENE SERVICES. THE PROJECT WAS A DELIVERABLE AS PART OF ICMA'S USAID FUNDED MISAL PROJECT.- ICMA'S LONG-RUNNING PARTNERSHIP WITH THE U.S. DEPARTMENT OF ENERGY CONTINUES AS A NEW $1.0 MILLION PROJECT SOLAR@SCALE WAS LAUNCHED IN LATE 2020. OUR MULTI-YEAR PROGRAM SOLSMART, IN PARTNERSHIP WITH DOE WAS EXTENDED THROUGH MAY 2022, RECEIVING AN ADDITIONAL $380,000 TO CARRY ON THE NATIONAL RECOGNITION PROGRAM FOR LOCAL GOVERNMENTS.- THE USAID-FUNDED PHILIPPINES SURGE PROJECT CONTINUES TO WORK WITH SECONDARY CITIES IN THE PHILIPPINES TO HELP THEM BECOME THRIVING AND RESILIENT GROWTH CENTERS. USAID AWARDED SURGE WITH $1.5 MILLION TO PREPARE FOR, MITIGATE, AND ADDRESS SECOND-ORDER ECONOMIC, SECURITY, STABILIZATION, AND GOVERNANCE IMPACTS OF COVID-19.- GIVEN TRAVEL RESTRICTIONS, ICMA DEVELOPED VIRTUAL PROGRAMMING TO ENGAGE WITH SELECTED YOUNG PROFESSIONALS FROM SOUTHEAST ASIA UNDER THE STATE-DEPARTMENT-FUNDED YSEALI FELLOWS PROGRAM. OVER 30 FELLOWS PARTICIPATED IN A 10-WEEK VIRTUAL PROGRAM. - IN BANGLADESH, ICMA HAS PARTNERED WITH LOCAL ORGANIZATIONS TO PROVIDE PROGRAMMING TO SUPPORT VULNERABLE YOUTH IN TWO PILOT COMMUNITIES IN DHAKA. NEARLY 60 YOUTHS BEEN ENGAGED IN THE PROGRAM. FOR MORE INFORMATION, PLEASE REFER TO ICMA'S FY 2021 ANNUAL REPORTS, WHICH CAN BE FOUND HERE: HTTPS://ICMA.ORG/ANNUAL-REPORTS.

4b (Code:) (Expenses $ 3,267,364 including grants of $) (Revenue $ 1,274,600)

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 77 NEW PARTICIPANTS, INCLUDING 20 WHO WERE NOT ICMA MEMBERS UNTIL THEY REGISTERED FOR THE PROGRAM. - ICMA UNIVERSITY DELIVERED 8 WORKSHOPS AT THE VIRTUAL ANNUAL CONFERENCE. - ICMA UNIVERSITY ONLINE LEARNING DELIVERED 14 WEBINARS; 15 STRATEGIC PARTNER-SPONSORED WEBINARS; 20 FREE WEBINARS ON CRITICAL TOPICS SUCH AS COVID AND EQUITY; AND 53 JURISDICTIONS REGISTERED FOR ICMA UNIVERSITY'S WEBINAR SUBSCRIPTION. - DEVELOPED 6 PART "TRAIN THE TRAINER" PROGRAM AS PART OF THE MOVING INDIA TOWARDS SANITATION FOR ALL (MISAAL) PROGRAM; MODULES INCLUDED ETHICS, BUDGETING, EQUITY IN WASH SERVICES, PERFORMANCE MANAGEMENT, ELECTED/EXECUTIVE RELATIONS, AND COMMUNITY ENGAGEMENT. WE UNITED THE PROFESSION THROUGH NEW LEARNING OPPORTUNITIES.TO SERVE THE LEADERSHIP AND PROFESSIONAL DEVELOPMENT NEEDS OF THE LOCAL GOVERNMENT COMMUNITY DURING THE PANDEMIC, ICMA TRANSITIONED THE IN-PERSON 2020 ICMA ANNUAL CONFERENCE INTO ITS FIRST-EVER, 100% DIGITAL CONFERENCE. HELD SEPTEMBER 21-26, 2020 (WITH A BONUS DAY OF CONTENT ON NOVEMBER 13), UNITE: A DIGITAL EVENT INCLUDED A RECORD NUMBER OF EDUCATION SESSIONS (215), INCLUDING, FOR THE VERY FIRST TIME, EDUCATION SESSIONS CREATED SPECIFICALLY FOR A GLOBAL AUDIENCE.THE 2021 ICMA REGIONAL CONFERENCES BROUGHT MEMBERS AND NONMEMBERS TOGETHER FROM AROUND THE WORLD. IN ITS NEW VIRTUAL FORMAT, ATTENDEES DISCOVERED NEW LEADERSHIP SKILLS, STRATEGIES, AND INNOVATIVE SOLUTIONS TO HELP POWER THEIR ORGANIZATIONS AND STAFF MEMBERS TO DELIVER SUCCESS TO THEIR RESIDENTS DURING UNPRECEDENTED TIMES. IN ADDITION TO THE NEW VIRTUAL FORMAT, REGISTRANTS WERE ABLE TO PURCHASE A REGISTRATION TICKET FOR THEIR HOME REGION AND ATTEND ALL SIX REGIONAL OFFERINGS FOR A SINGLE REGISTRATION FEE.ICMA INTRODUCED THE SHELEADSGOV VIRTUAL FORUM, A UNIQUE PROFESSIONAL DEVELOPMENT OPPORTUNITY TO MAINTAIN PERSONAL AND PROFESSIONAL GOALS IN 2021. CREATED BY ICMA AND THE LEAGUE OF WOMEN IN GOVERNMENT, AND SPONSORED BY ICMA STRATEGIC PARTNER CIGNA, THE DAY WAS DESIGNED TO INSPIRE ALL LOCAL GOVERNMENT PROFESSIONALS TO STRENGTHEN THEIR RESILIENCY AMID THE CHANGING AND CHALLENGING PANDEMIC, SOCIAL JUSTICE

INSPIRE ALL LOCAL GOVERNMENT PROFESSIONALS TO STRENGTHEN THEIR RESILIENCY AND THE CHANGING AND CHALLENGING PANDEMIC, SOCIAL JUSTICE CONCERNS, AND TIMES OF CIVIC UNREST.IN ADDITION, ICMA LAUNCHED THE INAUGURAL EQUITY SUMMIT, "MOVING THE NEEDLE: ADVANCING RACIAL EQUITY IN LOCAL GOVERNMENT," A VIRTUAL LEARNING EVENT AND A GATHERING OF DIVERSITY, EQUITY, AND INCLUSION OFFICERS (AND THOSE DOING THE WORK WITHOUT THE TITLE), AS WELL AS OTHER LOCAL GOVERNMENT PROFESSIONALS INTERESTED IN IDEAS AND INSTITUTIONS TO DEEPEN STRATEGIES, SHAPE ACTIONS, AND CREATE SOLUTIONS.

4c (Code:) (Expenses $ 2,830,149 including grants of $) (Revenue $ 6,034,228)

MEMBERSHIP:- ATTRACTING AND RETAINING MEMBERS REMAINS A CORE PRIORITY FOR ICMA. THE PANDEMIC PLACED A PAUSE ON RECRUITMENT CAMPAIGNS WITH AFFILIATE PARTNERS AT BEGINNING OF FY21. EFFORTS FOCUSED ON RECRUITING THE NON-MEMBER PARTICIPANTS WHO ATTENDED THE COVID-19 AND RACIAL EQUITY AND SOCIAL JUSTICE (RESJ) WEBINARS ALONG WITH THE ICMA VIRTUAL ANNUAL CONFERENCE. FORMAL JOINT RECRUITMENT CAMPAIGNS WITH AFFILIATE STATE ASSOCIATIONS RESUMED. WE CONDUCTED CAMPAIGNS IN FLORIDA, OHIO, COLORADO, AND IOWA. WE ARE STARTED WORK ON A MEMBERSHIP CAMPAIGN WITH LOCAL GOVERNMENT HISPANIC NETWORK (LGHN) AND THE CENTER FOR PUBLIC SAFETY EXCELLENCE PLANNED TO LAUNCH IN FALL 2021. IN ALL, WE ADDED 1930 NEW MEMBERS IN FY21 INCLUDING 372 NEW FULL MEMBERS, 252 DEPARTMENT DIRECTORS AFFILIATE MEMBERS, AND 347 ENTRY- TO MID-LEVEL AFFILIATE MEMBERS. - KEY TO OUR EFFORTS TO RETAIN NEW MEMBERS, THE ICMA WELCOME AMBASSADORS CONTINUE THEIR PERSONAL OUTREACH. TO CELEBRATE THE COMMITTEE'S 10-YEAR ANNIVERSARY, CURRENT AND FORMER WELCOME AMBASSADORS CONTRIBUTED CONTENT TO PM HIGHLIGHTING THE IMPORTANCE OF MAKING PEER CONNECTIONS, SHARING PERSONAL STORIES OF OUTREACH, AND ENCOURAGING MEMBERS TO SERVE ON A COMMITTEE. AMBASSADORS WILL CONTINUE SUBMITTING ARTICLES THROUGHOUT 2021.- THE NET RESULT OF RECRUITMENT EFFORTS OFFSET BY SIGNIFICANT REDUCTION IN RETENTION RATES PRODUCED A YEAR OF OVERALL MEMBERSHIP DECLINE. WE BEGAN THE YEAR WITH 13,006 MEMBERS AND ENDED WITH 12,024, A DECLINE OF 8%. - SUPPORTING MEMBERS DURING THE UNPRECEDENTED CHALLENGES OF MANAGING LOCAL GOVERNMENTS IN A PANDEMIC WAS A CRITICAL FOCUS OF OUR EFFORTS IN FY 2021. FOR THE 187 MANAGERS AND ASSISTANTS WHO WERE IN TRANSITION, WE EXPANDED THE CONTENT AND CONNECTION EVENTS TO A MONTHLY SCHEDULE USING ZOOM. MEMBERS OF THE MIT TASK FORCE CONTRIBUTED A SESSION "IT COULD HAPPEN TO YOU AND IT HAS HAPPENED TO YOUR COLLEAGUE" AT THE REGIONAL CONFERENCES. THE MIT TASK FORCE CONTINUES THEIR WORK TO DELIVER UPDATED CONTENT AND A FINAL REPORT WITH RECOMMENDATIONS BY SEPTEMBER. BECAUSE AFFILIATE MEMBERS ARE NOT ELIGIBLE FOR THE MIT PROGRAM SERVICES, WE CREATED AND LAUNCHED THE AFFILIATE MEMBER ASSISTANCE PROGRAM (AMAP) IN OCTOBER 2020. MODELED ON THE MIT PROGRAM, IT PROVIDES A DUES WAIVER AND BENEFITS FOR AFFILIATE MEMBERS WHO EXPERIENCE A JOB LOSS CAUSED BY ECONOMIC FORCES. FORTUNATELY, ONLY A HANDFUL OF MEMBERS SIGNED UP FOR THE PROGRAM. UNLIKE THE JOB LOSS EXPERIENCED BY THIS GROUP DURING THE RECESSION, THE CRISIS PRODUCED BY THE PANDEMIC HAS NOT RESULTED IN WIDESPREAD JOB LOSS. LASTLY, THE SENIOR ADVISORS WERE INVALUABLE AS THEY PROVIDED ONGOING SUPPORT TO FIRST TIME ADMINISTRATORS, MEMBERS IN TRANSITION, AND PROFESSIONALS SEEKING ADVICE. BASED IN 29 STATES, THE 114 ADVISORS ARE AVAILABLE TO 88% OF THE MEMBERS IN SERVICE. PRELIMINARY RESEARCH WAS STARTED TO OFFER AN EXECUTIVE ASSISTANCE PROGRAM FOR MANAGERS TO PROVIDE ADDITIONAL MENTAL HEALTH SUPPORT. THIS IS FUNDED IN THE FY22 BUDGET. - ICMA'S COACHING PROGRAM EXPANDED TO OFFER 243 COACHES TO MEMBERS VIA OUR COACHCONNECT PLATFORM. ABOUT 500 MEMBERS REACHED OUT TO COACHES TO SCHEDULE A SESSION. AS OF JUNE 2021, THERE HAVE BEEN A TOTAL OF 248 COACHING SESSIONS COMPLETED. INDIVIDUAL COACHING WAS SUPPLEMENTED WITH THE 6 COMPLIMENTARY COACHING WEBINARS OFFERED BY PRACTITIONERS ON A VARIETY OF TOPICS SELECTED IN COLLABORATION WITH OUR COACHING PARTNERS. - EFFORTS TO ASSIST INDIVIDUALS TO ENTER THE PROFESSION AT ALL LEVELS AND CAREER STAGES WERE ROBUST. ICMA EXPANDED ITS NUMBER OF STUDENT CHAPTERS FROM 112 TO 130 CHAPTERS. IN MAY, ICMA AWARDED 65 GRADUATE STUDENTS THE LOCAL GOVERNMENT EARLY CAREER SERVICE CERTIFICATE, RECOGNIZING GRADUATING STUDENTS IN GOOD ACADEMIC STANDING WHO HAVE COMPLETED OR ARE IN THE PROCESS OF COMPLETING A MAJOR SERVICE PROJECT FOR A LOCAL GOVERNMENT ORGANIZATION. THE LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP ATTRACTED 111 APPLICANTS LOOKING FOR THEIR FIRST PROFESSIONAL POSITION IN LOCAL GOVERNMENT. IN A COMPETITIVE FIELD, ONLY 56 WERE SELECTED AS FINALIST. AS OF JUNE 2021, WE HAVE 27 NEW AND RETURNING HOSTS SIGNED UP TO HOST 35 FELLOWS. THE SECOND VETERANS LOCAL GOVERNMENT MANAGEMENT COHORT FOR THE YEAR ENDED WITH 7 OUT OF 21 FELLOWS BEING HIRED INTO A LOCAL GOVERNMENT POSITION. THE NEXT COHORT WILL LAUNCH IN SEPTEMBER WITH AN ADDITIONAL 22 FELLOWS PARTICIPATING. SINCE ITS INCEPTION, THE PROGRAM HAS SERVED 149 TRANSITIONING VETERANS EXPLORING LOCAL GOVERNMENT AS AN ENCORE CAREER. - ETHICS OFFERINGS WERE TAILORED TO ADDRESS THE UNIQUE ISSUES PRESENTED IN FY21. NAVIGATING COMPLEX AND POLARIZING ISSUES REMAINS A SIGNIFICANT CONCERN FOR MEMBERS. THE SESSION "POLITICAL NEUTRALITY IN A PARTISAN WORLD" WAS OFFERED AT UNITE WITH A COMPANION PIECE IN THE APRIL PM "BEING POLITICALLY NEUTRAL IN A PARTISAN WORLD". A SESSION FOR THE EQUITY SUMMIT FOCUSED ON THE PROFESSION'S COMMITMENT TO ADVANCING RACIAL EQUITY. STAFF PROVIDED FEE-BASED TRAINING TO THE WORKFORCE FOR THE CITY OF PORT ST. LUCIE, FLORIDA, CONDUCTED ZOOM SESSIONS FOR OUR WISCONSIN AND ILLINOIS STATE ASSOCIATIONS, AND DID FOURTEEN BRIEFINGS FOR STATE ASSOCIATION EXECUTIVE BOARDS ON THEIR ROLE IN THE ETHICS REVIEW PROCESS. THE COMMITTEE ON PROFESSIONAL CONDUCT REVIEWED 34 ETHICS COMPLAINTS THAT RESULTED IN 20 MEMBERS BEING SANCTIONED FOR CONDUCT THAT VIOLATED THE CODE. STAFF RESPONDED TO OVER 200 REQUESTS TO PROVIDE CONFIDENTIAL ETHICS ADVICE. - NOMINATIONS FOR 2021 LOCAL GOVERNMENT EXCELLENCE AWARDS OPENED IN JANUARY, AND DESPITE THE MANY COVID RELATED CHALLENGES ENDURED BY LOCAL GOVERNMENTS ACROSS THE GLOBE, WE RECEIVED AN EXTRAORDINARY RESPONSE WITH 150 NOMINATIONS. - IN FEBRUARY 2021, ICMA AND CIVICPRIDE ENTERED INTO A NEW AFFILIATION AGREEMENT AND ARE WORKING TOGETHER TO IMPLEMENT A WORKPLAN. FOLLOWING APPROVAL BY THE BOARD AT ITS DECEMBER 2020 MEETING, ICMA HAS INITIATED DISCUSSIONS REGARDING AN AFFILIATION AGREEMENT WITH I-NAPA.- ON INTERNATIONAL WOMEN'S DAY (MARCH 8), ICMA AND THE LEAGUE OF WOMEN IN GOVERNMENT HOSTED THE SHELEADSGOV VIRTUAL FORUM ON MAINTAINING MOMENTUM: ACHIEVING SUCCESS THROUGH RESILIENCY WHERE MORE THAN 450 WOMEN AND MEN ATTENDED THE DAY OF INSPIRATION FILLED WITH THOUGHT-PROVOKING AND MOTIVATIONAL SPEAKERS AND PANELISTS. RELAUNCHED ICMA'S SHELEADSGOV SITE AS THE PRINCIPAL NETWORK AND RESOURCE FOR WOMEN IN LOCAL GOVERNMENT AND UPGRADED WLG CHAPTER SITES TO PROVIDE ENHANCED INFORMATION AND RESOURCE SHARING.- THE INAUGURAL ICMA EQUITY SUMMIT, MOVING THE NEEDLE: ADVANCING RACIAL EQUITY IN LOCAL GOVERNMENT WAS HELD VIRTUALLY ON JUNE 10-11, 2021. ATTENDEES PARTICIPATED AND ENGAGED IN CONVERSATIONS DURING THE TWO-DAY EVENT THAT PROVIDED DEEP DIVES ON EVERYTHING EQUITY FROM ACCOUNTABILITY TO ZIP CODES. PARTICIPANTS WERE EXPOSED TO TOOLS, IDEAS, AND INSTITUTIONS TO DEEPEN STRATEGIES, SHAPE ACTIONS, AND CREATE SOLUTIONS. ATTRACTED OVER 550 PARTICIPANTS FROM 39 U.S. STATES AND CANADA, INCLUDING 462 PAID REGISTRANTS: 238 PAID NONMEMBER REGISTRANTS; AND 92 COMPLIMENTARY ATTENDEES. 275 UNIQUE ORGANIZATIONS WERE REPRESENTED, INCLUDING 230 UNIQUE LOCAL GOVERNMENTS. PARTICIPANTS INCLUDED CHIEF LOCAL ADMINISTRATORS (30%), EQUITY OFFICERS OR THOSE WITH SIMILAR RESPONSIBILITIES (20%), DEPARTMENT HEADS/DIRECTORS AND DEPUTIES (20%) AND A RANGE OF OTHER LOCAL GOVERNMENT AFFILIATIONS OR CONNECTIONS. GENERATED 50 APPLICATIONS FOR ICMA'S NEXT CHIEF EQUITY OFFICER COHORT. - ICMA, IN PARTNERSHIP WITH THE KETTERING FOUNDATION, CREATED THE INSTITUTE ON RACE, EQUITY, AND INCLUSION, TO ASSIST SENIOR LEADERS IN ACQUIRING THE SKILLS NEEDED TO ADVANCE PROGRESS IN THEIR COMMUNITIES.- ICMA ENGAGED WITH EFFORTS IN THE FOLLOWING LOCATIONS BY PROVIDING FUNDING AND/OR TECHNICAL ASSISTANCE TO ADVANCE PROFESSIONAL MANAGEMENT AND THE COUNCIL-MANAGER FORM OF GOVERNMENT: HARRIS COUNTY, TEXAS; BRIDGEWATER, MA; ELKINS, WV; BALTIMORE, MD; DEER PARK, OH; EAGLE LAKE, TX; GLOUCESTER, RI; SACRAMENTO, CA; SARATOGA SPRINGS, NY; AND SAN JOSE, CA.

(Code:) (Expenses $ 2,915,486 including grants of $ 69,943) (Revenue $ 1,932,106)

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 FY21 FISCAL YEAR: - PRODUCED ARTICLES, BLOGS, RESEARCH CONTENT, WEBINARS, ANNUAL CONFERENCE SESSIONS, AND OTHER TOOLS TO SUPPORT LOCAL GOVERNMENT LEADERS IN THEIR EFFORTS TO LEAD AND MANAGE THEIR COMMUNITIES DURING THE PANDEMIC.- FOLLOWING A YEAR OF RESEARCH AND OUTREACH FUNDED BY ARTPLACE AMERICA AND SUPPORTED BY CIVIC ARTS AND AN ADVISORY TEAM OF ICMA MEMBERS AND OTHER PRACTITIONERS, ICMA RELEASED PROBLEM SOLVING THROUGH ARTS AND CULTURAL STRATEGIES, A NEW GUIDE TO CREATIVE PLACEMAKING FOR LOCAL GOVERNMENT MANAGERS. THIS RESOURCE DEMONSTRATES HOW LEVERAGING THE ARTS, CULTURE, AND COMMUNITY ENGAGED STRATEGIES CAN LEAD TO INNOVATIVE, CREATIVE, AND MORE EQUITABLE SOLUTIONS TO CHALLENGES FACING COMMUNITIES.- WORKED WITH COLLEAGUES IN THE BIG 7 ORGANIZATIONS ON LEGISLATIVE AND JUDICIAL ISSUES INCLUDING THE AMERICAN RESCUE PLAN ACT (ARPA) AND DEVELOPED A RESOURCE PAGE FOR MEMBERS ON ARPA AS WELL AS DEVELOPED ADDITIONAL WEBINARS, CONVERSATIONS, AND CONTENT FOR MEMBERS ON THE TOPIC. OUR WEBINAR ON THE AMERICAN RESCUE PLAN ATTRACTED MORE THAN 900 ATTENDEES.- CONDUCTED A NATIONAL SURVEY ON LOCAL GOVERNMENT MANAGEMENT AND THE IMPACTS OF THE ONGOING PANDEMIC.- WITH SUPPORT FROM THE IBM CENTER FOR THE BUSINESS OF GOVERNMENT, ICMA PUBLISHED A CHAPTER IN THEIR COMPILATION COVID-19 AND ITS IMPACT: SEVEN ESSAYS ON REFRAMING GOVERNMENT MANAGEMENT AND OPERATIONS.- CONDUCTED A NATIONAL SURVEY ON THE WAYS IN WHICH SERVICE DELIVERY MODELS MAY BE CHANGING AS A RESULT OF THE PANDEMIC, INCLUDING LOCAL GOVERNMENT INTEREST IN OUTSOURCING, SHARED SERVICES, AND OTHER ALTERNATIVE STRATEGIES.- CONTINUED WORKING ON A NEW PROJECT ON THE PIONEERING FIRST AFRICAN AMERICAN CITY AND COUNTY MANAGERS THAT WERE HIRED IN THE LATE 1960S AND EARLY 1970S.- RELEASED GOVERNING FOR EQUITY, AUTHORED BY ICMA RESEARCH FELLOW BENOY JACOB, PH.D. THIS REPORT EXAMINES HOW AMERICAN LOCAL GOVERNMENTS ARE ACTIVELY ADDRESSING SOCIAL AND RACIAL INEQUITY IN THEIR COMMUNITIES. IN PARTICULAR, IT CONSIDERS THE CHALLENGES AND OPPORTUNITIES FACED BY PUBLIC ADMINISTRATORS WHEN ADOPTING AN EQUITY LENS IN THEIR DAY-TO-DAY OPERATIONS.- RELEASED REVITALIZING FIRST SUBURBS: A MANAGER'S MANUAL, AUTHORED BY ICMA RESEARCH FELLOW TOM CARROLL, CM. THIS REPORT INTRODUCES THE CHALLENGES FACED BY FIRST SUBURBS, PROVIDES TOOLS TO ASSESS THE STATE OF A COMMUNITY, AND OFFERS STRATEGIES FOR LOCAL GOVERNMENT MANAGERS TO ADDRESS THESE CHALLENGES IN THEIR OWN COMMUNITY.- IN COLLABORATION WITH THE CENTER FOR PUBLIC SAFETY EXCELLENCE, PUBLISHED A WHITE PAPER ON 21ST CENTURY FIRE AND EMERGENCY SERVICES, WHICH OUTLINES EIGHT EMERGING ISSUES THAT WILL IMPACT LOCAL GOVERNMENT AND THE FIRE AND EMERGENCY SERVICES OVER THE NEXT SEVERAL DECADES. - PUBLISHED AN EIGHTH EDITION OF LOCAL GOVERNMENT REVIEW, A RESEARCH-BASED SUPPLEMENT TO PM MAGAZINE. OUTREACHTO 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 50

ISSUES OF LEADERSHIP MATTERS, WITH OPEN RATES OF 26% FOR THE MEMBER EDITION AND 9% FOR THE NONMEMBER EDITION AND AVERAGE CLICK-THROUGH RATES OF 34% FOR THE MEMBER EDITION AND 11.8% FOR THE NONMEMBER EDITION. TOTAL NUMBER OF SUBSCRIBERS IS 24,660.- 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 12%.- HAD 500 MEDIA PLACEMENTS, IN WHICH ICMA WAS EITHER THE MAIN FOCUS OF THE ARTICLE OR HAD A QUOTE OR MENTION RESULTING IN 1.12 BILLION IMPRESSIONS. - THE ICMA WEBSITE HAD OVER 5.8 MILLION PAGEVIEWS AND 1M VISITORS, WITH 31% VIA MOBILE/TABLET.- SOCIAL MEDIA AUDIENCE GREW TO 82,976 WITH 66,800 ENGAGEMENTS AND 91,199 REFERRALS TO ICMA.ORG.- ICMA'S MEDIA OUTREACH EFFORTS HAVE RESULTED IN SUCCESSFUL COVERAGE, INCLUDING COMMENTARY FROM ICMA ON PANDEMIC RELIEF AND THE RECOVERY OF OUR COMMUNITIES, COMMENTARY IN THE PORTLAND PRESS HERALD FROM MARC OTT ON THE TOPIC OF SOCIAL JUSTICE, AND THE TOPIC OF COUNCIL-MANAGER FORM OF GOVERNMENT. - THE ICMA BLOG RECEIVED 199,103 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.- THE ICMA CONNECT COMMUNITY HAD 20,766 TOTAL LOGINS, 1,543 TOTAL DISCUSSION POSTS, AND 361 NEW THREADS.

4d	Other program services (Describe in Schedule O.)				
	(Expenses $	2,915,486	including grants of $	69,943) (Revenue $	1,932,106)
4e	**Total program service expenses** ▶	16,052,068			

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? *If "Yes," complete Schedule D, Part X*	**11e**	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
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? *If "Yes," complete Schedule F, Parts I and IV*	**14b**	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any		Yes	

	foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	

b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **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**	86		
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	

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**	106		
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? *If "No" to line 3b, provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a** Yes	
b	If "Yes," enter the name of the foreign country: ▶RP 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 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	21		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**		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*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	

13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AR , CA , HI , IL , MA , MI , NH , NJ , NM , NC , ND , PA , SC , TN , UT , OR , WI

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶SABINA AGARUNOVA 777 NORTH CAPITOL STREET NE NO 500 WASHINGTON, DC 200024201 (202) 962-3680

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 trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES J MALLOY PRESIDENT	5.00	X		X				0	0	0
(2) TROY S BROWN PRESIDENT-ELECT	5.00	X		X				0	0	0
(3) JANE S BRAUTIGAM PAST PRESIDENT	5.00	X		X				0	0	0
(4) CHRIS MACPHERSON	5.00									

(4) CHRIS MACPHERSON REGIONAL VICE PRESIDENT		X		X				0	0	0
(5) CLINT P GRIDLEY REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(6) MOLLY MEHNER REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(7) VICTOR CARDENAS REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(8) MICHAEL S LAND REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(9) RAYMOND GONZALES REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(10) DIANE STODDARD REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(11) ROBERT KRISTOF REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(12) CHRISTOPHER T COLEMAN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(13) TERESA A TIEMAN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(14) WILLIAM J FRASER REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(15) LAURA A FITZPATRICK REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(16) MICHAEL A KAIGLER REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(17) NATHANIEL W PAGAN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0

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 trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EDWARD K SHIKADA REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(19) PETER TROEDSSON REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(20) ROXANNE MURPHY REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
(21) STEPHEN PARRY REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0

(22) MARC OTT CEO/EXECUTIVE DIRECTOR	37.50 2.00			X				496,984	0	55,113
(23) SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	37.50			X				223,628	0	45,672
(24) MARTHA PEREGO DIRECTOR, MEMBER SERVICES & ETHICS	37.50				X			192,324	0	30,164
(25) TAD MCGALLIARD DIRECTOR, RESEARCH AND TECH. ASST	37.50				X			174,239	0	39,944
(26) PRISCILLA WILSON CHIEF PEOPLE OFFICER	37.50					X		208,092	0	15,291
(27) JEREMY FIGOTEN DIRECTOR, CONFERENCES & EVENTS	37.50					X		178,264	0	10,518
(28) BRIAN MATIBAG DEPUTY CHIEF OF PARTY	40.00					X		167,923	0	7,647
(29) ISABELLE BULLY-OMICTIN DIRECTOR, FUNDED PROGRAMS	37.50					X		158,825	0	36,974
(30) JOHN COOK DIRECTOR, TECHNOLOGY OPERATIONS	37.50					X		148,008	0	29,716
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,948,287	0	271,039

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 ▶ 34

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
ENCORE GROUP 23918 NETWORK PLACE CHICAGO, IL 606731239	AUDIOVISUAL EQUIP. & EVENTS TECHNOLOGY	622,622
ONE WORLD COLLABORATIVE 1231 W 45TH STREET LOS ANGELES, CA 90037	ADMIN. & SUPPORT SERVICES	146,100
HBP-CHARTER INC 952 FREDERICK STREET HAGERSTOWN, MD 21740	PRINTING AND PRODUCTION SERVICES	137,615
NANCY SCHELHORN BENNETT 8429 LINK HILLS LOOP GAINSVILLE, VA 20155	EVENTS MGMT, ADMIN., & LOGISTICAL SCVS	135,231
FUSIONSPAN LLC 12300 TWINBROOK PKWY STE 440 ROCKVILLE, MD 20852	CRM SOFTWARE SOLUTIONS	121,735

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 ▶ 9

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	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections

			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	derated campaigns . .	1a			
	embership dues . .	1b			
	indraising events . .	1c			
	elated organizations	1d			
	1,084,500				
	overnment grants (contributions)	1e			
	10,511,621				
	All other contributions, gifts, grants, and similar amounts not included above	1f			
	855,115				
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h Total. Add lines 1a-1f . . . . . ▶ 12,451,236				
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	6,034,228	6,034,228		
	b PROFESSIONAL DEVELOPMENT	900099	1,274,600	1,274,600		
	c RESEARCH/INFORMATION	900099	966,734	966,734		
	d MEMBER SERVICES	900099	759,643	759,643		
	e ADVERTISING	900099	205,729		205,729	
	f All other program service revenue.		185,823	185,823		
	g Total. Add lines 2a–2f. . . . . ▶ 9,426,757					
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		567,250			567,250
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶		2,759,202			2,759,202
		(i) Real	(ii) Personal			
	6a Gross rents **6a**	181,883				
	b Less: rental expenses **6b**	672,434				
	c Rental income or (loss) **6c**	-490,551				
	d Net rental income or (loss) . . . . . ▶		-490,551			-490,551
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory **7a**	1,884,340				
	b Less: cost or other basis and sales expenses **7b**	1,609,615	46,322			
	c Gain or (loss) **7c**	274,725	-46,322			
	d Net gain or (loss) . . . . . ▶		228,403			228,403
Other Revenue	**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 . . ▶					

	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	132,034			132,034
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		132,034			
12	**Total revenue.** See instructions ▶		25,074,331	9,221,028	205,729	3,196,338

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	1,116,278	1,116,278		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,950	28,950		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	826,171	826,171		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,283,741	394,480	855,041	34,220
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	7,264,459	5,127,242	1,894,035	243,182
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	540,959	325,701	197,453	17,805
9 Other employee benefits	2,516,899	1,497,078	935,096	84,725
10 Payroll taxes	746,919	418,539	304,196	24,184
11 Fees for services (non-employees):				
a Management				
b Legal	94,782		94,782	
c Accounting	65,770		65,770	
d Lobbying	103,260	103,260		
e Professional fundraising services. See Part IV, line 17	42,775			42,775
f Investment management fees	32,530		32,530	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,137,376	1,692,162	445,214	
12 Advertising and promotion	1,343	1,343		
13 Office expenses	607,702	470,253	135,498	1,951
14 Information technology	357,274	38,935	318,339	

15	Royalties	26,331	26,331		
16	Occupancy	1,135,580	751,010	346,960	37,610
17	Travel	79,179	41,801	27,999	9,379
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	851,164	816,926	34,238	
20	Interest	213		213	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	595,946	21,838	574,108	
23	Insurance	100,792	2,564	98,228	
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	22,096		22,096	
b	FIELD OFFICE EXPENSES	2,270,062	2,270,062		
c	CREDIT CARD FEES	140,429		140,429	
d	DUES, SUBS. & LICENSES	103,502	71,704	30,665	1,133
e	All other expenses	44,991	9,440	29,890	5,661
25	**Total functional expenses.** Add lines 1 through 24e	23,137,473	16,052,068	6,582,780	502,625
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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
Assets	1	Cash–non-interest-bearing		500	1	327
	2	Savings and temporary cash investments		12,077,008	2	15,447,150
	3	Pledges and grants receivable, net		2,533,798	3	1,952,430
	4	Accounts receivable, net		1,128,000	4	1,059,577
	5	Loans and other receivables from 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		752,208	9	541,863
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,548,969			
	b	Less: accumulated depreciation	10b 2,847,288	2,108,014	10c	1,701,681
	11	Investments—publicly traded securities		5,217,246	11	6,073,360
	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)		23,816,774	16	26,776,388
	17	Accounts payable and accrued expenses		3,224,504	17	3,077,684
	18	Grants payable			18	
	19	Deferred revenue		3,073,288	19	4,016,838
	20	Tax-exempt bond liabilities			20	

Liabilities	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	1,842,900	24	1,902,300
	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	91,427
	26	**Total liabilities.** Add lines 17 through 25	8,161,157	26	9,088,249
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ▶ ☑ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	12,417,530	27	14,186,149
	28	Net assets with donor restrictions	3,238,087	28	3,501,990
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **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	15,655,617	32	17,688,139
	33	Total liabilities and net assets/fund balances	23,816,774	33	26,776,388

Part XI **Reconcilliation 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	25,074,331
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,137,473
3	Revenue less expenses. Subtract line 2 from line 1	3	1,936,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,655,617
5	Net unrealized gains (losses) on investments	5	95,664
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	17,688,139

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ 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?	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
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. | 3b | Yes

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	20,001,765	13,594,125	10,884,722	13,900,469	12,451,236	70,832,317
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	11,540,977	12,088,914	11,954,441	12,974,919	9,221,028	57,780,279
3 Gross receipts from activities that are not an unrelated trade or business under section 513						

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	31,542,742	25,683,039	22,839,163	26,875,388	21,672,264	128,612,596
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	8,448	5,524	5,655	5,220	5,580	30,427
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.	8,448	5,524	5,655	5,220	5,580	30,427
8 **Public support.** (Subtract line 7c from line 6.)						128,582,169

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	31,542,742	25,683,039	22,839,163	26,875,388	21,672,264	128,612,596
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,505,888	4,428,645	4,450,209	3,846,838	3,508,335	19,739,915
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	3,505,888	4,428,645	4,450,209	3,846,838	3,508,335	19,739,915
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	77,507	82,845	80,734	72,338	60,513	373,937
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	133,380	132,166	132,212	132,657	132,034	662,449
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	35,259,517	30,326,695	27,502,318	30,927,221	25,373,146	149,388,897

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	86.070 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	87.710 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	13.210 %
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	11.600 %

19a **33 1/3% support tests—2020.** 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—2019.** 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 ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.*	1		
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).*	2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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.***	9b		
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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in line 2a, above 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 lines 3a and 3b 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? *If "Yes" or "No", 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		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross 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 0.015 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 0.035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**	
2	Enter 85% of line 1	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**	
4	Enter greater of line 2 or line 3	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9	Distributable amount for 2020 from Section C, line 6	**9**	
10	Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 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 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			

4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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

2020

Name of the organization
INTERNATIONAL CITYCOUNTY 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 33 1/3% 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).

Part I **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	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization INTERNATIONAL CITYCOUNTY 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
-		$	

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

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)

(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

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

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

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	Employer identification number
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	36-2167755

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

section 501(h)).

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	10,000	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	279,306	
c Total lobbying expenditures (add lines 1a and 1b)	289,306	
d Other exempt purpose expenditures	22,838,240	
e Total exempt purpose expenditures (add lines 1c and 1d)	23,127,546	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount				1,000,000	1,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
c Total lobbying expenditures				289,306	289,306
d Grassroots nontaxable amount				250,000	250,000
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f Grassroots lobbying expenditures				10,000	10,000

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)** Yes | No	**(b)** 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?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		
d Mailings to members, legislators, or the public?		
e Publications, or published or broadcast statements?		

f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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-A, LINE 1, LOBBYING ACTIVITIES:	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 2021, 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 MANAGER'S AUTHORITY IN A NUMBER OF JURISDICTIONS INCLUDING: SAN JOSE, CA; MILFORD, DE; GLOUCESTER, RI; BALTIMORE, MD; DEER PARK, OH; SACRAMENTO, CA; SARATOGA SPRINGS, NY; EAGLE LAKE, TX; ELKINS, WV; AUSTIN, TX; BRIDGEWATER, MA; AND HARRIS COUNTY, TX. 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. THE ICMA CEO/EXECUTIVE DIRECTOR ALONG WITH THE ICMA CHIEF OF STAFF ALSO HELPED TO COORDINATE EFFORTS TO DEFEND THE COUNCIL MANAGER FORM OF GOVERNMENT IN AUSTIN, TX AS BOTH HAVE STRONG TIES TO THE COMMUNITY IN AS FORMER CITY MANAGER AND ASSISTANT CITY MANAGER OF AUSTIN RESPECTIVELY. IN ADDITION TO SUPPORTING COMMUNITIES SEEKING INFORMATION ABOUT VARIOUS FORMS OF GOVERNMENT, ICMA PROVIDES RESOURCES AND GUIDANCE TO STATE ASSOCIATIONS, LOCAL COMMUNITY GROUPS, AND LOCAL GOVERNMENT ORGANIZATIONS. ICMA PRODUCED A REVIEW OF THE AUSTIN, TX CAMPAIGN TO PROVIDE A CASE STUDY ANALSYSIS OF ADDRESSING LOCALIZED FORM OF GOVERNMENT CHALLENGES. STAFF MET WITH COMMUNITY ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY ON THE VALUE OF PROFESSIONAL MANAGEMENT INCLUDING MEETINGS WITH NEW YORK STATE CITY/COUNTY MANAGEMENT ASSOCIATION (NYCMA); TEXAS CITY MANAGERS ASSOCIATION (TCMA); AND THE NATIONAL CIVIC LEAGUE.

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

2020

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

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

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

		(a) Donor advised funds	**(b)** Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ **Yes** ☐ **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ **Yes** ☐ **No**

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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:

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

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		218,789	132,456	86,333
d Equipment		4,255,668	2,649,691	1,605,977
e Other		74,512	65,141	9,371
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,701,681

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	91,427

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 ☑

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**	25,996,553
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**	95,664		
b	Donated services and use of facilities	**2b**	140,332		
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**	718,756		
e	Add lines **2a** through **2d**			**2e**	954,752
3	Subtract line **2e** from line **1**			**3**	25,041,801
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**	32,530		
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	32,530
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			**5**	25,074,331

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**	23,964,031
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**	140,332		
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**	718,756		
e	Add lines **2a** through **2d**			**2e**	859,088
3	Subtract line **2e** from line **1**			**3**	23,104,943
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**	32,530		
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	32,530
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			**5**	23,137,473

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, 2021, 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 672,434. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 6B. DISPOSAL OF ASSETS REPORTED AS EXPENSE ON THE FINANCIAL 46,322. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 7B.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 672,434. STATEMENTS AND

NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 6B. DISPOSAL OF ASSETS REPORTED AS EXPENSE ON THE FINANCIAL 46,322. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 7B.

Additional Data

Return to Form

Software ID:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	6	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	98,640
EAST ASIA AND THE PACIFIC	1	106	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	5,624,017
SOUTH ASIA	1	9	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	788,049
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	23,995
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		73,445
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		257,449
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		442,025
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		53,251
3a Sub-total	2	123			7,360,871
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	2	123			7,360,871

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W **Schedule F (Form 990) 2020**

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING GOVERNMENT THROUGH CIVIL SOCIETY ENGAGEMENT (CARSI) PROGRAM	73,445	WIRE TRANSFER			
		SOUTH ASIA	PREVENTING TERRORISM THROUGH COMMUNITY-BASED INTERVENTIONS PROGRAM (PTCBI)	131,750	WIRE TRANSFER			
		SOUTH ASIA	PREVENTING TERRORISM THROUGH COMMUNITY-BASED INTERVENTIONS PROGRAM (PTCBI)	89,077	WIRE TRANSFER			
		SOUTH ASIA	PREVENTING TERRORISM THROUGH COMMUNITY-BASED INTERVENTIONS PROGRAM (PTCBI)	36,621	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM	11,215	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH	19,076	WIRE TRANSFER			

			EQUITY (SURGE) PROGRAM					
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM	14,426	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM	36,371	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM	77,358	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM	168,559	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM	5,173	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM	109,848	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ICMA EUROPE GRANT	53,251	WIRE TRANSFER			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 12

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.

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

Part IV **Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see*

	Instructions for Form 926)	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART I, LINE 2:	FIELD OFFICES SEND REPORTS TO THE HOME OFFICE ON A MONTHLY BASIS. REPORTS ARE REVIEWED BY THE ICMA PROJECT OPERATIONS AND FINANCE MANAGER. FUNDS ARE ALSO MONITORED BY PROJECT MANAGERS.
PART III ACCOUNTING METHOD:	
PART IV, LINE 1:	THE ORGANIZATION TRANSFERRED CASH TO FOREIGN SUBGRANTEES AND SUBCONTRACTORS. THERE WAS NO TRANSFER OF OWNERSHIP, THEREFORE, NO ADDITIONAL FILING REQUIREMENTS ARE REQUIRED.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

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
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

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

b If "Yes," list the 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? Yes	**(iii)** No	**(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
ARCHIL ZHORZHOLIANI 55 SAIRME STREET APT 125 TBILISI, GG 0194	PROPOSAL DEVELOPMENT		No	0	6,750	-6,750
JOANNE R POTTER 405 EAST WINDSOR AVE ALEXANDRIA, VA 22301	PROPOSAL DEVELOPMENT		No	0	13,600	-13,600
JOAQUIN L GONZALEZ 766 GREAT HIGHWAY 1 SAN FRANCISCO, CA 94121	PROPOSAL DEVELOPMENT		No	0	22,425	-22,425
Total . . . . . ▶					42,775	-42,775

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

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.

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	1 Gross receipts				
	2 Less: Contributions				
	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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WSP USA SOLUTIONS INC ONE PENN PLAZA 2ND FLOOR 250 W 34TH STREET NEW YORK, NY 10119	13-3622704	OTHER	803,475				STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM & CONSTRUCTION OF TRADING CENTERS IN MARAWI PROGRAMS.
(2) AMERICAN PLANNING ASSOCIATION 205 N MICHIGAN AVE STE 1200 CHICAGO, IL 606013009	52-1134021	501(C)(3)	105,991				IMPLEMENTATION OF THE SOLAR@SCALE PROGRAM AIMS TO REDUCE LARGE-SCALE SOLAR SOFT COSTS BY BRINGING TOGETHER PUBLIC-AND PRIVATE-SECTOR STAKEHOLDERS TO IDENTIFY BEST PRACTICES FOR LOCAL GOVERNMENTS, SPECIAL DISTRICTS, AND OTHER AUTHORITIES THAT HAVE JURISDICTION TO INSTALL LARGE-SCALE SOLAR PROJECTS.
(3) NEIGHBORHOODS AGAINST STRONG MAYOR 7809 WALERGA ROAD SUITE 112-1121 ANTELOPE, CA 95843		OTHER	45,000				GRANT TO SUPPORT CAMPAIGN AGAINST STRONG MAYOR FORM OF GOVERNMENT.
(4) INTERNATIONAL ECONOMIC DEVELOPMENT COUNCIL 734 15TH STREET NW SUITE 900 WASHINGTON, DC 20005	52-0887806	OTHER	31,634				IMPLEMENTATION OF THE HOMELAND SECURITY NATIONAL TRAINING PROGRAM (HSNTP)
(5) HOME INNOVATION RESEARCH 400 PRINCE GEORGES BLVD UPPPER MARLBORO, MD 20774	52-0809020	C-CORP	26,022				IMPROVE THE QUALITY, DURABILITY, AFFORDABILITY, AND ENVIRONMENTAL PERFORMANCE OF HOMES AND HOME BUILDING PRODUCTS.
(6) NATIONAL CIVIC LEAGUE 1889 YORK STREET DENVER, CO 80206	84-1255845	501(C)(3)	21,282				ADVANCE CIVIC ENGAGEMENT TO CREATE EQUITABLE, THRIVING COMMUNITIES.
(7) THE CADMUS GROUP LLC 100 5TH AVENUE SUITE 100 WALTHAM, MA 02451	04-2793755	OTHER	15,772				FROM ENERGY, WATER, AND TRANSPORTATION TO SAFETY, SECURITY, AND RESILIENCE TOGETHER, STRENGTHENING SOCIETY AND THE NATURAL WORLD.
(8) THE SOLAR FOUNDATION 1717 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	52-1089260	OTHER	15,658				SOLARSMART AMERICA CITIES PROGRAM
(9) CITY OF RIO HONDO 121 N ARROYO BLVD RIO HONDO, TX 78583	74-6001980	GOVERNMENT	15,000				DIGITAL INCLUSION AWARD TO SUPPORT SMALL TOWN AND RURAL COMMUNITY INCREASED BROADBAND INTERNET ACCESS IN THEIR COMMUNITY.
(10) IT'S TIME SARATOGA 86 LINCOLN AVE SARATOGA SPRINGS, NY 12866	82-1438921	OTHER	14,943				GRANT TO SUPPORT MAINTAINING A STRONG PUBLIC OPPOSITION CAMPAIGN TO SUPPORT A STRONG MAYOR FORM OF GOVERNMENT.
(11) THE SCIENCE OF PCVE LLC 2404 ALEXANDER CIR NE ATLANTA, GA 303261262	85-0521103	C-CORP	10,000				GRANT TO SUPPORT THE DEVELOPMENT OF COMMUNITY-BASED EARLY INTERVENTION MODELS WITH DOCUMENTED CASES OF TERRORIST RECRUITMENT AND RADICALIZATION.

(12) THE STATE AND LOCAL LEGAL CENTER 444 NORTH CAPITOL ST NW 515 WASHINGTON, DC 20001	31-0868827	501(C)(3)	10,000				SUPPORT OF ORGANIZATION THAT FILES AMICUS BRIEFS ON BEHALF OF STATE AND LOCAL GOVERNMENTS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

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	7	7,700			
(2) JUDY KELSEY SCHOLARSHIP FUND	2	10,000			
(3) HANSELL AWARD	1	5,000			
(4) KEANE AWARD	1	5,000			
(5) TRANTER-LEONG SCHOLARSHIP FUND	1	1,250			
(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 A VARIETY OF SCHOLARSHIPS TO ASSIST MEMBERS. COMPLIMENTARY REGISTRATION AND TRAVEL STIPENDS ARE PROVIDED TO ATTEND THE ICMA ANNUAL CONFERENCE IN AN EFFORT TO SUPPORT WOMEN, DIVERSITY, AND THOSE WHO WORK IN SMALLER LOCAL GOVERNMENTS. ICMA ALSO PROVIDES COMPLIMENTARY ANNUAL CONFERENCE REGISTRATION FOR THE ICMA LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP PROGRAM (LGMF) ATTENDEES. THE LGMF PROGRAM PLACES A FELLOW IN A FULL-TIME POSITION IN A LOCAL GOVERNMENT. LOCAL GOVERNMENT MANAGERS AND ASSISTANTS WHO EXPERIENCE JOB LOSS ARE ALSO GRANTED COMPLIMENTARY REGISTRATION FOR THE ANNUAL CONFERENCE ALONG WITH A TRAVEL STIPEND. THE ASSOCIATION ALSO OFFERS VARIOUS SCHOLARSHIP PROGRAMS SUPPORTING MID-CAREER AND YOUNG PROFESSIONALS WHO SEEK TO GAIN INTERNATIONAL EXPERIENCE IN A MANAGEMENT PERSPECTIVE. LASTLY, STUDENTS WHO ARE MEMBERS IN THE ICMA STUDENT CHAPTER PROGRAM ALSO RECEIVE COMPLIMENTARY REGISTRATION TO ATTEND ICMA'S ANNUAL CONFERENCE. 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.

Additional Data

Return to Form

Software ID:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		

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				
1 MARC OTT CEO/EXECUTIVE DIRECTOR	(i)	462,608	750	33,626	35,198	19,915	552,097	0
	(ii)	0	0	0	0	0	0	0
2 SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	(i)	213,575	9,750	303	25,074	20,598	269,300	0
	(ii)	0	0	0	0	0	0	0
3 PRISCILLA WILSON CHIEF PEOPLE OFFICER	(i)	176,172	4,850	27,070	13,746	1,545	223,383	0
	(ii)	0	0	0	0	0	0	0
4 MARTHA PEREGO DIRECTOR, MEMBER SERVICES & ETHICS	(i)	183,281	8,750	293	21,638	8,526	222,488	0
	(ii)	0	0	0	0	0	0	0

5 TAD MCGALLIARD DIRECTOR, RESEARCH AND TECH. ASST	(i) (ii)	165,528 0	8,250 0	461 0	19,730 0	20,214 0	214,183 0	0 0
6 ISABELLE BULLY-OMICTIN DIRECTOR, FUNDED PROGRAMS	(i) (ii)	152,525 0	6,300 0	0 0	17,219 0	19,755 0	195,799 0	0 0
7 JEREMY FIGOTEN DIRECTOR, CONFERENCES & EVENTS	(i) (ii)	169,715 0	8,250 0	299 0	9,135 0	1,383 0	188,782 0	0 0
8 JOHN COOK DIRECTOR, TECHNOLOGY OPERATIONS	(i) (ii)	141,758 0	6,250 0	0 0	15,030 0	14,686 0	177,724 0	0 0
9 BRIAN MATIBAG DEPUTY CHIEF OF PARTY	(i) (ii)	163,003 0	4,920 0	0 0	7,647 0	0 0	175,570 0	0 0

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 CEO/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.

Additional Data

Return to Form

Software ID:

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

2020

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUATION	- ICMA INITIATED A REVIEW OF THE MEMBER DUES STRUCTURE. THE PROJECT IS ON TARGET TO DELIVER RECOMMENDATIONS IN THE FALL OF 2021 REGARDING A PROPOSED MEMBERSHIP AND DUES STRUCTURE. MEMBERS, NON-MEMBERS AND LAPSED MEMBERS WERE GIVEN THE OPPORTUNITY TO RESPOND TO A SURVEY TO GATHER INFORMATION ON THE VALUE PROPOSITION, OPTIONS FOR STRUCTURING DIFFERENT MEMBERSHIP MODELS, AND TO TEST CRITICAL ISSUES AROUND PRICE POINT. THERE WERE ALSO QUESTIONS THAT ALLOWED ICMA TO BENCHMARK AGAINST OTHER MEMBERSHIP ASSOCIATIONS BASED ON DATA THE CONSULTANT, MCKINLEY ADVISORS, HAS ACCUMULATED IN THEIR WORK. 18% OF CURRENT MEMBERS RESPONDED FOR AN OVERALL RESPONSE RATE OF 9% WHICH MEETS THE REQUIRED STATISTICAL THRESHOLD. OVERALL, RESPONDENTS HAVE GENERALLY POSITIVE PERCEPTIONS OF ICMA - WITH AGREEMENT THAT ICMA PROVIDES VALUABLE OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT AND NETWORKING. SUPERIOR ICMA EVENTS AND TRAININGS WERE ALSO MENTIONED. MOST RESPONDENTS (85%) ARE SATISFIED WITH THEIR ICMA MEMBERSHIP (ONLY 6% WERE DISSATISFIED). MEMBERS ACROSS TENURE, MEMBER TYPE, REGION, AND COMMUNITY EXPRESSED HIGH SATISFACTION ACROSS THE BOARD. HOWEVER, COST OF MEMBERSHIP AND OFFERINGS ARE A MAJOR BARRIER, ESPECIALLY FOR THOSE IN SMALLER COMMUNITIES OR THOSE THAT MAY BE FOLLOWING NON-TRADITIONAL CAREER PATHWAYS. - AT THE DIRECTION OF THE ICMA EXECUTIVE BOARD, A REVIEW OF THE CODE TO BETTER INTEGRATE THE PROFESSION'S ETHICAL COMMITMENT TO RACIAL JUSTICE AND EQUITY INTO THE VERY FIBER OF THE 12 TENETS OF OUR CODE WAS LAUNCHED. THIS WAS ONE OF THE SIX ACTION STEPS TAKEN BY THE BOARD IN JUNE 2020. THROUGH A COMPETITIVE PROCUREMENT PROCESS, ICMA HIRED THE SCHOOL OF GOVERNMENT AT THE UNIVERSITY OF NORTH CAROLINA-CHAPEL HILL. THE UNC TEAM WILL PROVIDE RESEARCH AND TECHNICAL ASSISTANCE SUPPORT TO CONDUCT AN ENVIRONMENTAL SCAN TO LEARN HOW OTHER PROFESSIONAL ASSOCIATIONS ARE ADDRESSING EQUITY AND RACIAL JUSTICE IN THEIR CODES, LEAD MEMBER FOCUS GROUPS, AND DEVELOP A MEMBER SURVEY. THE FOCUS GROUPS, SCHEDULED FOR AUGUST, WILL HELP TO INFORM THE DESIGN OF A SURVEY TO MEMBERS GAUGING THEIR PERSPECTIVE ON WAYS TO STRENGTHEN THE CODE'S COMMITMENT TO EQUITY AND SOCIAL JUSTICE. BEYOND THESE STEPS, SESSIONS WILL BE PROVIDED AT THE PORTLAND CONFERENCE AND VIRTUALLY TO ENGAGE MEMBERS. WE ANTICIPATE CONTINUING THE MEMBER ENGAGEMENT PROCESS INTO 2022 AT AFFILIATE ASSOCIATION AND ICMA IN PERSON EVENTS. FINAL RECOMMENDATIONS ON PROPOSED CHANGES TO THE CODE SHOULD BE AVAILABLE BY THE FALL OF 2022.
FORM 990, PART VI, SECTION A, LINE 6	CORPORATE MEMBERS: ANY PERSON WHOSE PROFESSIONAL CONDUCT CONFORMS TO THE ASSOCIATION'S CODE OF ETHICS IS ELIGIBLE TO BE A FULL MEMBER IF THAT PERSON SERVES AS A FULL-TIME ADMINISTRATIVE HEAD OF A LOCAL GOVERNMENT, A FULL-TIME ADMINSTRATIVE ASSISTANT, ASSISTANT CITY/COUNTY MANAGER, ASSISTANT DIRECTOR OF A COUNCIL OF GOVERNMENTS OR A STATE/PROVINCIAL ASSOCIATION OF LOCAL GOVERNMENT, OR ASSISTANT ADMINISTRATOR, HOWEVER DESIGNATED, HAVING SIGNIFICANT GENERAL ADMINISTRATIVE RESPONSIBILITY IN A LOCAL GOVERNMENT POSITION AND WAS APPOINTED TO THAT POSITION BY THE CITY OR COUNTY MANAGER OR CHIEF ADMINISTRATOR.
FORM 990, PART VI, SECTION A, LINE 7A	THE REGIONAL VICE PRESIDENTS ARE ELECTED BY A MAJORITY VOTE OF THE CORPORATE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B	THE CONSTITUTION AND THE CODE OF ETHICS MAY BE AMENDED BY A MAJORITY VOTE OF THE CORPORATE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVVE 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,	THE CEO/EXECUTIVE DIRECTOR'S SALARY IS REVIEWED BY THE ICMA BOARD PERFORMANCE EVALUATION COMMITTEE ON AN ANNUAL BASIS. SALARY COMPARISONS OF CEO/EXECUTIVE DIRECTORS OF OTHER COMPARABLE ORGANIZATIONS ARE PROVIDED ANNUALLY TO THE EVALUATION COMMITTEE TO AID IN THEIR SALARY ADJUSTMENT

LINE 15A	RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS, 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 2020. 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 FISCAL YEAR 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 X, LINE 24:	ON MARCH 16, 2021, THE ASSOCIATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF $1,902,300 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.

Additional Data

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Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

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	(g) No
(1)MISSIONSQUARE RETIREMENT 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	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

(1)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC 777 N CAPITOL ST NE STE 600 WASHINGTON, DC 20002 52-1655825	REIT HOLDING THE HEADQUARTERS	MD	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	C	2,977,748	9,435,487	33.330 %		No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MISSIONSQUARE RETIREMENT	A	2,788,640	FMV
(2)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	F	340,000	FMV
(3)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	K	1,787,358	FMV
(4)ICMA EUROPE	B	53,251	FMV
(5)MISSIONSQUARE RETIREMENT	C	1,084,500	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PART II, RELATED TAX-EXEMPT ORGANIZATION NAME CHANGE:	AS A RESULT OF A REBRANDING EFFORT UNDERTAKEN IN FY 2021, THE INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION (ICMA-RC) HAS CHANGED ITS NAME AND IS NOW DOING BUSINESS AS MISSIONSQUARE RETIREMENT.

Additional Data

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