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TIN: 36-2167755

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or the 2021 c	alendar year, or tax year beginning 07-01-2021 , and ending 06	-30-2022										
B Che	ck if applicable:	C Name of organization INTERNATIONAL CITYCOUNTY MANAGEMENT		D Employe	er identif	ication number							
_	dress change	ASSOCIATION		36-2167	7755								
	me change tial return	Doing business as		-									
	al return/terminated												
	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room,	/suite	E Telephon	e number								
ОАр	olication pending	777 NORTH CAPITOL STREET NE 500		(202) 9	62-3680								
		City or town, state or province, country, and ZIP or foreign postal code		-									
		WASHINGTON, DC 200024201		G Gross red	ceipts \$ 3	1,337,764							
		F Name and address of principal officer:	H(a) Is thi	s a group ret	urn for								
		MARC OTT 777 NORTH CAPITOL STREET NE 500	subo	rdinates?		☐Yes ☑No							
		WASHINGTON, DC 200024201	H(b) Are a	ll subordinat	es	☐ Yes ☐No							
I Tax	e-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527		o," attach a li	ist. See i								
J W	ebsite: ► WW		H(c) Grou	p exemption	number	>							
K Form	of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	ation: 1914	M State	of legal domicile: IL							
		Composition — made — ma											
Pa		mary											
		scribe the organization's mission or most significant activities: ICE PROFESSIONAL LOCAL GOVERNMENT THROUGH LEADERSHIP, MANA	GEMENT INNOV	/ΔΤΙΟΝ ΔΝΟ	FTHICS								
Governance	107.507.	Linico	•										
ag.													
Ne.	2 Check this box ▶□												
ŝ	3 Number	3	21										
×8		4 Number of independent voting members of the governing body (Part VI, line 1b)											
es													
Activities &		nber of volunteers (estimate if necessary)		_	6	100 1,238							
Act		'a Total unrelated business revenue from Part VIII, column (C), line 12											
					7b	298,093 96,730							
				ior Year		Current Year							
	8 Contribut	cions and grants (Part VIII, line 1h)		12,451,2	236	12,095,556							
Revenue		service revenue (Part VIII, line 2g)		9,426,7	_	11,146,329							
8	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		795,6		886,366							
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,400,6	_	2,404,975							
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,074,3		26,533,226							
		nd similar amounts paid (Part IX, column (A), lines 1–3)		1,971,3		1,765,565							
		paid to or for members (Part IX, column (A), line 4)		1/3/1/5	0	0							
		other compensation, employee benefits (Part IX, column (A), lines 5–10)	,	12,352,9		11,932,776							
Expenses		onal fundraising fees (Part IX, column (A), line 11e)	′ <u> </u>	42,7	_	42,800							
85		raising expenses (Part IX, column (D), line 25) 562,258		72,7	73	42,000							
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,770,3	222	11,247,567							
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		23,137,4	_	24,988,708							
	-	less expenses. Subtract line 18 from line 12	<u> </u>	1,936,8		1,544,518							
÷ S	TA Veneune	iess expenses. Subtract line to nonlillie 12	Reginning	of Current Y	_								
Net Assets or Fund Balances			Beginning	or current Y	cai	End of Year							
Se	20 Total ass	ets (Part X, line 16)		26,776,3	888	27,369,951							
Z A		ilities (Part X, line 26)		9,088,2		9,033,100							
ξŽ		ts or fund balances. Subtract line 21 from line 20		17,688,1	_	18,336,851							

Paid Print/Type preparer's name Print/Type preparer's p	
Paid Print/Type preparer's name Print/Type preparer's p	
Paid Print/Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name GELMAN ROSENBERG & REEDMAN Firm's EIN 52-1392008 Firm's name GELMAN ROSENBERG & REEDMAN Firm's EIN 52-1392008 Firm's address 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes ↑ For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 900 (2021) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
Print/Type preparer's name Preparer Use Only Prim's name ■ GELMAN ROSENBERG & FREEDMAN Firm's elin ■ 52-1392008 Firm's elin ■ 52-1392008 Firm's address ■ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930 May the IRS discuss this return with the preparer shown above? (see instructions) Proparer Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 1990 (2021) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Statement Of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Statement Of Roganization's mission: THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION (ICMA) IS THE WORLD'S PREMIER LOCAL GOVERNMENT HANAGEMENT ORGANIZATION. FOUNDED IN 1914 BY VISIONARY REFORMERS WHO SOUGHT TO END MUNICIPAL CORRUPTION AND BRIPROFESSIONAL MANAGEMENT OF LOCAL GOVERNMENTS WORLDWIDE. ICMA'S CORE VALUES CONTINUE TO BE ROOTED IN OUR STIENFORCED 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-E2? 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? 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 expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	
Paid Preparer Use Only Firm's name GELMAN ROSENBERG & FREEDMAN Firm's EIN \$52-1392008 Firm's address \$4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 Firm's address \$4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes No. 11282Y Form 1900 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 1900 Form 990 (2021) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION (ICMA) IS THE WORLD'S PREMIER LOCAL GOVERNMENT LEADERSHIP A MANAGEMENT ORGANIZATION. FOUNDED IN 1914 BY VISIONARY REFORMERS WHO SOUGHT TO END MUNICIPAL CORRUPTION AND BRI TROFESSIONALISM AND TRANSPARENCY TO LOCAL GOVERNMENTS WORLDWIDE. ICMA'S CORE VALUES CONTINUE TO BE ROOTED IN OUR STIENFORCED CODE OF ETHICS AND COMMITMENT TO REPRESENTATIVE DEMOCRACY. Yes If "Yes," describe these enew services on Schedule O. Yes If "Yes," describe these changes on Schedule O. Yes If "Yes," describe these changes on Schedule O. Yes If "Yes," describe these changes on Schedule O. Secribe the degranization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O. Yes If "Yes," describe these changes on Schedule O. Yes If "Yes," describe these changes on Schedule O. Yes If "Yes," describe the organization rease complishments for each of its three largest program services, as measured by expensive Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive the section 501(c)(4) organization sa	
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Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	990 (2021)
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Check if Schedule O contains a response or note to any line in this Part III	Page 2
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Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	
and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 6,605,910 including grants of \$ 1,752,565) (Revenue \$ 453,903)	_
HUNDRED LOCAL PRACTITIONERS. THROUGH THE USAID FUNDED ERAT PROGRAM, ICMA'S JAKARTA-BASED TECHNICAL EXPERTS HAVE FACILITATED WON BEST PRACTICES IN SMART CITY METHODOLOGY AND IMPROVING PERFORMANCE MANAGEMENT, AND OUR DISTRICT-LEVEL STAFF HAVE ORGANIZE AND PROVIDED TECHNICAL ASSISTANCE ON PUBLIC FINANCIAL MANAGEMENT AND LOCAL GOVERNMENT SERVICE DELIVERY. AS A SUBCONTRACTOR: ICMA CONTINUES TO SUPPORT THE CENTRAL TIBETAN ADMINISTRATION'S EFFORTS IN INDIA. IN OCTOBER 2022, ICMA'S D.C. AND FIELD OFFICE STAFF THE DALAI LAMA, WHO EXPRESSED GRATITUDE FOR ICMA'S ACTIVITIES THUS FAR, ECHOING PRAISE SHARED BY THE REST OF THE CTA. THE ICMA TE THE PROCESS OF DEVELOPING INSTITUTIONAL DEVELOPMENT INDICES FOR SEVERAL CTA DEPARTMENTS, DEVELOPING GIS MAPS FOR TIBETAN SETTL AND ASSESSING CTA'S DATA AND HUMAN RESOURCE MANAGEMENT SYSTEMS. ICMA CONTINUES TO IMPLEMENT THE CITIES FOR ENHANCED ENGAGE PROJECT (CHANGE) IN THE PHILIPPINES. ICMA STAFF HAVE PROVIDED INPUT TO AMEND NATIONAL GUIDELINES FOR CIVIL SOCIETY REPRESENTATION SPECIAL BODIES. AS A RESULT, HUNDREDS OF CIVIL SOCIETY ORGANIZATIONS (CSOS) HAVE BECOME ACCREDITED BY LOCAL GOVERNMENTS TO PAR LOCAL DECISION-MAKING AND PLANNING. CHANGE ALSO SUPPORTED THE ESTABLISHMENT OF A CSO DESK IN LOCAL GOVERNMENTS AND THE FORM. PEOPLE'S COUNCILS TO REPRESENT CIVIL SOCIETY CONCERNS AND DEMANDS. ICMA CONTINUES TO IMPLEMENT THE DEPARTMENT OF ENERGY FUND SOLAR@SCALE. WORKING WITH THE AMERICAN PLANNING ASSOCIATION, SOLAR@SCALE WILL LAUNCH IN DEC. 2022 AN UPDATED SOLAR SCALE: A L GOVERNMENT GUIDEBOOK FOR IMPROVING LARGE-SCALE SOLAR DEVELOPMENT OUTCOMES. IN ADDITION TO THE GUIDEBOOK UPDATE, SOLAR@SCA DEPLOYING WORKSHOPS AND CONFERENCE SESSIONS FOR LOCAL GOVERNMENT LEADERS ACROSS THE U.S. ON LARGE-SCALE SOLAR—RELATED TOPIC CONTINUES TO WORK WITH TETRA TECH ON THE USAID PROGRAM CLEAN CITIES, BLUE OCEANS (CCBO), PROVIDING SOLID WASTE AND RECYCLING AND TECHNICAL ASSISTANCE TO CITIES IN SEVEN COUNTRIES ON PREVENTING PLASTICS FROM REACHING THE YSEALL PROFESSIONAL FELLOWS PROGRAM, WAS FELLOWS TO THE U.S.	VORKSHOPS ED FORUMS TO NDI, TF MET WITH AM IS IN EMENTS, MENT I ON LOCAL TICIPATE IN ATION OF ED. COCAL LE IS ES ICMA GENT ELCOMINA ELCOMING ED T OF AN RSATIONS PPORTED
4b (Code:) (Expenses \$ 4,773,742 including grants of \$) (Revenue \$ 2,602,399)	ATURES CLEANUP,

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. - ICMA UNIVERSITY'S EMERGING LEADERS DEVELOPMENT PROGRAM WELCOMED 50 NEW PARTICIPANTS INTO THE FALL CLASS, INCLUDING 15 WHO WERE NOT ICMA MEMBERS UNTIL THEY REGISTERED FOR THE PROGRAM. - ICMA UNIVERSITY INAUGURATED ITS ONLINE WORKSHOP PROGRAM DELIVERING 6, THREE-HOUR WORKSHOPS.- ICMA UNIVERSITY DELIVERED A SUCCESSFUL ICMA GETTYSBURG LEADERSHIP INSTITUTE WITH 37 PARTICIPANTS.- ICMA UNIVERSITY ONLINE LEARNING: - DELIVERED 22 WEBINARS; - HAD 38 JURISDICTIONS REGISTER FOR A WEBINAR SUBSCRIPTION; - LAUNCHED THE BRAND-NEW 6-PART COUNCIL ORIENTATION SERIES TO HELP ONBOAND NEW ELECTED OFFICIALS TO LOCAL GOVERNING BODIES - DELIVERED THE BUDGETING GUIDE 3- PART WEBINAR SERIES - DELIVERED THE

EFFECTIVE SUPERVISURY PRACTICES WEBINAR SERIES TO MUKE I HAN 800 LOCAL GOVERNMENT PROFESSIONALS - HUSTED THE SULAR@SCALE WEBINAR SERIES. - DEVELOPED A 12-PART "FUNDAMENTALS IN LOCAL GOVERNMENT" BLENDED LEARNING EXPERIENCE (ASYNCHRONOUS ONLINE + LIVE/ONLINE WORKSHOPS) FOR A PILOT COHORT OF LOCAL GOVERNMENT MANAGERS FROM ROMANIA AND MOLDOVA. TOPICS RANGED FROM ETHICS TO BUGGETING TO COMMUNITY ENGAGEMENT.LEARNING AND NETWORKING OPPORTUNITIES THROUGH CONFERENCES:TO SERVE THE LEADERSHIP AND PROFESSIONAL DEVELOPMENT NEEDS OF THE LOCAL GOVERNMENT COMMUNITY, ICMA HELD ITS 107TH ANNUAL CONFERENCE "RESTART", OCTOBER 2-6, 2021, IN PORTLAND, OR. THERE WAS AN IN-PERSON OPTION, AS WELL AS A DIGITAL COMPONENT, OF MORE THAN 232 LEARNING OPPORTUNITIES, INCLUDING ACCESS TO MORE THAN 25 LIVE-STREAMING SESSIONS (INCLUDING ALL FOUR GENERAL SESSIONS AS WELL AS EDUCATION SESSIONS). ICMA HAD MORE THAN 3,900 ATTENDEES OF THE IN-PERSON AND DIGITAL COMPONENTS FOR THIS EVENT. THE 2022 ICMA REGIONAL CONFERENCES BROUGHT MEMBERS AND NONMEMBERS TOGETHER FROM AROUND THE FIVE ICMA REGIONS FOR THESE FIVE EVENTS HELD IN MARCH AND APRIL 2022. ATTENDEES DISCOVERED NEW LEADERSHIP SKILLS, STRATEGIES, AND INNOVATIVE SOLUTIONS TO HELP POWER THEIR ORGANIZATIONS AND STAFF MEMBERS TO DELIVER SUCCESS TO THEIR RESIDENTS AND COMMUNITIES. THE 2ND ICMA EQUITY SUMMIT, "READY OR NOT! MOVING FROM DISCOURSE TO ACTION," WAS HELD VIRTUALLY ON JULY 28-29, 2022. 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. THE EVENT ATTRACTED 402 PARTICIPANTS FROM 40 U.S. STATES AND CANADA.

tc (Code:) (Expenses \$ 2,791,260 including grants of \$) (Revenue \$ 6,299,036)

MEMBERSHIP:- ATTRACTING AND RETAINING MEMBERS REMAINS A CORE PRIORITY FOR ICMA. THE ICMA EXECUTIVE BOARD APPROVED A NEW DUES STRUCTURE IN FEBRUARY 2022, WHICH LOWERED DUES FOR FULL MEMBERS AND ADDED A DISCOUNT FOR MANAGERS AND ASSISTANTS WORKING IN SMALL COMMUNITIES. EFFORTS TO RECRUIT NEW MEMBERS CONTINUED WORKING IN PARTNERSHIP WITH STATE ASSOCIATIONS AND LEVERAGING ICMA EVENTS AND CONTENT. WE ADDED 1289 NEW MEMBERS IN FY22, INCLUDING 491 NEW FULL MEMBERS, 328 DEPARTMENT DIRECTORS AFFILIATE MEMBERS, AND 470 ENTRY- TO MID-LEVEL AFFILIATE MEMBERS. WE BEGAN THE YEAR WITH 12,024 AND ENDED WITH 12,697, A CHANGE OF 5.60%. - SUPPORTING MEMBERS DURING THE UNPRECEDENTED CHALLENGES OF MANAGING LOCAL GOVERNMENTS IN A PANDEMIC WAS A CRITICAL FOCUS OF OUR EFFORTS IN FY22. RECOGNIZING THE CHALLENGES OF THE PROFESSION, ICMA LAUNCHED A NEW MEMBER BENEFIT, EQUILIBRIUM. THE PROGRAM PROVIDES TAILORED SERVICES DESIGNED TO SUPPORT THE PERSONAL WELL-BEING OF MANAGERS, ASSISTANT MANAGERS AND MEMBERS IN TRANSITION AND THEIR FAMILIES. ICMA'S WELCOME AMBASSADOR COMMITTEE LAUNCHED A PILOT PROGRAM TO INVITE NEW MEMBERS TO ZOOM MEETUPS TO ENHANCE THE ONBOARDING EXPERIENCE AND ENCOURAGE NETWORKING AND INFORMATION SHARING. - THE SENIOR ADVISOR PROGRAM CONTINUED TO PROVIDE INVALUABLE 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- ICMA'S COACHING PROGRAM IS COMMITTED TO PROVIDING TOOLS THAT HELP OUR MEMBERS ACHIEVE THEIR PROFESSIONAL CAREER GOALS. WE ARE RENEWING PROMOTION EFFORTS OF OUR COACHCONNECT COACHING WEBINAR PROGRAMS TO ENSURE THAT MEMBERS ARE AWARE OF THESE TWO FANTASTIC TOOLS THAT ARE AVAILABLE TO THEM FREE OF CHARGE. IN FY 2022, 149 LEARNERS AND 24 COACHES JOINED THE COACHCONNECT PROGRAM, AND WE HAVE 280 ACTIVE LEARNERS AND 270 ACTIVE COACHES. OUR MEMBERS REMAINED ACTIVE IN THE PLATFORM, SCHEDULING 352 COACHING SESSIONS IN 2022. 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. EACH WEBINAR HAD AN AVERAGE OF 1248 REGISTRANTS AND 341 ATTENDEES.- ICMA'S MILITARY PROGRAMS CONTINUE TO THRIVE AND GROW WITH OVER 100 VLGMF HOST LOCATIONS AND 34 FELLOWS PLACED IN 2022, NINE OF WHOM ACCEPTED LOCAL GOVERNMENT POSITIONS. OUR PARTNERSHIP WITH THE ARMY NOW INCLUDES A ROUTINE INVITE TO SPEAK AT THEIR INSTITUTIONAL SCHOOL FOR INSTALLATION MANAGEMENT AND THE CONTINUING CITY MANAGEMENT SENIOR FELLOWSHIP, WHICH HAS 16 COHORT 2022 FELLOWS. WE ARE ALSO FOCUSING ON BUILDING OUR RELATIONSHIP WITH COLLEGES AND UNIVERSITIES TO PROMOTE LOCAL GOVERNMENT CAREER OPPORTUNITIES TO STUDENTS WHO ARE USING THEIR GI BILL. THIS GROUP IS MAINLY VETERANS BUT ALSO INCLUDES MANY FAMILY MEMBERSALL WHO FIND VALUE IN THEIR CAREERS IN PUBLIC SERVICE.- ICMA'S ETHICS PROGRAM FOCUSED ON PROVIDING ADVICE, TRAINING, AND CONTENT TO ADDRESS ISSUES FACED BY MEMBERS AT ALL LEVELS AND ASPECTS OF LOCAL GOVERNMENT. TO THAT END, THERE WERE 11 EDITIONS OF ETHICS MATTER, THE MONTHLY COLUMN IN ICMA'S PM MAGAZINE; UNIQUE CONTENT DEVELOPED FOR THE MARCH EDITION OF PM TO CELEBRATE ETHICS AWARENESS MONTH; PRESENTATIONS DEVELOPED AND DELIVERED AT STATE ASSOCIATION MEETINGS; A SESSION AT THE ICMA ANNUAL CONFERENCE ON NAVIGATING ETHICAL ISSUES IN THE ORGANIZATION WHEN THE SOURCE IS AN ELECTED OFFICIALS; CONTENT FOR TWO ICMA PUBLICATIONS, EFFECTIVE SUPERVISOR PRACTICES AND THE EFFECTIVE LOCAL GOVERNMENT MANAGER; AND TRAINING SESSIONS FOR LOCAL GOVERNMENT MANAGER; AND TRAINING SESSIONS FOR LOCAL GOVERNMENT LEADERSHIP AND STAFF. - ICMA CONTINUED TO RECOGNIZE MEMBERS FOR THEIR INDIVIDUAL ACCOMPLISHMENTS, CAREER MILESTONES AND PROGRAMS STRENGTHENING LOCAL GOVERNMENT PROGRAMS AND SERVICES. AWARDS ARE PROMOTED AND CELEBRATED IN THE SEPTEMBER EDITION OF ICMA'S PM MAGAZINE, AT THE ANNUAL CONFERENCE, ON THE WEBSITE AND VIA SOCIAL MEDIA. - ON INTERNATIONAL WOMEN'S DAY (MARCH 8), ICMA AND THE LEAGUE OF WOMEN IN GOVERNMENT HOSTED THE SECOND ANNUAL SHELEADSGOV VIRTUAL FORUM, RESILIENCE 2.0: REDEFINING RESILIENT WOMEN IN LOCAL GOVERNMENT. CREATED BY ICMA AND THE LEAGUE OF WOMEN IN GOVERNMENT, ALONG WITH EVENT SPONSOR AND ICMA STRATEGIC PARTNER CIGNA, MORE THAN 450 WOMEN AND MEN ATTENDED THE DAY OF INSPIRATION FILLED WITH THOUGHT-PROVOKING AND MOTIVATIONAL SPEAKERS AND PANELISTS. - THE ASSISTANT CHIEF ADMINISTRATIVE OFFICERS (ACAO) COMMITTEE PRODUCED AND PUBLISHED THE ACAO GUIDEBOOK AND AUTHORED A MONTHLY ARTICLE IN PM MAGAZINE FOCUSED ON THE PERSONAL AND PROFESSIONAL APPROACH TO THE ROLE. THIS EFFORT IS PART OF ICMA'S OVERALL STRATEGY TO BUILD COHORTS AT THE FUNCTIONAL LEVEL TO SUPPORT PERSONAL AND PROFESSIONAL CAREER ADVANCEMENT. - AT THE DIRECTION OF THE ICMA EXECUTIVE BOARD, A REVIEW OF THE CODE OF ETHICS 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 TO ASSIST WITH THIS EFFORT. 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. ICMA ENGAGED IN A VIGOROUS MEMBER FEEDBACK EFFORT DURING THE FISCAL YEAR THAT INVOLVED 17 EVENTS: TWO FOCUS GROUPS IN THE SUMMER OF 2021; FEEDBACK SESSIONS AT THE ANNUAL CONFERENCE IN PORTLAND AND ALL FIVE 2022 REGIONAL CONFERENCES; THREE VIRTUAL EVENTS HELD BETWEEN JANUARY AND APRIL OF THIS YEAR; AND SEVERAL IN-PERSON AND ZOOM SESSIONS AT STATE ASSOCIATION MEETINGS. THIS FEEDBACK INFORMED THE SURVEY WE SENT TO ALL MEMBERS IN JUNE. USING THE SURVEY RESULTS, INPUT FROM STAFF, UNC AND THE COMMITTEE ON PROFESSIONAL CONDUCT, THE FINAL PROPOSAL WILL BE PRESENTED TO THE ICMA BOARD IN SEPTEMBER 2022.

(Code:) (Expenses \$ 3,103,487 including grants of \$ 13,000) (Revenue \$ 1,790,991)

RESEARCH AND PUBLICATIONS: ICMA CONTINUES TO BE SECOND ONLY TO THE FEDERAL GOVERNMENT IN COLLECTING AND ANALYZING LOCAL GOVERNMENT RESEARCH. THE FOLLOWING PROJECTS HAVE BEEN COMPLETED OR STARTED DURING THE FY22 FISCAL YEAR: - PUBLISHED THE FOURTH EDITION OF THE BOOK MANAGING LOCAL GOVERNMENT SERVICES: THE CHALLENGE OF CHANGE- FINALIZED THE NARRATIVE FOR THE FOURTH EDITION OF THE FORTHCOMING BOOK THE EFFECTIVE LOCAL GOVERNMENT MANAGER- ICMA WAS AWARDED A GRANT FROM THE BILL AND MELINDA GATES FOUNDATION TO BUILD LOCAL GOVERNMENTS' CAPACITY FOR ADVANCING ECONOMIC MOBILITY AND OPPORTUNITY FOR ALL RESIDENTS OF THEIR COMMUNITIES. THROUGHOUT 2023, ICMA WILL CREATE AND SHARE KNOWLEDGE RESOURCES, HOST VIRTUAL AND IN-PERSON OPEN-ACCESS TRAININGS AND FACILITATE A PEER LEARNING COHORT FOR A SELECT GROUP OF HIGHLY MOTIVATED LOCAL GOVERNMENT STAKEHOLDERS.- WITH FUNDING FROM THE CHESAPEAKE BAY TRUST, ICMA RELEASED FINANCING GREEN INFRASTRUCTURE: LESSONS FROM THE CHESAPEAKE BAY WATERSHED. THIS REPORT INTRODUCES DEFINITIONS, BENEFITS, AND CHALLENGES OF DEVELOPING STORMWATER MANAGEMENT STRATEGIES THAT COMPLEMENT GRAY INFRASTRUCTURE AND USES CASE STUDIES FROM THE CHESAPEAKE BAY REGION TO ILLUSTRATE HOW TO FINANCE AND EVALUATE THESE APPROACHES IN COMMUNITIES NATIONWIDE.- ICMA RESEARCH FELLOW AND MEMBER DR. STEPHANIE DAVIS (VIRGINIA TECH UNIVERSITY) PUBLISHED STRATEGIC PLANNING IN SMALL COMMUNITIES: A MANAGER'S MANUAL, OFFERING GUIDANCE FROM AND FOR LOCAL GOVERNMENT MANAGERS ON MAKING STRATEGIC PLANNING WORK IN PLACES WITH LESS CAPACITY AND RESOURCES. IT INCLUDES CASE STUDIES FROM COMMUNITIES WITH POPULATIONS RANGING FROM LESS THAN 2,000 TO 20,000.- WORKING WITH APOLITICAL AND THE ROBERT WOOD JOHNSON FOUNDATION, ICMA SUPPORTS A VIRTUAL LEARNING COHORT ON CREATING MORE SUSTAINABLE COMMUNITIES.OUTREACH:TO ACHIEVE OUR GOALS OF ENSURING FUTURE-READY LEADERS AND POSITIONING ICMA AS A THOUGHT LEADER, 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 45 ISSUES OF LEADERSHIP MATTERS, WITH OPEN RATES OF 32% FOR THE MEMBER EDITION AND 15% FOR THE NONMEMBER EDITION AND AVERAGE CLICK-THROUGH RATES OF 29% FOR THE MEMBER EDITION AND 10% FOR THE NONMEMBER EDITION. THE TOTAL NUMBER OF SUBSCRIBERS IS 24,660.- PUBLISHED 13 ISSUES OF THE PM MAGAZINE MONTHLY E-NEWSLETTER WITH OVER 8,500 SUBSCRIBERS, WITH AN OPEN RATE OF 30% AND A CLICK-THROUGH RATE OF 11%.- HAD 770 MEDIA PLACEMENTS, IN WHICH ICMA WAS EITHER THE PRIMARY FOCUS OF THE ARTICLE OR HAD A QUOTE OR MENTION RESULTING IN 2.42 BILLION IMPRESSIONS. - THE ICMA WEBSITE HAD OVER 5.1 MILLION PAGEVIEWS AND 1M VISITORS.- SOCIAL MEDIA AUDIENCE GREW TO 99,900 WITH 75,876 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 THE COUNCIL-MANAGER FORM OF GOVERNMENT. - THE ICMA BLOG RECEIVED 198,000 PAGE VIEWS. BLOG POSTS FOCUSED ON THE FOLLOWING CORE CONTENT PRIORITY AREAS: RACIAL EQUITY AND SOCIAL JUSTICE, CRISIS MANAGEMENT, ETHICS, INNOVATION, MANAGEMENT, AND LEADERSHIP.- THE ICMA CONNECT COMMUNITY HAD 11,465 TOTAL LOGINS, 950 TOTAL DISCUSSION POSTS, AND 341 NEW THREADS.

(Expenses \$ 3,103,487 including grants of \$ 13,000) (Revenue \$ 1,790,991)

4e Total program service expenses▶

17,274,399

Form **990** (2021)

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Form 990 (2021) Page **3**

Par	TIV 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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 3	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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	110
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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 ret	urn?
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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	₩.

20b		
21	Yes	

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Fai	Checklist of Required Schedules (continued)			
	Did the consciention was above 45,000 of constant and the consistence to so feed demantic individuals on Det IV		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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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? <i>If "Yes," complete Schedule L,</i> 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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

						res	NO
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	.	1a	93			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable $$.		1b	0			
С	Did the organization comply with backup withholding rules for reportable payments (gambling) winnings to prize winners?			and reportable gaming	1c	Yes	
					F	orm 99	0 (2021)

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Form 990 (2021) Page 5 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 2a 100 2h Yes 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. **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? . 3a Yes If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . 3h Yes At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Yes financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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). 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? Nο 5b 50 c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a No solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Nο 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h 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 Section 501(c)(12) organizations. Enter:

11a

11b

12b

12a

13a

Section 501(c)(29) qualified nonprofit health insurance issuers.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

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.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

c Enter the amount of reserves on hand	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			
14a bit the organization receive any payments for indoor fanning services during the tax year? 15 is the organization subject to the section 456 to so in payments of more than \$1,000,000 in remuneration or excess if "Yes," see the instructions and file form 4720, Schedule N. 15 is the organization and excisional institution subject to the section 4968 excise tax on net investment income? 16 if "Yes," complete Form 4720, Schedule N. 17 Section 50(16(23) arganizations. Did the triust, any disqualified person, or mine operator engage in any activities the would result in the imposition of an excise tax under section 4968 excise tax on net investment income? 18 Section 50(16(23) arganizations. Did the triust, any disqualified person, or mine operator engage in any activities the would result in the imposition of an excise tax under section 4961, 4952, or 4953? 18 Form 990 (2021) 19 Section 50(16(23) arganizations. Did the triust, any disqualified person, or mine operator engage in any activities 19 Section 40(16(23) arganizations. Did the triust, any disqualified person, or mine operator engage in any activities 19 Section A. Governance, Management, and Disclosure. For each "res" response to lines 2 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response to lines 50 through 70 below, and for a "vo" response 50 through 70 through 70 below, and for a "vo" response 50 through 70 through	c				
b M msc, "has it filled a form 720 to report these payments?" Msc, "provide an explanation in Schedule O. 15 Is the organization subject to the section 4906 tax on payments of the man \$1,000,000 in remuneration or excess parechate payments, during the year?" 16 Is the organization and outcational inditiution subject to the section 4906 excise tax on net investment income?. 17 Section \$501(c)(21) organizations. Did the first, any disqualified person, or mine operator engage in any activities that evoid present in the imposition of an excise tax under section 4951, 4952, or 4953? 18 The first organization and the first of the first organization of the control of the first organization. Did the first, any disqualified person, or mine operator engage in any activities that evoid present in the imposition of an excise tax under section 4951, 4952, or 4953? 19 The first organization and the first organization of the first organization. The first organization of the control of the first organization of the control of the first organization of the control of the first organization. The first organization of the control of the first organization of the control over management duties catomenty performed by refunded with any other presence of the organization have members or stockholders? 10 Did the organization have members or stockholders, or other persons who had the power to dect or appoint one or more organization floring the control over management duties catomenty performed by refunded uning the year by a first organization floring the control over management duties catomenty performed by refunded and the first organization organization have members, stockholders, or other persons who had the power to dect or appoint one or more organization floring the control over management duties catomenty performed by refunded and first organization organization have		130	14a		No
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paracture payment(s) sturing the year? If "Yes," isse the instructions and file Form 4720, Schedule N. 16 Is the organization an educational instruction subject to the section 4968 excise tax on net investment income? 17 Yes," complete Form 4720, Schedule O. 18 Section 30(C)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities to the would read in the imposition of an excise tax under section 4951, 4957, or 49337. 19 Yes, "complete Form 6960. 10 Yes," complete Form 6960. 11 Yes," complete Form 6960. 12 Page 6 13 Page 6 14 Page 5 15 Page 7 15 Page 8 16 Page 8 16 Page 8 17 Page 8 18 Page 8 19 Page 8 19 Page 9 10 Severinang Body and Management. 19 Page 9 10 Severinang Body and Management. 10 Page 9 10 Page 9 11 Page 9 12 Page 9 13 Page 9 14 Page 9 15 Page 9 16 Page 9 16 Page 9 16 Page 9 17 Page 9 18 Page 9 18 Page 9 19 Page 9 19 Page 9 10 Page 9 11 Page 9 12 Page 9 13 Page 9 14 Page 9 15 Page 9 16 Page 9 16 Page 9 16 Page 9 17 Page 9 18 Page 9 18 Page 9 19 Page 9 19 Page 9 10 Page					110
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Section 501(c)(21) organizations. Did the frust, any disqualified person, or mine operator engage in any activities in the would result in the imposition of an excise tax under section 4951, 4952, or 4953? 18 Page 6 Form 990 (2021) Page 6 Form 990 (2021) Page 7 Form 990 (2021) Page 8 Form 990 (2021) Page 8 Form 990 (2021) Page 8 Form 990 (2021) Page 9 Form 990 (2021) Page 10 Form 990 (2021) Pa		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?	15		No
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Form 990 (2021) Page 6 Part 900 (2021) Sovernance, Management, and Disclosure. For each "Yes" response to lines 2 through 78 below, and for a "No" response to lines 88, 88, br. of 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 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 the end of the tax year if there are material differences in voting rights among members of the governing the end of the tax year if there are material differences in voting rights among members of the governing similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent of the committee, explain in Schedule 2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other persons? 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 persons? 5 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 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? 5 A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization have members or stockholders or persons other than the governing body? 9 Is there any officer, director, trustee, or key employee isleed in Part VII, Section A, who cannot be reached at the or		If itely complete form 60001	F	orm 99	0 (2021)
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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? The organization's CEO, Executive Director, or top management official			-		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official		• • •	14	Yes	
b Other officers or key employees of the organization		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		
			-	Yes	.
	D		120		INO

16a Did the organization invest in, contribute a	assets to or nai	rticinato	in =	ioini	t ve	nturo	Ore	imilar arrangemen	t with a		
taxable entity during the year?		• •		•	•		•		10	5a	No
b If "Yes," did the organization follow a writt in joint venture arrangements under applie status with respect to such arrangements?	cable federal ta								on's exempt	5b	
Section C. Disclosure	200		6.1	ile.							
17 List the states with which a copy of this Fo	rm 990 is requi	ired to b	oe file	ed►				HI, IL, MA, MI,	NH , NJ , NM , NC	, ND , PA , S	С,
18 Section 6104 requires an organization to r	nake its Form 1	.023 (10)24 o	r 10				OR , WI cable), 990, and 99	0-T (section		
501(c)(3)s only) available for public inspec	ction. Indicate h	now you	mad	e th	ese	availa	ble.	. Check all that app			
Own website Another's website 19 Describe in Schedule O whether (and if so					•			,	nf interest		
policy, and financial statements available t	o the public du	ring the	tax y	/ear.			_	,			
State the name, address, and telephone n SABINA AGARUNOVA 777 NORTH CAPIT											
										Form 990	(2021)
			Page	7							
Form 990 (2021)											D 7
Part VII Compensation of Officers, D	irectors,Tru	stees,	Kev	/ En	npl	ovee	s, I	Highest Compe	nsated Employ		Page 7
and Independent Contracto			•	,	•	,	-,	,		, ,	
Check if Schedule O contains a responsible Section A. Officers, Directors, Truste											
1a Complete this table for all persons required to			-					-	-	rganization's	tax
year. • List all of the organization's current officers	s. directors, tru	stees (v	vheth	er ir	ndiv	iduals	or o	organizations), reg	ardless of amount		
of compensation. Enter -0- in columns (D), (E), a	and (F) if no co	mpensa	tion v	was	paid	i.		, ,			
 List all of the organization's current key em List the organization's five current highest of 								, ,			
who received reportable compensation (box 5 of organization and any related organizations.										0,000 from th	е
 List all of the organization's former officers, 	key employees	s, or hig	hest	com	pen	sated	emp	ployees who receive	ed more than \$10	0,000	
of reportable compensation from the organization	•	_				cana	city	as a former directs	or or trustoe of th	_	
 List all of the organization's former directo organization, more than \$10,000 of reportable or 										ŧ.	
See the instructions for the order in which to list	•										
Check this box if neither the organization no (A)	(B)	rganızat	ion c	omp (C)		ated a	any ((D)	(E)	(F)	
Name and title	Average hours per	Positio		not	t che	eck m ınless	ore		Reportable compensation	Estimate amount of	
	week (list	pers	on is	both	n an	office		from the	from related	compensa	ation
	any hours for related		a dir		· ·	ustee)		organization (W- 2/1099-	organizations (W-2/1099-	from th organizatio	n and
	organizations below dotted	Individual trustee or director	Insti	Officer	Key employee	ing in	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizat	
	line)	ect dua	nstitutional	94	ame	est c	Ē,				
		× 2	nal .		loye	mo					
		stee	Truste		0	ens					
			99			Highest compensated employee					
(1) TROY S BROWN	5.00					_					
PRESIDENT		Х		Х				0		0	0
(2) JEFFREY R TOWERY	5.00										
PRESIDENT-ELECT		Х		Х				0		0	0
(3) JAMES J MALLOY	5.00										
PAST PRESIDENT		Х		Х				0		0	0
(4) ROBERT KRISTOF	5.00										
REGIONAL VICE PRESIDENT		Х		Х				0		0	0
(5) CHRIS MACPHERSON	5.00									1	
REGIONAL VICE PRESIDENT		Х		Х				0		0	0
(6) REBECCA JANE RYAN	5.00									1	
REGIONAL VICE PRESIDENT		Х		Х				0		0	0
	Į.	1		•	•			1	1	1	

							_
(7) MOLLY MEHNER REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(8) VICTOR CARDENAS REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(9) CORRIN B SPIEGEL REGIONAL VICE PRESIDENT	5.00	Х	Х		0	0	0
(10) RAYMOND GONZALES JR REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(11) DIANE STODDARD REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(12) KENNETH R WILLIAMS REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(13) TERESA A TIEMAN REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(14) WILLIAM J FRASER REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(15) SCOTT W COLBY JR REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(16) MICHAEL A KAIGLER REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0
(17) NATHANIEL W PAGAN REGIONAL VICE PRESIDENT	5.00	Х	х		0	0	0

----- Page 8 -

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

Form 990 (2021)

(25) TAD MCGALLIARD

Part VII

Page **8**

(A) Name and title	(B) Average hours per week (list any hours	pers	an one on is	e bo both	t che x, u n an or/tr	nless office ustee)	er	Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	MISC/1099- NEC)	organization and related organizations	
(18) VALMARIE H TURNER REGIONAL VICE PRESIDENT	5.00	хх		Х				0	0	0	
(19) PETER TROEDSSON REGIONAL VICE PRESIDENT	5.00	хх		Х				0	0	0	
(20) ROXANNE MURPHY REGIONAL VICE PRESIDENT	5.00	×		Х				0	0	0	
(21) PAMELA WEAVER ANTIL REGIONAL VICE PRESIDENT	5.00	×		Х				0	0	0	
(22) MARC OTT CEO/EXECUTIVE DIRECTOR	37.50 2.00			Х				592,071	0	54,186	
(23) SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	37.50			Х				210,239	0	42,001	
(24) MARTHA PEREGO DIRECTOR, MEMBER SERVICES & ETHICS	37.50				х			195,780	0	29,560	
-		-	-	_	-	-	_				

		3/.50	1		Ιv		1	175 70	al	اه		20.020	
DIRE	CTOR, RESEARCH AND TECH. ASST	······			X			175,78	2	U		39,028	
(26)	RAYMOND BARAY	37.50											
CHIE	F OF STAFF					Х		232,85	0	0		8,011	
	PRISCILLA WILSON	37.50											
	F PEOPLE OFFICER	37.30				Х		205,09	0	0		18,244	
	BRIAN MATIBAG	10.00											
	CUIES OF DARTY (SND 12/21/21)	40.00				Х		198,01	8	0		15,509	
(29)	CHIEF OF PARTY (END 12/31/21) DEREMY FIGOTEN												
		37.50	1			Х		180,41	0	0		18,277	
DIKL	CTOR, CONFERENCES & EVENTS ISABELLE BULLY-OMICTIN				_								
	ISADELLE DULLT-UMICTIN	37.50				Х		161,12	2	0		36,342	
	DIR. OF GLOBAL DEV'L & ENG.					Щ							
	Sub-Total	· · · · ·			_	_							
	Fotal from continuation sheets to Part Fotal (add lines 1b and 1c)	•			,	-	2,	151,362		0		261,158	
2	Total number of individuals (including bu				hove) v	uho roc	eived mo	ro than ¢10	10, 000				
2	of reportable compensation from the org		tiiose ii:	steu ai	bove) v	viio rec	erveu iiio	ie tilali \$10	10,000				
											T 1/2		
											Yes	No	
3	Did the organization list any former offi	•		key er	mploye	e, or hi	ghest cor	npensated (employee on				
	line 1a? If "Yes," complete Schedule J fo	or such individua.	<i>'</i>	•						3		No	
4	For any individual listed on line 1a, is the								the				
	organization and related organizations g	reater than \$150	0,000? .	If "Yes	," com	plete S	chedule J	for such					
	individual		•			•				4	Yes		
5	Did any person listed on line 1a receive	•			•		_						
	services rendered to the organization?If	"Yes," complete	Schedu	ıle J fo	or such	person				5		No	
Se	ection B. Independent Contractor	S									•		
1	Complete this table for your five highest	compensated in								mpens	ation		
	from the organization. Report compensa	tion for the cale	ndar ye	ar end	ling wit	h or wi	thin the c	rganization	's tax year.				
	Name and	(A) business address						Descr	(B) iption of services		Comper		
ENCC	PRE GROUP	business address							L EQUIP. & EVENT	S	Compe	867,911	
								TECHNOLOG				,-	
	8 NETWORK PLACE AGO, IL 606731239												
FERN	EXPOSITION SERVICES LLC							EXPOSITION	& EVENT SERVICE	S		249,000	
645 L	INN STREET												
	INNATI, OH 45203												
VIVA	EVENTS LLC							EVENTS MAN LOGISTIC S\	IAGEMENT AND			159,214	
	OX 80795							LOGISTIC SV	.63				
	LAND, OR 97280 SPORT MGMT SVCS							TDANCDORT	CVCC FOR MEETIN	ICC		154.261	
IKAN	SPORT MGMT SVCS							CONV. & EVE	SVCS FOR MEETIN	iGS,		154,261	
	0 MEETINGHOUSE RD 200 DY SPRING, MD 20860												
	GRINE SPORTS LLC							EVENT MANA	GEMENT SERVICE	S		120,674	
												,	
	SW MORRISON ST LAND, OR 97205												
	Total number of independent contractors (including but not	t limited	to th	ose list	ed abo	ve) who r	eceived mo	re than \$100,00	00 of			
	compensation from the organization 🕨 6											- (
											Form 99	0 (2021)	
				Page	9 —								
Form	990 (2021)											Page 9	
	art VIII Statement of Revenue											i age 3	
Г		rechence or not	o to an	, line :	n thia F	Oart \/III							
	Check if Schedule O contains a	response or note	e to dily	inte II	(A)	ait Vill		 В)	(C)		 (D	<u> </u>	
				Tota	al reve	nue		ted or	Unrelated		Rever		
								empt	business		excluded		
								ction enue	revenue	l ta	x under 512 -	sections 514	
-4	Federated campaigns 1a						100						
	ributions,												
	Grants, Membership dues 1b												
L	erAmt												
Simi	lar												
Arfio	THE raising events 1c												

d Related organization	ns	1d					
691,505 • Government grants (co	ntributions) 1e					
9,932,802		, <u>le</u>					
f All other contributions, and similar amounts no above	gifts, gran ot included	ts, 1f					
1,471,249							
g Noncash contributions i lines 1a - 1f:\$	included in	1g					
h Total. Add lines 1a-	1f		12,095,556				
T			Business Code				
2a MEMBERSHIP DUES	5		900099	6,299,036	6,299,036		
PROFESSIONAL DE MEMBER SERVICES PROGRAM SERVICES	VELOPME		900099	2,602,399	2,602,399		
MEMBER SERVICES	5		900099	986,727	986,727		
	REVENU		900099	506,171	506,171		
RESEARCH/INFORM	MATION		900099	453,903	453,903		
f All other program	n service	revenue.		298,093		298,093	
9 Total. Add lines	s 2a-2f.	🕨	11,146,329	L	L	L	
3 Investment incom similar amounts)			erest, and other	737,824			737,824
4 Income from inve			d proceeds				
5 Royalties	· <u>·</u> -		· · •	2,774,384			2,774,384
	I,	(i) Real	(ii) Personal				
6a Gross rents	6a	113,304					
b Less: rental expenses	6b	614,779					
c Rental income or (loss)	6c	-501,475					
d Net rental incor		*		-501,475			-501,475
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	4,338,301					
b Less: cost or other basis and sales expenses	7b	4,188,261	1,498				
c Gain or (loss)	7c	150,040	-1,498				
d Net gain or (los				148,542			148,542
Gross income from (not including \$ contributions repor See Part IV, line 1	fundraisin ted on line 8	g events of 1c).					
			ts				
≨							
Gross income from See Part IV, line							
b Less: direct expe							
c Net income or (l	oss) from	n gaming activities	· •				
10a Gross sales of in returns and allow	ventory, wances	less • • 10a					
•		1 1	ı	1	I	ı	

b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventor	ory ►				
Miscellaneous Revenue	Business Code				
11aOTHER REVENUE	900099	132,066			132,066
ь					
c					
d All other revenue					
e Total. Add lines 11a-11d		132,066			
12 Total revenue. See instructions		26,533,226	10,848,236	298,093	3,291,341

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Form 990 (2021) Page **10**

Part IX Statement of Functional Expenses				Page 1
Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			\square
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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	885,868	885,868		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	54,600	54,600		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	825,097	825,097		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,307,973	358,821	884,023	65,129
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	6,898,870	4,902,612	1,751,678	244,580
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	602,983	368,989	214,170	19,824
9 Other employee benefits	2,375,764	1,443,258	844,315	88,19
10 Payroll taxes	747,186	431,678	287,834	27,67
11 Fees for services (non-employees):				
a Management				
b Legal	133,575		133,575	
c Accounting	72,230		72,230	
d Lobbying	10,500	10,500		
e Professional fundraising services. See Part IV, line 17	42,800			42,80
f Investment management fees	27,198		27,198	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,321,770	1,525,344	796,426	
12 Advertising and promotion	11,150	11,150		
13 Office expenses	589,585	487,194	101,994	39
14 Information technology	363,743	58,167	305,576	
15 Royalties	19,077	19,077		
16 Occupancy	1,368,745	895,349	422,044	51,35
17 Travel	656,306	458,469	175,898	21,93
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,709,984	2,566,607	143,377	
20 Interest	58		58	

	1	1		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	568,292	11,790	556,502	
23 Insurance	118,090	7,457	110,633	
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	15,284		15,284	
b FIELD OFFICE EXPENSES	1,877,950	1,877,950		
c CREDIT CARD FEES	213,654		213,654	
d DUES, SUBS. & LICENSES	89,491	68,197	21,101	193
e All other expenses	80,885	6,225	74,481	179
Total functional expenses. Add lines 1 through 24e	24,988,708	17,274,399	7,152,051	562,258
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).				
				Form 990 (2021)

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Form 990 (2021) Page **11**

P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			327	1	327
	2	Savings and temporary cash investments .			15,447,150	2	8,877,383
	3	Pledges and grants receivable, net			1,952,430	3	1,618,747
	4	Accounts receivable, net			1,059,577	4	998,298
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	contributor, or 35%		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s	rsons (as defined under 4958(c)(3)(B)		6		
93	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges			541,863	9	832,533
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,286,546			
	b	Less: accumulated depreciation	10b	3,071,908	1,701,681	10c	1,214,638
	11	Investments—publicly traded securities .			6,073,360	11	13,828,025
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets		[14	
	15	Other assets. See Part IV, line 11		[15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	26,776,388	16	27,369,951
1	17	Accounts payable and accrued expenses			3,077,684	17	2,782,288
	18	Grants payable				18	
	19	Deferred revenue			4,016,838	19	5,987,593
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
iabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor, d	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third ¡	parties	1,902,300	24	
	25	Other liabilities (including federal income tax, p	ayables	s to related third parties,	91,427	25	263,219

		Complete Part X of Schedule D				
	26	· · · · · · · · · · · · · · · · · · ·	26		9	,033,100
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.				
lan	27		27		14	,530,504
d Ba	28	Net assets with donor restrictions	28		3	,806,347
or Fund Balances	29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	29			
	30	Paid-in or capital surplus, or land, building or equipment fund	30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds	31			
t A	32	Total net assets or fund balances	32		18	,336,851
Net	33	Total liabilities and net assets/fund balances	33		27	,369,951
00000				F	orm 99	0 (2021)
		Page 12				
Form	1 990	(2021)				Page 12
	art XI	Reconcilliation of Net Assets				rage ==
		Check if Schedule O contains a response or note to any line in this Part XI				
		·				
1	Tota	ıl revenue (must equal Part VIII, column (A), line 12)	1		26	,533,226
2	Tota	ll expenses (must equal Part IX, column (A), line 25)	2		24	,988,708
3	Rev	enue less expenses. Subtract line 2 from line 1	3		1	,544,518
4	Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		17	,688,139
5	Net	unrealized gains (losses) on investments	5			-895,806
6	Don	ated services and use of facilities	6			
7	Inve	estment expenses	7			
8	Prio	r period adjustments	8			
9		er changes in net assets or fund balances (explain in Schedule O)	9			0
		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		18	,336,851
Pa	art XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1		ounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other				
		ne organization changed its method of accounting from a prior year or checked "Other," explain on edule O.				
2a	Wer	e the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed carate basis, consolidated basis, or both:	n a			
		Separate basis Consolidated basis Both consolidated and separate basis				
b		e the organization's financial statements audited by an independent accountant?		2b	Yes	
		es,' check a box below to indicate whether the financial statements for the year were audited on a separate lesolidated basis, or both:	oasis,			
		Separate basis Consolidated basis Both consolidated and separate basis				
c		res," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight ne audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If th	ne organization changed either its oversight process or selection process during the tax year, explain in Scheo	dule O.			
3a		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir it Act and OMB Circular A-133?	igle	За	Yes	
b		es," did the organization undergo the required audit or audits? If the organization did not undergo the requi it or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b	Yes	
				F	orm 99	0 (2021)

ObjectId: 202331289349300223 - Submission: 2023-05-08

TIN: 36-2167755

OMB No. 1545-0047

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SCHEDULE A (Form 990)

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

Open to Public Inspection **Employer identification number**

		he organization NAL CITYCOUNTY MANAGEMEI	NIT				Employer identific	r identification number				
	CIATION		IN I				36-2167755					
	rt I	Reason for Public					ee instructions.					
_	organiz	zation is not a private four		•	<i>,</i>	, ,						
1		A church, convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).					
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)						
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(170(b)(1)(A)(iii).					
4		A medical research organame, city, and state:	nization operate	ed in conjunction with	a hospital descr	ibed in section 1	.70(b)(1)(A)(iii). Er	nter the hospital's				
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit describ	oed in section				
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	1)(A)(v).					
7		An organization that not section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in				
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9		An agricultural research non-land grant college of			ege or university or a							
10	✓											
11		An organization organize	ed and operated	l exclusively to test for	r public safety. S	See section 509	(a)(4).					
12		An organization organize more publicly supported on lines 12a through 12	l organizations o	described in section 5	09(a)(1) or se	ction 509(a)(2)	. See section 509(a					
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a major								
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar								
С		Type III functionally supported organization(integrated. A s	supporting organizatio				ted with, its				
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and						
е		Check this box if the orgintegrated, or Type III n	ganization receiv	ved a written determin	ation from the I		pe I, Type II, Type III	functionally				
f	Enter	r the number of supported	d organizations				<u> </u>					
g		ide the following informati					(m) A	Costs Access 1 C				
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Tota												
For F	aperv	work Reduction Act Not or 990-EZ.	tice, see the In	nstructions for	Cat. No. 1128	<u> </u> 5F	Schedule	A (Form 990) 2021				
				Pa	ge 2 ———							
				-	-							

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.

Schedule A (Form 990) 2021

Part II

	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
4	the organization without charge 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	1	1	1		1	
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
•	activities, whether or not the						
10	business is regularly carried on 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						
12	10 Gross receipts from related activities, 6	L etc. (see instruction	ons)			12	<u>l</u>
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					▶□	
9	Section C. Computation of Public		_				
14	Public support percentage for 2021 (lir					14	
15	Public support percentage for 2020 Sch					15	
16	33 1/3% support test—2021. If the						
ŀ	and stop here. The organization quali 33 1/3% support test—2020. If the						
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶□
17	a 10%-facts-and-circumstances test and if the organization meets the "fact	s-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orga	nization
ŀ	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						
	more, and if the organization meets the						
	meets the "facts-and-circumstances" Private foundation. If the organization	test. The organiza	tion qualifies as a	publicly supporte	d organization		🕨 🗆
18	instructions		•		•		ightharpoons
	mod decions					Schedule A (I	Form 990) 2021
_			Page 3				
Sch	edule A (Form 990) 2021						Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	or Dart II If
	the organization fails						ei rait II. Ii
	Section A. Public Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1		13,594,125	10,884,722	13,900,469	12,451,236	12,095,556	62,926,108
	include any "unusual grants.") .	10,001,120	10,00 1,722	25,500,105	12,131,230	12,000,000	52,525,100
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	12,088,914	11,954,441	12,974,919	9,221,028	10,848,236	57,087,538
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						

	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 Amounts included on lines 1, 2, and	25,683,039	22,839,163	26,875,388	21,672,264	22,943,7	92	120,0	13,646
	3 received from disqualified persons	5,524	5,655	5,220	5,580	5,2	27		27,206
b	Amounts included on lines 2 and 3 received from other than								
	disqualified persons that exceed the								0
	greater of \$5,000 or 1% of the amount on line 13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c	5,524	5,655	5,220	5,580	5,2	27		27,206
	from line 6.)							119,9	986,440
	ction B. Total Support		T		Π	<u> </u>	ı		
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		Total	
9 10a	Amounts from line 6 Gross income from interest,	25,683,039	22,839,163	26,875,388	21,672,264	22,943,7	92	120,0	13,646
100	dividends, payments received on	4 420 645	4 450 200	2.046.020	2 500 225	2.625.5		10.0	NEO E20
	securities loans, rents, royalties and income from similar sources	4,428,645	4,450,209	3,846,838	3,508,335	3,625,5	12	19,8	359,539
b	 Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
c 11	Add lines 10a and 10b. Net income from unrelated	4,428,645	4,450,209	3,846,838	3,508,335	3,625,5	12	19,8	359,539
11	business activities not included on	82,845	80,734	72,338	60,513	96,7	30	3	393,160
	line 10b, whether or not the business is regularly carried on.	,	,	,	,	,			•
12	Other income. Do not include gain or loss from the sale of capital	132,166	132,212	132,657	132,034	132,0	56	F	61,135
	assets (Explain in Part VI.)	132,100	152,212	132,037	132,034	132,0	50		,01,133
13	Total support. (Add lines 9, 10c, 11, and 12.).	30,326,695		30,927,221	25,373,146				27,480
14	First 5 years. If the Form 990 is for								_
	this box and stop here ction C. Computation of Public				<u> </u>		• •	!	ightharpoonup
	ction c. computation of Fubile								1.10.0/
15	Public support percentage for 2021 (I	ine 8, column (f)	divided by line 13	, column (f)) . .		15		85.	140 %
	Public support percentage for 2021 (I Public support percentage from 2020					15 16			070 %
15 16 Se	Public support percentage from 2020 ction D. Computation of Inves	Schedule A, Part	III, line 15	<u> </u>		16		86.	070 %
15 16 Se 17	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20	Schedule A, Part tment Income 21 (line 10c, colu	III, line 15	line 13, column (f))	16		86. 14.	070 % 090 %
15 16 Se 17 18	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from	Schedule A, Part tment Income D21 (line 10c, colu 2020 Schedule A	III, line 15	line 13, column (f))	16 17 18	ine 17	14. 13.	070 %
15 16 Se 17 18 19a	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an	Schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A e organization did dd stop here. The	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I	1	86. 14. 13. is not	070 % 090 % 210 %
15 16 Se 17 18 19a	Public support percentage from 2020 ction D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A e organization did d stop here. The ne organization did	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I ration	I	14. 13. is not	070 % 090 % 210 %
15 16 Se 17 18 19a	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage from 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	Schedule A, Part tment Income D21 (line 10c, colo 2020 Schedule A e organization did d stop here. The ne organization die x and stop here.	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I sation	l 1/3 % a r	14. 13. is not Ind line	070 % 090 % 210 %
15 16 Se 17 18 19a	Public support percentage from 2020 ction D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the	Schedule A, Part tment Income D21 (line 10c, colo 2020 Schedule A e organization did d stop here. The ne organization die x and stop here.	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I sation	l 1/3 % a r l	14. 13. is not ind line	070 % 090 % 210 %
15 16 Se 17 18 19a	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage from 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	Schedule A, Part tment Income D21 (line 10c, colo 2020 Schedule A e organization did d stop here. The ne organization die x and stop here.	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I ration	l 1/3 % a r l	14. 13. is not ind line	070 % 090 % 210 %
15 16 Se 17 18 19a	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage from 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	Schedule A, Part tment Income D21 (line 10c, colo 2020 Schedule A e organization did d stop here. The ne organization die x and stop here.	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I ration	l 1/3 % a r l	14. 13. is not ind line	070 % 090 % 210 %
15 16 Se 17 18 19a b	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage from 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	Schedule A, Part tment Income D21 (line 10c, colo 2020 Schedule A e organization did d stop here. The ne organization die x and stop here.	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I ration	l 1/3 % a r l	86. 14. 13. is not Index in the index in the index in the interior in 1990)	070 % 090 % 210 %
15 16 Se 17 18 19a b	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organizate dule A (Form 990) 2021 t IV Supporting Organization	Schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check	III, line 15	line 13, column (f))	16 17 18 133 1/3%, and I sation	 1./3% ar (Form	86. 14. 13. is not Index in the index ind	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organizate dule A (Form 990) 2021 t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete S	schedule A, Part tment Income 021 (line 10c, colu 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. tion did not check	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I sation	 (Form	86. 14. 13. is not Index in page 1. Index in	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organizate dule A (Form 990) 2021 t IV Supporting Organization (Complete only if you checked)	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check ns a box on line 12 ections A and D, and	III, line 15	line 13, column (f))	16 17 18 n 33 1/3%, and I sation	 (Form	86. 14. 13. is not Index in page 1. Index in	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section ction A. All Supporting Organization ction D. Computation of Investment of In	Schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check ns a box on line 12 ections A and C. I ons A and D, and cations	III, line 15	r line 13, column (f))	16 17 18 133 1/3%, and I retains	 (Form	86. 14. 13. is not Index in page 1. Index in	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20	Ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S ction A. All Supporting Organization Are all of the organization's supporter	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check ns a box on line 12 ections A and C. 1 ons A and D, and o zations d organizations lis	III, line 15	r line 13, column (f))	16 17 18 n 33 1/3%, and I sation	 (Form	86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section ction A. All Supporting Organization ction D. Computation of Investment of In	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. tion did not check a box on line 12 ections A and C. I ons A and D, and o zations d organizations liss supported organiz	III, line 15	r line 13, column (f))	16 17 18 n 33 1/3%, and I sation	 (Form	86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the second organization and the organization. If historic a Did the organization have any supported Did the organization have any supported	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check ns a box on line 12 ections A and C. I ons A and D, and cations d organizations lis supported organiz and continuing rela ted organization to	III, line 15	r line 13, column (f))	16 17 18 133 1/3%, and I sation		86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part II (Complete only if you checked box 12b, of Part II (Complete only if you checked box 12b, of Part II (Complete only if you checked box	schedule A, Part tment Income D21 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. cion did not check d a box on line 12 ections A and C. I ons A and D, and organizations d organizations lissupported organiz and continuing related organization the Part VI how the	III, line 15	r line 13, column (f))	16 17 18 133 1/3%, and I sation		86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20 Schee	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section of the describe the designation. If historic a Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. tion did not check a box on line 12 ections A and C. 1 ons A and D, and o zations d organizations liss supported organiz and continuing rela ted organization t Part VI how the	III, line 15	line 13, column (f))	16 17 18 18 19 19 19 19 19 19 19 19	3. If you check	86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part II (Complete only if you checked box 12b, of Part II (Complete only if you checked box 12b, of Part II (Complete only if you checked box	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. tion did not check a box on line 12 ections A and C. 1 ons A and D, and o zations d organizations liss supported organiz and continuing rela ted organization t Part VI how the	III, line 15	line 13, column (f))	16 17 18 18 19 19 19 19 19 19 19 19		86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20 Schee	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 12d, of Part I, complete S ction A. All Supporting Organia Are all of the organization's supporter If "No," describe in Part VI how the s describe the designation. If historic a Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2). Did the organization have a supporter 3c below. Did the organization confirm that each	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. tion did not check tion did not check to a box on line 12 ections A and C. I ons A and D, and o zations d organizations liss supported organiz ted organization te Part VI how the d organization des h supported organi	III, line 15	r line 13, column (f))	16 17 18 n 33 1/3%, and lation	3. If you check	86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2020 ction D. Computation of Inves Investment income percentage from 20 Investment income percentage from 33 1/3% support tests-2021. If the more than 33 1/3%, check this box an 33 1/3% support tests—2020. If the not more than 33 1/3%, check this bop Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part II, complete S 12d,	schedule A, Part tment Income 021 (line 10c, colo 2020 Schedule A, e organization did d stop here. The ne organization did x and stop here. tion did not check tion did not check to a box on line 12 ections A and C. I ons A and D, and o zations d organizations liss supported organiz ted organization te Part VI how the d organization des h supported organi	III, line 15	r line 13, column (f))	16 17 18 n 33 1/3%, and lation		86. 14. 13. is not ind line 1990)	070 % 090 % 210 % 18 is 2021

С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3с		
	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
0-		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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.			
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		
C	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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.	4.0		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2021
	Page 5 ———————————————————————————————————			
Caba	Aula A (Farm 000) 2021		_	
	t IV Supporting Organizations (continued)		ŀ	Page 5
. 41			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			г
	Did the officers directors tructors or membership of an arrangement of an arrangement of an arrangement of a second or membership or membership of a second or membership or m		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	2		
	organization.	_		

1	Were a majority of the organization's directors or trustees during the tax year also a r	maiorit	v of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in Part VI how	v contr	ol or management of the	1			
5.	ection D. All Type III Supporting Organizations						
36	ection b. All Type III Supporting Organizations			-	Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during	ng 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 documents in effect on the date of notification, to the extent not previously provided?		ganization's governing	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el		by the supported	1			
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support	'No," e	xplain in Part VI how the	2			
3	By reason of the relationship described in line 2 above, did the organization's support						
	voice in the organization's investment policies and in directing the use of the organizaduring the tax year? If "Yes," describe in Part VI the role the organization's supporte			3			
Se	ection E. Type III Functionally-Integrated Supporting Organizations			<u></u>			
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.				
c	The organization supported a governmental entity. Describe in Part VI how yo	ou supp	ported a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp	Part \	/I identify those supported how the organization was				
	responsive to those supported organizations, and how the organization determined th substantially all of its activities.	at the	se activities constituted	2a			
b	Did the activities described on line 2a, above constitute activities that, but for the org						
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t						
	organization's involvement.						
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	3a			
b	Did the organization exercise a substantial degree of direction over the policies, progr						
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation i	3	3b			
			Schedule A	(Forn	n 990)	2021	
	Page 6						
Sche	dule A (Form 990) 2021				F	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				е		
	Section A - Adjusted Net Income	ations		(B) Curi		ır	
	•			(opti	onal)		
	Net short-term capital gain Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross	6					
	income or for management, conservation, or maintenance of property held for production of income (see instructions)						
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Curi (opti	rent Yea onal)	ır	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short	1			•		
	tax year or assets held for part of year): Average monthly value of securities	1 1a					
	Average monthly cash balances	1b					
	: Fair market value of other non-exempt-use assets	1c		-			
	·		i l				

d Total (add lines 1a 1b and 1s)

u	i viai (auu iiiles ta, tu, aliu te)		1 44			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
6	Multiply line 5 by 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, lin	ne 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, u temporary reduction (see instructions)	inless subject to emergency	6			
7	Check here if the current year is the organization	n's first as a non-functionally-i	ntegrate	ed Type III su	pporting	g organization (see
	instructions)				C.	chedule A (Form 990) 2021
					30	medule A (1 01111 330) 2021
		Page 7				
		Page 7				
C - l	dula A (Farma 000) 2021					_
	dule A (Form 990) 2021	1 = 00()(0) 0				Page 7
	rt V Type III Non-Functionally Integrated	1 509(a)(3) Supporting (Organi	zations (C	ontinued	
Sec	tion D - Distributions					Current Year
1 .	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers of excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pu	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6	Other distributions (<i>describe in Part VI</i>). See instruction	ons			6	
7 1	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to wh	nich the organization is respons	sive (<i>pro</i>	vide	8	
	details in Part VI). See instructions					
9	Distributable amount for 2021 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) lerdistributi Pre-2021	ons	(iii) Distributable Amount for 2021
1 [Distributable amount for 2021 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2021 reasonable cause required explain in Part VI).					
	See instructions. Excess distributions carryover, if any, to 2021:					
	From 2016					
b	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Applied to underdistributions of prior years					
	Applied to underdistributions of prior years Applied to 2021 distributable amount					
i (Carryover from 2016 not applied (see instructions)					
	temainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 DI	stributions for 2021 from Section D, line 7:					

a Applied to underdistributions of prior years	S	I		I
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from	line 4.			
5 Remaining underdistributions for years prior 2021, if any. Subtract lines 3g and 4a from If the amount is greater than zero, <i>explain</i> See instructions.	n line 2.			
6 Remaining underdistributions for 2021. Sub lines 3h and 4b from line 1. If the amount than zero, <i>explain in Part VI</i> . See instruct	is greater			
7 Excess distributions carryover to 2022. 3j and 4c.	. Add lines			
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				
Part VI Supplemental Information. Pro Section A, lines 1, 2, 3b, 3c, 4b, 4 Part IV, Section D, lines 2 and 3; I Section D, lines 5, 6, and 8; and F instructions).	lc, 5a, 6, 9a, 9b, 9c, 11a, Part IV, Section E, lines 10	11b, and 11c; Part IV, Sec c, 2a, 2b, 3a and 3b; Part V	tion B, lines 1 and 2 /, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
	Facts And Ci	rcumstances Test		
Return Reference		Explanatio		
			So	chedule A (Form 990) 2021

efile Public Visual Render ObjectId: 202331289349300223 - Submission: 2023-05-08 TIN: 36-2167755 Schedule B Schedule of Contributors

(Form 990) Department of the Treasury Internal Revenue Service		m 990, 990-EZ, or 990-PF. orm990 for the latest information.		2021
Name of the organization			Employer id	entification number
ASSOCIATION Organization type (ch	eck one):		36-2167755	
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) organ	nization		
	4947(a)(1) nonexempt charitable	le trust not treated as a private founda	ation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private founda	ation		
	4947(a)(1) nonexempt charitable	le trust treated as a private foundation	ı	
	501(c)(3) taxable private foundate	ation		
under sections	ation described in section 501(c)(3) filing Fo 509(a)(1) and 170(b)(1)(A)(vi), that checked	d Schedule A (Form 990 or 990-EZ), F	Part II, line 13,	16a, or 16b, and that
received from a	ny one contributor, during the year, total cone 1h, or (ii) Form 990-EZ, line 1. Complete	ntributions of the greater of (1) \$5,000	or (2) 2% of th	he amount on (i) Form
during the year,	ation described in section 501(c)(7), (8), or (total contributions of more than \$1,000 exc the prevention of cruelty to children or anim	clusively for religious, charitable, scien	eived from any ntific, literary, or	y one contributor, r educational
during the year, If this box is che purpose. Don't	ation described in section 501(c)(7), (8), or (contributions exclusively for religious, charcecked, enter here the total contributions that complete any of the parts unless the Generable , etc., contributions totaling \$5,000 or materials.	itable, etc., purposes, but no such cor t were received during the year for an ral Rule applies to this organization be	ntributions total exclusively rel ecause it receiv	led more than \$1,000. ligious, charitable, etc., ved <i>nonexclusively</i>
990-EZ, or 990-PF), but	on that isn't covered by the General Rule and it it must answer "No" on Part IV, line 2, of it Part I, line 2, to certify that it doesn't meet the	ts Form 990; or check the box on line	H of its Form 9	m 990, 990-EZ
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 90-PF.	Cat. No. 30613X	Sch	edule B (Form 990) (2021)
		Page 2		

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		¢ DECTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1 . 1	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1 .	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	-	1	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
	·		Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3		
Schedule B Name of org	(Form 990) (2021)	Employer identification	Page 3
INTERNATIO	NAL CITYCOUNTY MANAGEMENT	Employer identification	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	36-2167755	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			\$_	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncast	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncast	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncast	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncast	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
Schedule Name of or	B (Form 990) (2021)	Page 4	- Employer ide	Page 4
	ONAL CITYCOUNTY MANAGEMENT		36-2167755	itilication number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. Se Use duplicate copies of Part III if additional sec	ntributor. Complete columns (a) the total of exclusively religious, che instructions.) **Table 1.1*** **Table 1.1*** **Table 1.1*** **Table 1.1** **Ta	bed in section 501(c)(7), (a) irough (e) and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
- - -	Transferee's name, address, and	(e) Transfer of gift I ZIP 4 R	telationship of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
 -	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor t	o transferee
(a)				
'2'	// · · · · · · · · · · · · · · · · · ·	1	l	

No. trom Part I	(b) Purpose oτ giπ		(c) Use oτ gιπ	(a) Description of now gift is neig
. <u>-</u>) Transfer of gift	
	Transferee's name, address, and Z	IP 4	e) Transfer of gift Relationsl	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	_	(c) Use of gift	(d) Description of how gift is held
. [
	Transferee's name, address, and Z		e) Transfer of gift Relationsl	hip of transferor to transferee
		<u> </u>		Schedule B (Form 990) (2021)
				()

Additional Data Return to Form

Software ID: Software Version:

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ObjectId: 202331289349300223 - Submission: 2023-05-08

TIN: 36-2167755 OMB No. 1545-0047

SCHEDULE C (Form 990)

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

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

	(y Tax) (see separate instru Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.	, , , ,	•			
Nan	ne of the organization			Employer identi	fication number		
	ERNATIONAL CITYCOUNTY MANAG OCIATION	JEMEN I		36-2167755			
Parl	t I-A Complete if the	organization is exempt und	ler section 501(c) or is a se	ection 527 organiza	ition.		
1	Provide a description of the "political campaign activitie	organization's direct and indirect s."	political campaign activities in Part	: IV. See instructions for	definition of		
2	Political campaign activity e	expenditures. See instructions		> \$			
3	Volunteer hours for political	l campaign activities. See instruction	ons				
Part	t I-B Complete if the	organization is exempt und	ler section 501(c)(3).				
1	Enter the amount of any ex	cise tax incurred by the organizati	on under section 4955	> \$			
2	Enter the amount of any ex	cise tax incurred by organization r	nanagers under section 4955	> \$			
3	If the organization incurred	a section 4955 tax, did it file Forn	n 4720 for this year?		☐ Yes ☐ No		
4a	Was a correction made?				☐ Yes ☐ No		
b	If "Yes," describe in Part IV.						
Par	t I-C Complete if the	organization is exempt und	ler section 501(c), except s	section 501(c)(3).			
1	Enter the amount directly e	expended by the filing organization	for section 527 exempt function a	ctivities 🕨 \$			
2		ng organization's funds contributed					
3	Total exempt function exper	nditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line	17b ▶ \$			
4	Did the filing organization fi	ile Form 1120-POL for this year?			☐ Yes ☐ No		
5	organization made payment of political contributions rec	s and employer identification numb ts. For each organization listed, en seived that were promptly and dire mmittee (PAC). If additional space	ter the amount paid from the filing ctly delivered to a separate politic	g organization's funds. A al organization, such as	lso enter the amount		
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
1							
2							
3							
4							
5							
6							
For Pa	aperwork Reduction Act Notice	e, see the instructions for Form 990	Cat. No. !	50084S Sche	dule C (Form 990) 2021		

Schedule C (Form 990) 2021 Page 2

Page 2

		SECTION SOT(11/).						
A (Check 🕨	if the filing organization belongs to expenses, and share of excess lobb			in Part IV each a	iffiliated group me	mber's name	e, address, EIN,
3 (Check 🕨	if the filing organization checked b		•	rovisions annly.			
	CITCUR P				ovisions appry.		a) Filing	(b) Affiliated group
		Limits on Lobby (The term "expenditures" me			ırred.)		anization's totals	totals
a	Total lobby	ring expenditures to influence public o	pinion (grass	s roots lobbying)			13,000	
b	•	ring expenditures to influence a legisla		, -,			100,679	
С	Total lobby	ring expenditures (add lines 1a and 1b)				113,679	
d	Other exer	npt purpose expenditures					24,863,006	
е		ppt purpose expenditures (add lines 1c	•				24,976,685	
f	Lobbying r	nontaxable amount. Enter the amount	from the fol	lowing table in b	oth		1,000,000	
	If the am	ount on line 1e, column (a) or (b)	is: The lo	bbying nontaxa	ble amount is:			
	Not over \$5	00,000	20% of t	the amount on line	1e.			
	Over \$500,0	000 but not over \$1,000,000	\$100,00	0 plus 15% of the ϵ	excess over \$500,00	0.		
	Over \$1,000	0,000 but not over \$1,500,000	\$175,00	0 plus 10% of the ϵ	excess over \$1,000,0	000.		
	Over \$1,500	0,000 but not over \$17,000,000	\$225,00	0 plus 5% of the ex	cess over \$1,500,00	00.		
	Over \$17,00	00,000	\$1,000,0	000.				
			4.63				250 000	
-		s nontaxable amount (enter 25% of lin ne 1g from line 1a. If zero or less, ent	-				250,000	
h i		ne 1f from line 1c. If zero or less, ente					0	
		an amount other than zero on either li				n 4720 reporting		
	section 49	11 tax for this year?						☐ Yes ☐ No
		Calendar year (or fiscal year beginning in)		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying	nontaxable amount				1,000,000	1,000,	000 2,000,000
b		ceiling amount line 2a, column(e))						3,000,000
с	Total lobb	ying expenditures				289,306	113,	679 402,985
d	Grassroot	s nontaxable amount				250,000	250,	000 500,000
e		s ceiling amount line 2d, column (e))						750,000
f	Grassroot	s lobbying expenditures				10,000		000 23,000
							Schedule (C (Form 990) 2021
				Dago 2				
				—— Page 3 -				
	ماريام ۵ (۵۰	000) 2021						
	rt II-B	rm 990) 2021 Complete if the organization	is evemn	t under secti	on 501(c)(3)	and has NOT f	iled	Page 3
		Form 5768 (election under s			on 501(c)(s)	ana nas ito i i	iicu	
or e	each "Yes" i	response on lines 1a through 1i below	, provide in	Part IV a detaile	d description of ti	he lobbying	(a)	(b)
ctiv	rity.				·	, 5	Yes No	o Amount
1		ne year, did the filing organization atte any attempt to influence public opinion						
а	Voluntee	rs?						
b	Paid staff	f or management (include compensation	on in expens	ses reported on I	ines 1c through 1	i)?		
c		vertisements?						
d	_	to members, legislators, or the public?						
e	FUUMCALK	nos, or oconscied or oroadicasi stateme						

_	, p			•			
F	Grants to other organizations for	or lobbying purposes?					
g	Direct contact with legislators, t	heir staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, semina	rs, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total. Add lines 1c through 1i						
1	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 ar	ny tax incurred under section 4912					
c	If "Yes," enter the amount of ar	y tax incurred by organization managers under section 4912					
d	If the filing organization incurre	d a section 4912 tax, did it file Form 4720 for this year?					
ar	t III-A Complete if the c 501(c)(6).	organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sec	tion		
						Yes	No
		more) dues received nondeductible by members?			1		
	•	in-house lobbying expenditures of \$2,000 or less?			2		
	Did the organization agree to ca	arry over lobbying and political expenditures from the prior year?		• • •	3		
	and if either (a) answered "Yes."		III-A			601(c)(6)
:	,	amounts from membersbbyjng and political expenditures (do not include amounts of political	1				
	expenses for which the secti						
a	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
	Aggregate amount reported in s	section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
	the organization agree to carry	nount on line 2c exceeds the amount on line 3, what portion of the excess does over to the reasonable estimate of nondeductible lobbying and political	4				
5	•	political expenditures. See Instructions	5				
	art IV Supplemental In			<u> </u>			
ro	vide 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); F so, complete this part for any additional information.	Part II-	A, line	s 1 and	l 2 (se	e
	Return Reference	Explanation					
	TI-A, LINE 1, LOBBYING VITIES:	THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACT PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEM MANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA CREATES OF ACTIVITIES OF PROFESSIONAL MANAGERS IN ALL FORMS OF LOCAL GOVERN AND REPORTS OUT ON FINDINGS REGARDING ISSUES RELATED TO LOCAL GAND HIGHLIGHTS EXAMPLES OF BEST PRACTICES DEMONSTRATED BY COMM UNDER THE COUNCIL-MANAGER FORM OF GOVERNMENT OR PROFESSIONAL IMMANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATE REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE LOCAL IN PROMOTING ADOPTION/RETENTION OF THE COUNCIL/MANAGER FORM OF GOVERNMENT ON THE CITY MANAGER FORM OF GOVERNMENT OR THE CITY MANAGER'S AUTHORITY IN A INCLUDING: PORTLAND, OR; PORTLAND, ME; HOLMDEL, NJ; SARASOTA, FL; IN AND BURNSVILLE, NC. IN ADDITION TO SUPPORTING COMMUNITIES SEEKING VARIOUS FORMS OF GOVERNMENT, ICMA PROVIDES RESOURCES AND GUIDA ASSOCIATIONS, LOCAL COMMUNITY GROUPS, AND LOCAL GOVERNMENT OR WITH COMMUNITY ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXVALUE OF PROFESSIONAL MANAGEMENT INCLUDING MEETINGS WITH NEW YMANAGEMENT ASSOCIATION (NYCMA); MAINE TOWN AND CITY MANAGERS ABUFFALO CITY COUNCIL; SARASOTA CHARTER COMMISSION; AND PORTLAND COMMISSION.	ENT AN CONTEI MENT, OVERN UNITIE LOCAL RIALS; ION-PR DVERNI IP A NL OON OF A NUME BUFFAL G INFO INFO INFO INFO INFO INFO INFO INFO	ID THINT TO CONE MENT ES THA GOVE; AND ROFIT MENT. JMBER OF CONE OF STATE O	E COUN HIGHL	CIL- IGHT I RESEAL GEMEN RATE T NDS T S CAL YE INION IL- DICTIC REAT, OUT F MET N THE DUNTY (A);	THE RCH T, O EAR ONS NC;
			Sched	ule C	(Form	990)	202

Software ID: Software Version:

Return to Form

Additional Data

efile Public Visual Render

ObjectId: 202331289349300223 - Submission: 2023-05-08

TIN: 36-2167755

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

Inspection

Name of the organization **Employer identification number** INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION 36-2167755 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 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 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 ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) ☐ Yes □ No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

Sche	dule D	(Form 990) 2021													Page 2
Par	t III	Organizations M	aintaining Col	lections o	of Art, H	listori	cal T	reas	ures, o	r Othe	r Similar A	ssets (continu	ued)	
3		the organization's acc (check all that apply)		n, and other	records,	check a	any of	the fo	ollowing	that are	a significant	use of its	collec	tion	
а		Public exhibition				d		Loar	or exch	ange pro	ograms				
b		Scholarly research				e		Othe	er .						
С		Preservation for futur	e generations												
4	Provi Part)	de a description of the	-	lections and	l explain h	now the	ey furtl	her th	e organi:	zation's	exempt purpo	se in			
5		g the year, did the org s to be sold to raise fu										☐ Ye	s	□ N	0
Pa	rt IV	Escrow and Cust Complete if the or line 21.			" on Fori	m 990	, Part	IV, li	ne 9, oı	r report	ed an amou	ınt on F	orm 9	90, 1	Part X,
1a	Is the	e organization an agen	t. trustee, custodi	an or other	intermedi	iary for	contri	ibutio	ns or oth	er assets	s not				
		ded on Form 990, Part										☐ Ye	s	O N	0
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fol	llowing	table:				A	mount			
С	Begin	ining balance								1c					_
d	Addit	ions during the year .								1d					_
е	Distri	butions during the yea	ır							1e					_
f	Endin	g balance								1 f					_
2a	Did tl	ne organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	v or c	ustodial a	account l	liability?	☐ Ye	s	□ N	0
b	If "Ye	s," explain the arrange	ement in Part XIII.	. Check here	e if the ex	planati	on has	s beer	provide	d in Part	XIII				
Pa	rt V	Endowment Fun	ds.												
		Complete if the or	ganization ansv				_				L D =1	1			
1a	Reginn	ing of year balance .		(a) Currer	nt year	(b) P	rior yea	ar	(c) Iwo y	ears back	(d) Three ye	ears back	(e) Fo	ur yea	rs back
	_	outions													
		vestment earnings, gai	ns. and losses												
		or scholarships													
	Other	expenditures for faciliti													
f	Admini	strative expenses .													
g	End of	year balance													
2		de the estimated perce I designated or quasi-e	•	ent year end	l balance	(line 1	g, colu	ımn (a	a)) held a	is:		<u> </u>			
b		anent endowment													
c		endowment 🕨													
·		ercentages on lines 2a	a, 2b, and 2c shou	ld equal 100	0%.										
За		here endowment funds nization by:	not in the posses	sion of the	organizati	ion that	t are h	ield ai	nd admin	istered f	or the		Γ	Yes	No
	(i) U	nrelated organizations											a(i)		
_		delated organizations											(ii)		
b		s" on 3a(ii), are the re	•		•			!? .					3b		
4		ribe in Part XIII the int			n's endov	vment i	runas.								
Pai	rt VI	Land, Buildings, Complete if the or			" on Fori	m 990	. Part	TV. li	ne 11a.	See Fo	rm 990. Pa	rt X. lin	e 10.		
	Descri	ption of property	(a) Cost or oth (investme	ner basis	(b) Cost		_				depreciation		d) Book	c value	1
1a	Land														
		gs							1						
		old improvements					2:	18,789)		158,732				60,057
		nent						93,245			2,842,866			1,	150,379
								74,512	!		70,310				4,202
		lines 1a through 1e ((Column (d) must e	equal Form 9	990 Part	X colu					•			1	214 638

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	Dart IV	line 11h See For	m 990 Part V lin	a 12
(a) Description of security or category	(b)		(c) Method of valua	tion:
(including name of security)	Book value		t or end-of-year mar	ket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	Part IV	line 11c See Fo	rm 990 Part X lir	ne 13
(a) Description of investment	, raic iv,	(b) Book value	(c) Method	of valuation: ear market value
(1)			cost of cha of y	ear market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Dart IV/ I	ing 11d Coo For	m 000 Dart V lin	0.15
(a) Description	rait IV, i	ille 11d. See Fol	III 990, Fait X, IIII	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11e or 11f.S		
1. (a) Description of liability (1) Federal income taxes			(1) Book value

TRIANT DEDOCITE			+	6.700
FENANT DEPOSITS INDABLE ADVANCES				6,799 256,420
1107.15127.1671.1612				2507.25
				_
(Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	263,219
ability for uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the orga	nization's financial sta	tements tha	<u> </u>
nization's liability for uncertain tax positions under FIN 48 (ASC 740). Ch				
			-	D (Form 990) 2021
				(
Page (4 ———			
1.00				
dule D (Form 990) 2021				Page 4
rt XI Reconciliation of Revenue per Audited Financial S	tatements Wi	ith Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 99				
Total revenue, gains, and other support per audited financial statement	ts		1	26,278,875
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments	2a	-895,806		
Donated services and use of facilities	. 2b	52,376		
Recoveries of prior year grants	. 2c		1	
Other (Describe in Part XIII.)	. 2d	616,277		
Add lines 2a through 2d			2e	-227,153
Subtract line 2e from line 1			3	26,506,028
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				20/300/020
	[4-]	27.100		
Investment expenses not included on Form 990, Part VIII, line 7b .	4a	27,198	-	
Other (Describe in Part XIII.)				
Add lines 4a and 4b			4c	27,198
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I			5	26,533,226
t XII Reconciliation of Expenses per Audited Financial S			Return.	
Complete if the organization answered 'Yes' on Form 99		12a.	1	25 620 162
Total expenses and losses per audited financial statements			1	25,630,163
Amounts included on line 1 but not on Form 990, Part IX, line 25:	r 1			
Donated services and use of facilities	. 2a	52,376		
Prior year adjustments	2b			
Other losses	. 2c			
Other (Describe in Part XIII.)	. 2d	616,277		
Add lines 2a through 2d			2e	668,653
Subtract line 2e from line 1			3	24,961,510
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	27,198		
Other (Describe in Part XIII.)	. 4b		-	
			4c	27,198
Add lines 43 and 4b	inc 10)		5	
Add lines 4a and 4b	, line 18.)		5	24,988,708
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,				
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, TXIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines			V, line 4; Pa	art X, line 2; Part XI,
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		nal information.	V, line 4; Pa	art X, line 2; Part XI,
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, TXIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines			V, line 4; Pa	art X, line 2; Part XI,
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proper Return Reference TX, LINE 2: FOR THE YEAR END	ovide any addition	Explanation 22, THE ASSOCIATION	HAS DOCUM	MENTED ITS CONSIDERA
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the Return Reference TX, LINE 2: FOR THE YEAR END OF FASB ASC 740-1	DED JUNE 30, 202	nal information. Explanation 22, THE ASSOCIATION ES, THAT PROVIDES GU	HAS DOCUM	TENTED ITS CONSIDERAR R REPORTING UNCERTA
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, TXIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proper Return Reference TX, LINE 2: FOR THE YEAR END OF FASB ASC 740-1 IN INCOME TAXES QUALIFY FOR EITHI	ovide any addition DED JUNE 30, 202 10, INCOME TAXE AND HAS DETERN	Explanation 22, THE ASSOCIATION	HAS DOCUM JIDANCE FO RIAL UNCER	TENTED ITS CONSIDERAR R REPORTING UNCERTA TAIN TAX POSITIONS
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, TXIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proper Return Reference TX, LINE 2: FOR THE YEAR END OF FASB ASC 740-1 IN INCOME TAXES QUALIFY FOR EITHING STATEMENTS.	ovide any addition DED JUNE 30, 202 10, INCOME TAXE AND HAS DETERN ER RECOGNITION	Explanation Explanation 22, THE ASSOCIATION 25, THAT PROVIDES GU MINED THAT NO MATER N OR DISCLOSURE IN	HAS DOCUM JIDANCE FO RIAL UNCER THE CONSOL	MENTED ITS CONSIDERAR R REPORTING UNCERTA FAIN TAX POSITIONS LIDATED FINANCIAL
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proproduce the part of the	ovide any addition DED JUNE 30, 202 10, INCOME TAXE AND HAS DETERN ER RECOGNITION REPORTED AS EX	Explanation Explanation 22, THE ASSOCIATION 25, THAT PROVIDES GU MINED THAT NO MATEI N OR DISCLOSURE IN THE FINAN EXPENSE ON THE FINAN	HAS DOCUM JIDANCE FO RIAL UNCER THE CONSOL	MENTED ITS CONSIDERAR R REPORTING UNCERTA FAIN TAX POSITIONS LIDATED FINANCIAL

	1
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 614,779. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 6B. DISPOSAL OF ASSETS REPORTED AS EXPENSE ON THE FINANCIAL 1,498. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 7B.
	Schedule D (Form 990) 2021
Additional Data	Return to Form

Software ID:

efile Public Visual Render ObjectId: 202331289349300223 - Submission: 2023-05-08

TIN: 36-2167755 OMB No. 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

2021 Open to Public

Department of the Treasury

Internal Revenue Service

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number

36-2167755

General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program services, investments, grants to recipients located in the region)	.,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	1	128	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	5,117,830
CENTRAL AMERICA AND THE CARIBBEAN	0	4	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	161,097
SOUTH ASIA	0	6	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	232,14
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		102,260
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		654,76
SOUTH ASIA	0		GRANTS TO RECIPIENTS LOCATED IN REGION		9,96
EUROPE (INCLUDING ICELAND & GREENLAND)	0		GRANTS TO RECIPIENTS LOCATED IN REGION		53,11
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		5,00
3a Sub-total b Total from continuation sheets to	1	138			6,336,169
Part I	C	o			(
c Totals (add lines 3a and 3b)	1	138			6,336,169

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

Cat. No. 50082W

Schedule F (Form 990) 2021

- Page 2

Schedule F (Form 990) 2021 Page 2

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)		(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	,	WIRE TRANSFER	()	
			CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING GOVERNMENT THROUGH CIVIL SOCIETY ENGAGEMENT (CARSI) PROGRAM- PHASE II	,	WIRE TRANSFER)	
			EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	,	WIRE TRANSFER	(
			EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	,	WIRE TRANSFER	()	
			EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE)	,	WIRE TRANSFER	()	
			EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE	12,278	WIRE TRANSFER)	

dule F (Form 990) 2021	5			Page 4		Page		edule F (Form 990) 2
				Page 4 —			Sche	edule F (Form 990) 2
							Sche	edule F (Form 990) 2
						I		
	PACIFIC							
ELLOWSHIP STIPENDS	EAST ASIA AND THE PACIFIC	25	_	150 CASH		assistance	assistance	(book, FMV, appraisal, othe
III Grants and	e duplicated if additi				of cash (1	organization and	swered "Yes" on Form (g) Description of noncash	990, Part IV, line 1 (h) Method o valuation
ıle F (Form 990) 2021				—— Page 3 —				
	or which the grantee ther organizations or		•	. , . , .				edule F (Form 990)
	ecipient organizations							
	ICELAND & GREENLAND)			,				
	EUROPE (INCL	INITIAT CBSI) P	IVE (CTA- ROGRAM JROPE GRANT	53,111	WIRE TRANSFER		0	
	SOUTH ASIA	CTA CAI BUILDII	PACITY	9,961	WIRE TRANSFER		0	
	EAST ASIA ANI PACIFIC	URBAN FOR GR	STHENING RESILIENCE OWTH WITH (SURGE)	124,884	WIRE TRANSFER		U	
	PACIFIC FACT ACIA ANI	FOR GR EQUITY	RESILIENCE OWTH WITH (SURGE)	124 004	WIDE TRANSFER		0	
	EAST ASIA ANI	EQUITY D THE STRENG	OWTH WITH (SURGE) STHENING	9,372	WIRE TRANSFER		0	
	EAST ASIA ANI PACIFIC	EQUITY D THE STRENG	(SURGE) STHENING RESILIENCE	31,017	WIRE TRANSFER		0	
	PACIFIC	URBAN	STHENING RESILIENCE OWTH WITH	14,613	WIRE TRANSFER		0	
	EAST ASIA ANI							
	PACIFIC	URBAN FOR GR EQUITY	RESILIENCE OWTH WITH (SURGE)	120,733	WIRE TRANSFER		0	
		FOR GR EQUITY D THE STRENG URBAN FOR GR EQUITY	OWTH WITH (SURGE)	120,733	WIRE TRANSFER		0	

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 Inf	ormation Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 990)	Yes	✓ No
3	may be required to file Form 5471, Int	p interest in a foreign corporation during the tax year? If "Yes," the organization formation Return of U.S. Persons with Respect to Certain Foreign Corporations.	Yes	✓ No
4	fund during the tax year? If "Yes," the	ct shareholder of a passive foreign investment company or a qualified electing organization may be required to file Form 8621, Information Return by a stment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	Yes	☑ No
5	may be required to file Form 8865, Re	p interest in a foreign partnership during the tax year? If "Yes," the organization turn of U.S. Persons with Respect to Certain Foreign Partnerships (see	Yes	☑ No
6	organization may be required to separ	ons in or related to any boycotting countries during the tax year? If "Yes," the ately file Form 5713, International Boycott Report (see Instructions for Form	Yes	☑ No
		Schedule	F (Form 99	0) 2021
		Page 5		
		. age 5		
	rt V Supplemental Information			Page 5
		expenditures per region); Part II, line 1 (accounting method); Part III mn (c) (estimated number of recipients), as applicable. Also complete the See instructions. Explanation		
PART	I, LINE 2:	EXPIRITION FIELD OFFICES SEND REPORTS TO THE HOME OFFICE ON A MONTHLY BASIS. RE BY THE ICMA PROGRAM AND FINANCE TEAMS. FUNDS ARE ALSO MONITORED BY		
PART	III ACCOUNTING METHOD: IV, LINE 1:	THE ORGANIZATION TRANSFERRED CASH TO FOREIGN SUBGRANTEES AND SUB WAS NO TRANSFER OF OWNERSHIP, THEREFORE, NO ADDITIONAL FILING REQU REQUIRED.	CONTRACTO	RS. THERE
_				
	<u> </u>			
		Schedule	F (Form 9	90) 2021

Additional Data

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202331289349300223 - Submission: 2023-05-08

SCHEDULE G (Form 990)

Department of the Treasury

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.

TIN: 36-2167755 OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organization		Employer ide	ntification number
INTERNATIONAL CITYCOU	NTY MANAGEMENT		
ASSOCIATION		36-2167755	

	RNATIONAL CITYCOUNTY MANAGEMENT OCIATION			36-2167755
Pa	Fundraising Activities. Complete if the organizati Form 990-EZ filers are not required to complete this		•	Part IV, line 17.
1	Indicate whether the organization raised funds through any of the	e foll	owing activities. Check all that a	oply.
а	Mail solicitations	e	✓ Solicitation of non-governm	ent grants
b	✓ Internet and email solicitations	f	✓ Solicitation of government g	grants
c	Phone solicitations	g	Special fundraising events	
d	✓ In-person solicitations			
2a	Did the organization have a written or oral agreement with any ir or key employees listed in Form 990, Part VII) or entity in connec		, , ,	
b	If "Yes," list the 10 highest paid individuals or entities (fundraiser to be compensated at least \$5,000 by the organization.	s) p	ursuant to agreements under whi	

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or ody of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JOANNE R POTTER 405 EAST WINDSOR AVE ALEXANDRIA, VA 22301	PROPOSAL DEVELOPMENT		No	0	10,800	-10,800
JOAQUIN L GONZALEZ 766 GREAT HIGHWAY 1 SAN FRANCISCO, CA 94121	PROPOSAL DEVELOPMENT		No	0	26,000	-26,000
SUSTAINABLE STRATEGIES 500 NEW JERSEY AVE NW SUITE 600 WASHINGTON, DC 20001	PROPOSAL DEVELOPMENT		No	0	6,000	-6,000
Total			>		42,800	-42,800

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 (b) Event #2 (c)Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts. 2 Less: Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 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) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add col. (a) Bingo (c) Other gaming bingo/progressive bingo (a) through col.(c)) 1 Gross revenue . Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes % 6 Volunteer labor □ No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? . . If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain: _

				Sched	lule G (Form 990) 2021
			Page 3 ————			
			Page 3			
Sche	dule G (Form 990) 2021					Pa
L 1	Does the organization conduct ga	ming activities with nonmember	s?		· · □ Y	es 🗆 No
12	Is the organization a grantor, ben formed to administer charitable g		•	•	· · □ Y	es 🗆 No
L3	Indicate the percentage of gamin	g activity conducted in:				
а	The organization's facility .				13a	
b	An outside facility				13b	
.4	Enter the name and address of the	e person who prepares the orga	nization's gaming/specia	l events books and re	ecords:	
	Name •					
15a	Address	tract with a third party from who	om the organization rece	ves gaming		
b	If "Yes," enter the amount of gam amount of gaming revenue retain	ning revenue received by the org	anization 🕨 \$	and th	ne	es ONO
С	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
.6	Gaming manager information:					
.6						
16						
16	Name •	\$				
.6	Name Gaming manager compensation	► \$				
	Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions: Is the organization required under	\$ Employee		ent contractor		
7	Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions: Is the organization required underetain the state gaming license? Enter the amount of distributions	Employee r state law to make charitable di	Independ stributions from the gam	ent contractor ing proceeds to 		
.7 a b	Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions: Is the organization required underetain the state gaming license? Enter the amount of distributions in the organization's own exempt IV Supplemental Inform	Employee r state law to make charitable di required under state law distribilativities during the tax year	stributions from the gam	ent contractor ing proceeds to anizations or spent I, line 2b, column	· · □ Ye	es No ; and Part
b	Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions: Is the organization required underetain the state gaming license? Enter the amount of distributions in the organization's own exempt IV Supplemental Inform	\$Employee It state law to make charitable di required under state law distributions activities during the tax year	Independ stributions from the gam uted to other exempt org \$ tions required by Part licable. Also provide a	ent contractor ing proceeds to anizations or spent I, line 2b, column	· · □ Ye	es No ; and Part

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Return to Form

Additional Data

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

Schedule I (Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL CITYCOUNTY MANAGEMENT
ASSOCIATION

Employer identification number

36-2167755 **General Information on Grants and Assistance**

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

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 gran or assistance			
(1) WSP USA SOLUTIONS INC ONE PENN PLAZA 4TH FLOOR 250 W 34TH STREET NEW YORK, NY 10119	13-3622704	OTHER	524,975	0			STRENGTHENING URBAN RESILIENCE FOR GROWTH AND EQUITY (SURGE) PROGRAM			
(2) AMERICAN PLANNING ASSOCIATION 205 N MICHIGAN AVE STE 1200 CHICAGO, IL 60601	52-1134021	501(C)(3)	102,972	0			STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM			
(3) THE CADMUS GROUP LLC 100 5TH AVENUE SUITE 100 WALTHAM, MA 02451	04-2793755	OTHER	73,731	0			IMPLEMENTATION OF THE SPARC PROGRAD DESIGNED TO ESTABLISH AN INNOVATIVE AND PROMINENT NATION PROGRAM THAT ENERGIZES LOCAL SOLAR MARKETPLAC AND ADVANCES SUNSHOT GOALS BY RECOGNIZING COMMUNITIES FOR THEIR EFFORTS IN STRENGTHENING LOCAL SOLAR ENVIRONMENTS THROUGH BESTON THAT THE PRACTICE ADOPTION THE PRACTICE ADOPTION THAT THE PRACTICE ADOPTION THE PRACTICE ADOPTION THE PACTICE ADOPTION THAT THE PRACTICE ADOPTION TO THE PRACTICE ADOPTION THE PRACTICE ADOPTION TO THE PRACTICE ADOPTION THE PRACTICE ADOPTION TO THE PRACTICE ADOPTION THE PRACTICE ADOP			
(4) INTERNATIONAL ECONOMIC DEVELOPMENT COUNCIL 734 15TH STREET NW SUITE 900 WASHINGTON, DC 20005	52-0887806	OTHER	70,744	0			IMPLEMENTATION OF THE HOMELAND SECURITY NATIONAL TRAINING PROGRAM (HSNTP)			
(S) NATIONAL CIVIC LEAGUE 1889 YORK STREET DENVER, CO 80206	84-1255845	501(C)(3)	64,998	0			IMPLEMENTATION OF THE SPARC PROGRAI DESIGNED TO ESTABLISH AN INNOVATIVE AND PROMINENT NATION. RECOGNITION PROGRAM THAT ENERGIZES LOCAL SOLAR MARKETPLAC AND ADVANCES SUNSHOT GOALS BY RECOGNIZING COMMUNITIES FOR THEIR EFFORTS IN STRENGTHENING LOCAL SOLAR ENVIRONMENTS THROUGH BEST PRACTICE ADOPTION			
(6) HOME INNOVATION RESEARCH 400 PRINCE GEORGES BLVD UPPPER MARLBORO, MD 20774	52-0809020	C-CORP	38,448	0			IMPLEMENTATION OF THE SPARC PROGRAD DESIGNED TO ESTABLISH AN INNOVATIVE AND PROMINENT NATION RECOGNITION PROGRAM THAT ENERGIZES LOCAL SOLAR MARKETPLAC AND ADVANCES SUNSHOT GOALS BY RECOGNIZING COMMUNITIES FOR THEIR EFFORTS IN STRENGTHENING LOCAL SOLAR ENVIRONMENTS THROUGH BEST PRACTICE ADOPTION			
(7) THE STATE AND LOCAL LEGAL CENTER 444 NORTH CAPITOL ST NW 515 WASHINGTON, DC 20001	31-0868827	501(C)(3)	10,000	0			SUPPORT OF ORGANIZATION THA FILES AMICUS BRIEI ON BEHALF OF STAT AND LOCAL			

Schedule I (Form 990) 2021 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount cash grant	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of noncash assistance
(1) ANNUAL CONFERENCE LOCAL GOVERNMENT REIMAGINED	18	21,600		
(2) HANSELL AWARD	2	10,000		
(3) JUDY KELSEY SCHOLARSHIP FUND	2	10,000		
(4) KEANE AWARD	1	5,000		
(5) LEGACY SCHOLARSHIP FUND	3	3,500		
(6) ICMA FORM OF GOVERNMENT GRADUATE STUDENT SYMPOSIUM AWARD	3	3,000		
(7) BABS ELWEL SCHOLARSHIP FUND	2	1,500		

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

Return Reference 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 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 STIPPEND. 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.

SCHOOL OF THE SUB-AWARD AGREEMENT; PARTICIPATION IN PROGRAM EVENTS; AND FINANCIAL MONITORING AND AUDIT REPORTS REVIEW. PART I, LINE 2:

Schedule I (Form 990) 2021

Additional Data Return to Form

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TIN: 36-2167755

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

2021

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.

Open to Public

Page **2**

Department of the Treasury Internal Revenue Service

Nar INT	ne of the organization ERNATIONAL CITYCOUNTY MANAGEMENT			Employer identifica	tion nu	ımber	
	OCIATION			36-2167755			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropiate box(es) if the organization provide 990, Part VII, Section A, line 1a. Complete Part III to pro						
	First-class or charter travel		Housing allowance or residence for	personal use			
	✓ Travel for companions		Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiati	on fees			
	Discretionary spending account		Personal services (e.g., maid, chau	ffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organ reimbursement or provision of all of the expenses descri				1b	Yes	
2	Did the organization require substantiation prior to reiml directors, trustees, officers, including the CEO/Executive			ne 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director. Check all that appused by a related organization to establish compensation	oly. Do r	not check any boxes for methods				
	Compensation committee		Written employment contract				
	☐ Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	\checkmark	Approval by the board or compensa	ation committee			
4	During the year, did any person listed on Form 990, Part related organization:	VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a severance payment or change-of-control paym	nent? .			4a		No
b	Participate in, or receive payment from, a supplemental	nonqual	lified retirement plan?		4b		No
С	Participate in, or receive payment from, an equity-based		=		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide	tne app	Discable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations	must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:	1a, did	the organization pay or accrue any				
а	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 compensation contingent on the net earnings of:	1a, did	the organization pay or accrue any				
а	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 payments not described in lines 5 and 6? If "Yes," descri	1a, did be in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Regi in Part III			escribe			
	111 Falt 111				8		No
9	If "Yes" on line 8, did the organization also follow the rel $53.4958\text{-}6(c)$?			Regulations section	9		
For I	Paperwork Reduction Act Notice, see the Instruction	s for Fo	orm 990. Cat. No. !	50053T Schedule J	(Form	990)	2021

- Page 2 -

Schedule J (Form 990) 2021

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 (F) Compensation in column (B) (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and other deferred columns (B)(i)-(D) and/or 1099-NEC benefits (i) Base (ii) (iii) Other compensation compensation reported as Bonus & reportable deferred on prior Form 990 incentive compensation compensation 1 MARC OTT CEO/EXECUTIVE DIRECTOR 474,482 (i) 646,257 95,554 22,035 35,198 18,988 0 - - - -- - -----(ii) - - -0 -----0 2 SABINA AGARUNOVA 197,805 (i) 214 22,594 19,407 252,240 12,220 CHIEF FINANCIAL OFFICER (ii) 0 -----0 0 0 0 0 0 1,169 3 RAYMOND BARAY 219,690 0 (i) 12,825 335 6,842 240,861 CHIEF OF STAFF - - - -(ii) 0 - - -- - ------0 0 0 4 MARTHA PEREGO DIRECTOR, MEMBER SERVICES & ETHICS 184,551 (i) 11,173 56 21,680 7,880 225,340 0 (ii) ----- - -0 0

	(ii)	0	0	0	0	0	- 0	0
5 TAD MCGALLIARD DIRECTOR, RESEARCH AND TECH. ASST	(i)	165,060	10,506	216	19,759	19,269	214,810	0
	(ii)	0	0	0	0	0		0
BRIAN MATIBAG EP. CHIEF OF PARTY (END 12/31/21)	(i)	190,000	5,520	2,498	15,509	0	0 213,527	0
2,55,22	(ii)	0	0	0	0	0		
JEREMY FIGOTEN RECTOR, CONFERENCES & EVENTS	(i)	169,955	10,240	215	17,200	1,077	0 198,687	0
IRECTOR, CONFERENCES & EVENTS	(ii)	0				0		
ISABELLE BULLY-OMICTIN	(i)	153,203	7,550	369	17,172	19,170	0 197,464	0
an. dir. of global dev'l & eng.	(ii)	0	0	0	0	0		0
		l	l	l	l	S	chedule J (F	orm 990) 2021
		P	age 3 ———					
thedule J (Form 990) 2021								Page 3

(i) 192,860 11,065 1,165

16,491

Schedule J (Form 990) 2021

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.

Schedule J (Form 990) 2021

Additional Data Return to Form

Software ID:

SEE PART II FOR THE BONUSES LISTED ON PART VII.

5 PRISCILLA WILSON CHIEF PEOPLE OFFICER

PART I, LINE 7

ObjectId: 202331289349300223 - Submission: 2023-05-08

TIN: 36-2167755

SCHEDULE 0

(Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CORPORATE MEMBERS: ANY PERSON WHOSE PROFESSIONAL CONDUCT CONFORMS TO THE ASSOCIATION'S CODE OF ETHICS IS ELIGIBLE TO BE A FULL MEMBER IF THAT PERSON SERVES AS A FULL-TIME ADMINISTRATIVE HEAD OF A LOCAL GOVERNMENT, A FULL-TIME ADMINISTRATIVE ASSISTANT, ASSISTANT CITY/COUNTY MANAGER, ASSISTANT DIRECTOR OF A COUNCIL OF GOVERNMENTS OR A STATE/PROVINCIAL ASSOCIATION OF LOCAL GOVERNMENT, OR ASSISTANT ADMINISTRATOR, HOWEVER DESIGNATED, HAVING SIGNIFICANT GENERAL ADMINISTRATIVE RESPONSIBILITY IN A LOCAL GOVERNMENT POSITION AND WAS APPOINTED TO THAT POSITION BY THE CITY OR COUNTY MANAGER OR CHIEF ADMINISTRATOR.
FORM 990, PART VI, SECTION A, LINE 7A	THE REGIONAL VICE PRESIDENTS ARE ELECTED BY A MAJORITY VOTE OF THE CORPORATE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B	THE CONSTITUTION AND THE CODE OF ETHICS MAY BE AMENDED BY A MAJORITY VOTE OF THE CORPORATE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT 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, LINE 15A	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 RECOMMENDATIONS TO THE FULL EXECUTIVE BOARD, WHICH VOTES ON THE RECOMMENDATIONS. THE RESULT IS THEN COMMUNICATED TO THE CHIEF PEOPLE OFFICER AND THE CHIEF FINANCIAL OFFICER FOR EXECUTION OF THE APPROVED ADJUSTMENTS. THE LAST COMPENSATION REVIEW WAS APPROVED IN SEPTEMBER 2022. 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. IN FISCAL YEAR 2022, ICMA INITIATED A COMPREHENSIVE JOB EVALUATION STUDY TO DETERMINE MARKET COMPETITIVENESS OF ALL ICMA JOB CLASSIFICATIONS. THE PRELIMINARY PHASE OF THE JOB EVALUATION STUDY WAS IMPLEMENTED IN FY 2023, WITH THE OBJECTIVE OF COMPLETING THE IMPLEMENTATION PROCESS IN FISCAL YEAR 2024. ALL EMPLOYEE COMPENSATION COSTS ARE WITHIN THE FISCAL YEAR BUDGET, WHICH IS 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.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

Return to Form

Software ID: Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Department of the Treasury

OMB No. 1545-0047 2021

Open to Public

Internal Revenue	Service									T =				Inspe	ction	
INTERNATION ASSOCIATION	organization AL CITYCOUNTY MANAGEMENT										-2167755	lentificatio	on numbe	er		
Part I	Identification of Disregarded E	ntities. Comp	lete if th	ne organi	zation answ	ered "Yes	s" on For	m 990,	Part IV, lii	ne 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity				(b) Primary ac	tivity Legal don						(e) -of-year assets Dire			(f) ct controlling entity		
Part II	Identification of Related Tax-Exe			. Comple	te if the org	anization	answere	ed "Yes"	on Form	990, Par	IV, line 3	34 becaus	e it had	one or r	nore	
	related tax-exempt organizations du (a) Name, address, and EIN of related organization		ear.	(b Primary		(c Legal domi or foreign	cile (state		(d) Code section		(e) harity status on 501(c)(3)		(f) rect contro entity	lling	Section (13) co ent	ity?
(1)MISSIONS 777 N CAPITO WASHINGTON			EMI	LPING PUBL PLOYEES BU TIREMENT S	JILD	D	E	501(C)(3	501(C)(3) LINE 10				ERNATIONAL CITYCOUNTY AGEMENT ASSOCIATION		Yes	No No
23-7268394 (2)ICMA EUR PESTOVATELS BRATOSLAVA	OPE		BY PLA	ADVANCE ICMA'S MISSION BY SERVING AS A PLATFORM FOR ICMA'S		LO FOREIG		l .	N/A			RNATIONAL CITYCOUNTY AGEMENT ASSOCIATION		Yes		
LO			INI	r'L AFFILIAT	ES											
For Paperw	ork Reduction Act Notice, see the Ins	tructions for F	Page 2			Ca	it. No. 501	L35Y				Sci	hedule R	(Form 9	90) 20	021
Schedule R ((Form 990) 2021		ruge 2												Pag	e 2
Part III	Identification of Related Organiz one or more related organizations tr		rtnershi	p during	the tax year	r.									•	
	(a) Name, address, and EIN of related organization		(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom income(r unrela excluded t under se	income(related,		(f) (g) hare of total end-of- icome year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K- (Form 1065)	in managing of partner? K-1		Perce	k) ntage ership
										Yes						
-																
Part IV	Identification of Related Organiz	rations Taya	ble as a	Cornor	ation or Tr	ust. Com	nlete if t	he oraz	nization a	nswered	"Yes" on	Form 990	. Part IV	line 34		
	because it had one or more related of	organizations	treated		oration or t		ng the ta									
	(a) Name, address, and EIN of related organization	(b) Primary a		((c) Legal domicile state or foreign country)		(d) irect contro entity	((e) be of entity C corp, S corp, or trust)	(f) Share of incom		(g) re of end-of- year assets	Perce	ntage ership	Section (13) co ent Yes	ntrolled ity?

(1)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	DETT HOLDING THE												
777 N CADITOL OT NE OTE 600	HEADQUARTERS		MD	INTERNATION CITYCOUNT MANAGEME	TY	C	3,126	,190	9,390,694	33.330	%		No
777 N CAPITOL ST NE STE 600 WASHINGTON, DC 20002 52-1655825				ASSOCIATI									
32 1033025													
									Sch	edule R ((Form 9	90) 20	021
	Pag	ıe 3 ———										,-	
C	. 25												
Schedule R (Form 990) 2021	: ! :	+- :6 +b				000 P+ I	V II 24	255	. 26			Pag	ge 3
Note. Complete line 1 if any entity is listed in Pa			lization answe	ered Yes o	n Form	990, Part 1	v, line 34,	35D, OF	36.		1	Yes	No
During the tax year, did the organization engage in			ith one or more	related orga	nizations	listed in Par	ts II-IV?				\Box		
a Receipt of (i) interest, (ii) annuities, (iii) royalti											1a	Yes	
b Gift, grant, or capital contribution to related org												Yes	
c Gift, grant, or capital contribution from related o										•	1c 1d	Yes	No
 d Loans or loan guarantees to or for related organ e Loans or loan guarantees by related organization 											1e		No
2 Louis of four guarantees by Foliated organization	.(5)												
\boldsymbol{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 1i		No
i Exchange of assets with related organization(s)j Lease of facilities, equipment, or other assets to											1j		No
•	·	(6)											
k Lease of facilities, equipment, or other assets from	om related organizat	tion(s)									1k	Yes	
I Performance of services or membership or fundro	=	_									11		No
m Performance of services or membership or fundr									•		1m 1n		No
 n Sharing of facilities, equipment, mailing lists, or o Sharing of paid employees with related organiza 											10		No
	(-)												
											H		
p Reimbursement paid to related organization(s) f	or expenses										1 p		No
 Reimbursement paid to related organization(s) f Reimbursement paid by related organization(s) 	•				· · ·						1 p	Yes	
q Reimbursement paid by related organization(s)	for expenses										1p 1q	Yes	No
	for expenses anization(s)				· · ·						1 p	Yes	
 q Reimbursement paid by related organization(s) r Other transfer of cash or property to related org 	for expenses anization(s) organization(s)								tion threshole		1p 1q 1r	Yes	No
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	Page 5 —				Sch	edule R (Form 9	90) 2021

Schedule R (Form 990) 2021

Page **5** Supplemental Information

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

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.

Schedule R (Form 990) 2021

Additional Data

Part VII

Return to Form