

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>		<b>D</b> Employer identification number <b>36-2167755</b>
	Doing business as		<b>E</b> Telephone number <b>(202)962-3680</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>660 NORTH CAPITOL STREET, NW</b>		<b>G</b> Gross receipts \$ <b>36,310,768.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20001</b>		
<b>F</b> Name and address of principal officer: <b>JULIA D. NOVAK</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: **WWW.ICMA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1914** **M** State of legal domicile: **IL**

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ADVANCE PROFESSIONAL LOCAL GOVERNMENT THROUGH LEADERSHIP, MANAGEMENT, INNOVATION, AND ETHICS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>114</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1170</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>297,513.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>46,981.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>12,169,887.</b>	<b>13,804,813.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>13,417,189.</b>	<b>12,327,382.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,573,475.</b>	<b>1,771,445.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,342,067.</b>	<b>2,294,801.</b>
		<b>29,502,618.</b>	<b>30,198,441.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,075,681.</b>	<b>2,238,541.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>13,421,968.</b>	<b>14,619,475.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>50,678.</b>	<b>7,350.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>219,681.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>15,530,628.</b>	<b>14,657,753.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>30,078,955.</b>	<b>31,523,119.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-576,337.</b>	<b>-1,324,678.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>35,279,432.</b>	<b>34,764,239.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>15,474,626.</b>	<b>15,334,289.</b>
	<b>19,804,806.</b>	<b>19,429,950.</b>	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>SABINA AGARUNOVA, CHIEF FINANCIAL OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>RICHARD J. LOCASTRO, CPA</b>	<i>Richard J. Locastro</i>	<b>05/11/2026</b>	<input type="checkbox"/>	<b>P00288314</b>
	Firm's name	Firm's EIN			
	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	<b>52-1392008</b>			
	Firm's address	Phone no.			
	<b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	<b>301-951-9090</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION

Form 990 (2024)

36-2167755 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION (ICMA) IS THE WORLD'S PREMIER LOCAL GOVERNMENT LEADERSHIP AND MANAGEMENT ORGANIZATION. FOUNDED IN 1914 BY VISIONARY REFORMERS WHO SOUGHT TO END MUNICIPAL CORRUPTION AND BRING PROFESSIONALISM AND TRANSPARENCY TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 9,906,370. including grants of \$ 2,238,542. ) (Revenue \$ 392,282. ) IMPROVING LOCAL GOVERNMENT MANAGEMENT GLOBALLY: BEFORE USAID FUNDING WAS WITHDRAWN IN EARLY 2025, ICMA SUPPORTED LOCAL GOVERNMENT LEADERS, MANAGERS, AND STAFF IN INDONESIA, PHILIPPINES, DOMINICAN REPUBLIC, AND THE CENTRAL TIBETAN ADMINISTRATION IN INDIA. THE CLEAN CITIES BLUE OCEANS (CCBO) PARTNERSHIP SUCCESSFULLY CONCLUDED IN EARLY FY 2025 PRIOR TO THE CANCELLATION OF USAID FUNDING. EACH OF THESE PROGRAMS STRENGTHENED THE MANAGERIAL AND SERVICE DELIVERY CAPACITY OF LOCAL JURISDICTIONS.

- THROUGH THE LOCAL GOVERNANCE ENABLING ENVIRONMENT (ERAT) PROGRAM, ICMA AND THE ASIA FOUNDATION WORKED IN 30 DISTRICT GOVERNMENTS ACROSS SIX PROVINCES IN INDONESIA, TRAINING MORE THAN (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 6,943,145. including grants of \$ ) (Revenue \$ 4,697,755. ) PROFESSIONAL AND LEADERSHIP DEVELOPMENT: LEADERSHIP AND PROFESSIONAL DEVELOPMENT REMAIN CENTRAL TO BUILDING THE CAPACITY OF ICMA MEMBERS AND THOSE ASPIRING TO LEAD LOCAL GOVERNMENTS AROUND THE WORLD. AMONG OUR MOST SIGNIFICANT RECENT ACCOMPLISHMENTS ARE THE IMPLEMENTATION AND RELAUNCH OF MAJOR PROGRAMS:

- LEADERSHIP ICMA RELAUNCH (APRIL 2025): ICMA ANNOUNCED THE RELAUNCH OF LEADERSHIP ICMA, AN INTENSIVE, YEAR-LONG PROGRAM DESIGNED TO CULTIVATE ESSENTIAL LEADERSHIP COMPETENCIES FOR PROFESSIONALS IN LOCAL GOVERNMENT MANAGEMENT. AFTER A TWO-YEAR PAUSE, THE PROGRAM RETURNED WITH THE 2025 CLASS, A 40-MEMBER COHORT OF ASPIRING LOCAL GOVERNMENT LEADERS. PARTICIPANTS ENGAGE IN INSTRUCTOR-LED (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 2,950,450. including grants of \$ ) (Revenue \$ 6,066,433. ) MEMBERSHIP: - ICMA CONTINUED ITS GROWTH TRAJECTORY, REACHING A TOTAL OF 13,469 MEMBERS BY THE END OF FISCAL YEAR 2025. DURING THE YEAR, ICMA ADDED 442 NEW FULL MEMBERS AND 838 AFFILIATE MEMBERS, ACHIEVING AN OVERALL RETENTION RATE OF 90.3% FOR FULL MEMBERS AND 73.2% FOR AFFILIATE MEMBERS.

- ICMA'S MEMBERS IN TRANSITION (MIT) PROGRAM PROVIDES SUPPORT FOR MEMBERS WHO HAVE BEEN FIRED, FORCED TO RESIGN OR OTHERWISE INVOLUNTARILY SEPARATED. IN 2024, THE MIT PROGRAM PROVIDED COMPLIMENTARY REGISTRATION TO 30 MITs, ALLOWING THEM TO ATTEND THE ICMA ANNUAL CONFERENCE IN PITTSBURGH. APPROXIMATELY 10 OF (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,465,776. including grants of \$ ) (Revenue \$ 1,170,912.)

4e Total program service expenses 23,265,741.

Form 990 (2024)

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page **3**

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b> 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> .....	<b>1</b>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b>	<b>X</b>	
<b>3</b> 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> .....	<b>3</b>		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	<b>X</b>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>		<b>X</b>
<b>6</b> 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, Part I</i> .....	<b>6</b>		<b>X</b>
<b>7</b> 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> .....	<b>7</b>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>		<b>X</b>
<b>d</b> 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> .....	<b>11d</b>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	<b>X</b>	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	<b>X</b>	
<b>17</b> 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 .....	<b>17</b>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	<b>X</b>	

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page 4

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	139
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 114		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country <u>PHILIPPINES</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>N/A</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>N/A</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>N/A</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>N/A</b> <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>N/A</b> <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>N/A</b> <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>N/A</b> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	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? .....		<b>X</b>
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		<b>X</b>
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? ..... <b>N/A</b> If "Yes," complete Form 6069.		

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page **6**

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	21		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<b>7a</b> 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?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>			<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
SABINA AGARUNOVA - (202)962-3680  
660 NORTH CAPITOL STREET, NW, 700, WASHINGTON, DC 20001

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARC OTT CEO/EXEC. DIRECTOR (ENDED 06/30/25)	37.50 2.00			X				548,458.	858.	55,700.
(2) RAYMOND BARAY CHIEF OF STAFF (ENDED 03/17/25)	37.50				X			298,470.	0.	33,747.
(3) SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	37.50			X				239,324.	0.	51,032.
(4) TAD MCGALLIARD MANAGING DIR., INNOVATION & RESEARCH	37.50			X				211,152.	0.	48,750.
(5) PRISCILLA WILSON CHIEF PEOPLE OFFICER (END. 03/17/25)	37.50				X			228,984.	0.	25,018.
(6) HEMANT DESAI CHIEF INFORMATION OFFICER	37.50				X			203,427.	0.	37,306.
(7) ISABELLE BULLY-OMICTIN DIR., STRAT. RELATION/MEMBER SUP/ADV	37.50				X			202,870.	0.	37,598.
(8) JEREMY FIGOTEN MANAG. DIR., CONF, EVENTS & SPONSOR.	37.50				X			212,340.	0.	21,501.
(9) JULIA NOVAK CEO/EXEC. DIRECTOR (BEG. 02/24/25)	37.50 2.00			X				0.	0.	0.
(10) TANYA ANGE PRESIDENT	5.00	X		X				0.	0.	0.
(11) MICHAEL LAND PRESIDENT-ELECT	5.00	X		X				0.	0.	0.
(12) LON PLUCKHAH PAST -PRESIDENT	5.00	X		X				0.	0.	0.
(13) PAMELA WEAVER ANTIL REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(14) JESSI BON REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(15) NAT ROJANASATHIRA REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(16) DAVE SLEZICKEY REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(17) MICHAEL SABLE REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFFREY WECKBACH REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(19) JORGE M. GONZALEZ REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(20) ERIC STUCKEY REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(21) DENNIS J. ENSLINGER REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(22) STEVE BARTHA REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(23) COLIN TOM BEHEYDT REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(24) ELISA COX REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(25) SERENIAH BRELAND REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(26) CYNTHIA STEINHAUSER REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								2,145,025.	858.	310,652.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,145,025.	858.	310,652.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ENCORE GROUP (USA) LLC 525 NEW JERSEY AVE NW, WASHINGTON, DC 20001	AUDIOVISUAL EQUIP. & EVENTS TECHNOLOGY	1,059,263.
LEVY RESTAURANTS 500 E CESAR CHAVEZ ST, AUSTIN, TX 78701	HOSPITALITY & EVENT MANAGEMENT	812,363.
FERN EXPOSITION SERVICES LLC 645 LINN STREET, CINCINNATI, OH 45203	EVENTS MANAGEMENT & LOGISTICAL SERVICES	586,496.
POLSINELLI PC 1401 I ST NW, WASHINGTON, DC 20005	LEGAL SERVICES, BUS. LAW & COMPLIANCE	329,725.
THE CONVENTION STORE, INC, 1099 14TH STREET NW, STE 860, WASHINGTON, DC 20005	TRANSPORT. SERVICES & EVENT MANAGEMENT	197,696.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2024)



GELMAN ROSENBERG & FREEDMAN  
4550 MONTGOMERY AVENUE, SUITE 800 NORTH  
BETHESDA, MD 20814-2930

MAY 11, 2026

INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION  
660 NORTH CAPITOL STREET, NW 700  
WASHINGTON, DC 20001

INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION:

ENCLOSED ARE THE ORGANIZATION'S 2024 EXEMPT ORGANIZATION RETURNS AND 2025  
ESTIMATED TAX PAYMENTS INFORMATION.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2026.

MAIL TO:

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

FORM 990-T RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT  
TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-  
TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT  
MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-T HAS AN OVERPAYMENT OF \$4,986. THE ENTIRE OVERPAYMENT HAS BEEN  
APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-T.

THE 990-T RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX FROM  
FORM 2220 OF \$66.

ESTIMATED TAX PAYMENTS FOR FORM 990-T:

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR  
ORIGINAL DUE DATES BELOW.

INSTALLMENT NO. 4 BY 06/15/26 ..... \$4,894

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM  
(EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT WWW.EFTPS.GOV OR BY CALLING  
EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON  
TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT  
LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. THE DEPOSITS MUST BE  
MADE BY THE 15TH DAY OF THE MONTH IN WHICH THE RETURN IS DUE. IF YOU ARE USING

ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

GELMAN ROSENBERG & FREEDMAN

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page **9**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	822,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,497,236.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,485,577.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			13,804,813.			
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES	<b>Business Code</b>					
		900099	6,066,433.	6,066,433.			
	<b>b</b> PROFESSIONAL DEVELOPMENT	900099	4,697,755.	4,697,755.			
	<b>c</b> MEMBER SERVICES	900099	686,967.	686,967.			
	<b>d</b> RESEARCH/INFORMATION	900099	392,282.	392,282.			
	<b>e</b> ADVERTISING	900099	297,513.		297,513.		
	<b>f</b> All other program service revenue .....	900099	186,432.	186,432.			
	<b>g Total.</b> Add lines 2a-2f .....			12,327,382.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,564,377.			1564377.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		2,712,032.			2712032.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	111,501.			
			(ii) Personal				
				661,203.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>		-549,702.			
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....			-549,702.		-549,702.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	5,658,192.			
			(ii) Other				
				5,450,045.	1,079.		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		208,147.	-1,079.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....			207,068.		207,068.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>					
		900099	132,471.			132,471.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			132,471.				
<b>12 Total revenue.</b> See instructions .....			30,198,441.	12029869.	297,513.	4066246.	

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page **10**

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,616,660.	1,616,660.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	110,867.	110,867.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	511,014.	511,014.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,508,610.	197,058.	1,254,361.	57,191.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,818,057.	6,638,889.	2,094,332.	84,836.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	726,429.	509,936.	211,115.	5,378.
<b>9</b> Other employee benefits .....	2,631,328.	1,776,382.	824,311.	30,635.
<b>10</b> Payroll taxes .....	935,051.	593,819.	329,178.	12,054.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	377,698.		377,698.	
<b>c</b> Accounting .....	80,048.		80,048.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	7,350.			7,350.
<b>f</b> Investment management fees .....	60,248.		60,248.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,494,095.	1,214,553.	279,542.	
<b>12</b> Advertising and promotion .....	57,302.	57,302.		
<b>13</b> Office expenses .....	762,388.	664,101.	97,264.	1,023.
<b>14</b> Information technology .....	1,080,408.	419,354.	661,054.	
<b>15</b> Royalties .....	31,370.	31,370.		
<b>16</b> Occupancy .....	1,475,471.	1,000,574.	455,636.	19,261.
<b>17</b> Travel .....	1,141,671.	836,834.	302,884.	1,953.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,885,149.	4,653,122.	232,027.	
<b>20</b> Interest .....	10.		10.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	293,420.	9,850.	283,570.	
<b>23</b> Insurance .....	141,366.	8,199.	133,167.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>UBIT RELATED TAXES</b>	13,403.		13,403.	
<b>b</b> <b>FIELD OFFICE EXPENSES</b>	2,037,478.	2,037,478.		
<b>c</b> <b>BAD DEBT</b>	370,600.	348,208.	22,392.	
<b>d</b> <b>CREDIT CARD FEES</b>	245,170.		245,170.	
<b>e</b> All other expenses .....	110,458.	30,171.	80,287.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	31,523,119.	23,265,741.	8,037,697.	219,681.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	285.	<b>1</b>	507.	
	<b>2</b> Savings and temporary cash investments .....	8,945,322.	<b>2</b>	9,311,764.	
	<b>3</b> Pledges and grants receivable, net .....	1,155,110.	<b>3</b>	1,298,539.	
	<b>4</b> Accounts receivable, net .....	1,227,473.	<b>4</b>	940,248.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	930,081.	<b>9</b>	1,302,713.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	4,245,161.			
	<b>b</b> Less: accumulated depreciation .....	4,119,708.			
	<b>11</b> Investments - publicly traded securities .....	20,296,028.	<b>11</b>	21,765,946.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,348,847.	<b>15</b>	19,069.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	35,279,432.	<b>16</b>	34,764,239.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,121,847.	<b>17</b>	3,553,295.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	6,256,272.	<b>19</b>	6,808,642.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,096,507.	<b>25</b>	4,972,352.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	15,474,626.	<b>26</b>	15,334,289.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	15,410,637.	<b>27</b>	14,646,925.	
	<b>28</b> Net assets with donor restrictions .....	4,394,169.	<b>28</b>	4,783,025.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	19,804,806.	<b>32</b>	19,429,950.	
<b>33</b> Total liabilities and net assets/fund balances .....	35,279,432.	<b>33</b>	34,764,239.		

Form **990** (2024)

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Form 990 (2024)

36-2167755 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	30,198,441.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	31,523,119.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,324,678.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	19,804,806.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	949,822.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	19,429,950.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>X</b>	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>X</b>	

Form **990** (2024)



**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12451236.	12095556.	10943920.	12169887.	13804813.	61465412.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	9221028.	10848236.	12916648.	13126356.	12029869.	58142137.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	21672264.	22943792.	23860568.	25296243.	25834682.	119607549
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	4,480.	5,227.	3,644.	4,741.	2,890.	20,982.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	4,480.	5,227.	3,644.	4,741.	2,890.	20,982.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						119586567

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....	21672264.	22943792.	23860568.	25296243.	25834682.	119607549
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3508335.	3625512.	3805207.	4378609.	4387910.	19705573.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	3508335.	3625512.	3805207.	4378609.	4387910.	19705573.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....	60,513.	96,730.	25,804.	49,006.	46,981.	279,034.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	132,034.	132,066.	132,000.	132,099.	132,471.	660,670.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	25373146.	26798100.	27823579.	29855957.	30402044.	140252826

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	85.26 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	85.69 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	14.05 %
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	13.61 %

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION

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

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

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION

Schedule A (Form 990) 2024

36-2167755 Page 7

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

Organization type (check one):

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>4,988,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>2,285,811.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>1,670,187.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>1,596,904.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>822,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>552,226.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>122,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>96,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>91,334.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>86,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>85,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>78,258.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>77,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>73,334.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>70,911.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>63,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>56,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>56,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>54,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>52,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>45,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>39,525.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>35,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ <u>33,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>31,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>31,420.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>21,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>20,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ <u>17,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ <u>17,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ <u>15,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>14,317.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ <u>11,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>9,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>9,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>7,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>7,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ <u>6,480.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ <u>6,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ <u>6,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

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

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number <b>36-2167755</b>
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION</b>	Employer identification number (EIN) <b>36-2167755</b>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	59,718.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	59,718.													
<b>d</b> Other exempt purpose expenditures .....	31,380,368.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	31,440,086.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	113,679.	82,844.	59,107.	59,718.	315,348.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	13,000.				13,000.

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-A, LINE 1, LOBBYING ACTIVITIES:**

**THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY EFFORTS IS TO PROMOTE THE VALUE OF PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT AND THE COUNCIL-MANAGER FORM OF GOVERNMENT. SUPPORTED BY CONTRIBUTIONS TO THE FUTURE OF PROFESSIONAL MANAGEMENT FUND, ICMA PROVIDES INFORMATION AND RESOURCES TO INDIVIDUALS AND ORGANIZATIONS WORKING TO ADVANCE PROFESSIONAL MANAGEMENT AND THE COUNCIL-MANAGER MODEL.**

**IN FISCAL YEAR 2025, ICMA LED SEVERAL SUCCESSFUL EFFORTS TO DEFEND THE COUNCIL-MANAGER FORM OF GOVERNMENT IN:**

**- BENSENVILLE, ILLINOIS. AFTER BENSENVILLE FIRED ITS VILLAGE MANAGER IN NOVEMBER 2024, ICMA PARTNERED WITH THE ILLINOIS CITY/COUNTY MANAGEMENT**

INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION

**Part IV** Supplemental Information *(continued)*

ASSOCIATION (ILCMA), PARTICIPATED IN TOWN HALL MEETINGS, AND PROVIDED INFORMATIONAL MATERIALS BEFORE AN APRIL 2025 REFERENDUM TO CHANGE FROM THE COUNCIL-MANAGER FORM OF GOVERNMENT TO THE MAYOR-COUNCIL FORM. THESE EFFORTS RESULTED IN OVER 66% OF VOTERS CHOOSING TO RETAIN THE COUNCIL-MANAGER FORM.

- FAIRFAX, VERMONT. AFTER THE RESIGNATION OF ITS TOWN MANAGER, A PETITION WAS FILED BY RESIDENTS TO ELIMINATE THE TOWN MANAGER POSITION. ICMA SUPPORTED THE FAIRFAX SELECTBOARD, WHO WERE SUPPORTIVE OF RETAINING THE POSITION, WITH EDUCATIONAL EFFORTS. IN MARCH 2025, 70% OF VOTERS VOTED NO ON RESCINDING THE TOWN MANAGER FORM OF GOVERNMENT.

- MAYWOOD, ILLINOIS. ICMA AND ILLINOIS CITY/COUNTY MANAGEMENT ASSOCIATION (ILCMA) PARTNERED WITH LOCAL ORGANIZERS TO INFORM THE COMMUNITY ABOUT THE BENEFITS OF THE COUNCIL-MANAGER FORM OF GOVERNMENT IN THE FACE OF A REFERENDUM TO ELIMINATE THE COUNCIL-MANAGER STRUCTURE AND REPLACE IT WITH MAYOR-COUNCIL. IN APRIL 2025, 65% OF RESIDENTS VOTED TO RETAIN THE COUNCIL-MANAGER FORM OF GOVERNMENT.

- YAKIMA, WASHINGTON. IN EARLY 2024, THE NEWLY ELECTED CITY COUNCIL FIRED YAKIMA'S CITY MANAGER AND CONSIDERED AN EFFORT TO BRING A CHARTER AMENDMENT FORWARD TO VOTERS. AFTER ICMA PROVIDED INFORMATION TO THE CITY COUNCIL ON THE BENEFITS OF THE COUNCIL-MANAGER FORM OF GOVERNMENT, THE COUNCIL VOTE TO RECOMMEND A CHARTER CHANGE FAILED 4-4.

IN ADDITION, ICMA HAS LED SEVERAL SUCCESSFUL CAMPAIGNS SUPPORTING THE ADOPTION OF THE COUNCIL-MANAGER FORM OF GOVERNMENT IN:

- HOMEWOOD, ALABAMA. ICMA PROVIDED SUPPORT TO RESIDENTS SEEKING TO PLACE A PETITION ON THE BALLOT TO CHANGE TO THE COUNCIL-MANAGER FORM OF GOVERNMENT. IN SEPTEMBER 2024, RESIDENTS VOTED TO APPROVE THE CHANGE. THE CITY HIRED ITS FIRST CITY MANAGER IN MAY 2025.

- MATTOON, ILLINOIS. ICMA PARTNERED WITH ILCMA TO SUPPORT MATTOON IN ITS REFERENDUM TO ADOPT THE COUNCIL-MANAGER FORM OF GOVERNMENT. IN NOVEMBER 2024, A REFERENDUM TO CHANGE FROM A COMMISSION-STYLE TO A COUNCIL-MANAGER FORM OF GOVERNMENT WAS APPROVED BY OVER 56% OF VOTERS.

- GLENCOE, ILLINOIS. ICMA AND ILCMA SUPPORTED EFFORTS TO ADOPT HOME RULE IN GLENCOE, WHICH GRANTS THE VILLAGE BROADER AUTHORITY ON MATTERS SUCH AS ZONING, TAXES, AND LONG-TERM INFRASTRUCTURE PLANNING. A SIMILAR MEASURE HAD BEEN REJECTED IN 1988; HOWEVER, IN NOVEMBER 2024, VOTERS APPROVED THE MEASURE TO ADOPT HOME RULE WITH OVER 71% OF THE VOTE.

Multiple horizontal lines for additional text entry.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Employer identification number  
**36-2167755**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)



**INTERNATIONAL CITY/COUNTY MANAGEMENT**

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>SUBTENANT DEPOSITS</b>	6,799.
(3) <b>REFUNDABLE ADVANCES</b>	4,946,484.
(4) <b>OPERATING LEASE LIABILITY</b>	19,069.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,972,352.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

INTERNATIONAL CITY/COUNTY MANAGEMENT

Schedule D (Form 990) (Rev. 12-2024) ASSOCIATION

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

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

1	Total revenue, gains, and other support per audited financial statements		1	31,947,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	949,822.	
b	Donated services and use of facilities	2b	197,375.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	662,282.	
e	Add lines 2a through 2d	2e		1,809,479.
3	Subtract line 2e from line 1	3		30,138,193.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,248.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		60,248.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		30,198,441.

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

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

1	Total expenses and losses per audited financial statements		1	32,322,528.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	197,375.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	662,282.	
e	Add lines 2a through 2d	2e		859,657.
3	Subtract line 2e from line 1	3		31,462,871.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,248.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		60,248.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		31,523,119.

**Part XIII Supplemental Information**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 6B. 661,203.

LOSS ON ASSET DISPOSAL REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7C. 1,079.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 662,282.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 6B. 661,203.

LOSS ON ASSET DISPOSAL REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7C. 1,079.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 662,282.



**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization  
**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Employer identification number  
**36-2167755**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	3,047,403.
SOUTH ASIA	0	0	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	590,103.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	205,847.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		319,318.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		122,103.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		69,594.
RUSSIA AND NEIGHBORING STATES	0	1	FUNDRAISING		7,350.
<b>3 a</b> Subtotal .....	0	1			4,361,718.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	0	1			4,361,718.

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

Schedule F (Form 990) (Rev. 12-2024)

**INTERNATIONAL CITY/COUNTY MANAGEMENT**

Schedule F (Form 990) (Rev. 12-2024) **ASSOCIATION**

**36-2167755**

Page **2**

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	36,195.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	44,786.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	9,639.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	35,563.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	19,463.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	26,759.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	22,781.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	44,481.	WIRE TRANSFER	0.		

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

**3** Enter total number of other organizations or entities ..... 10

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Schedule F (Form 990)

36-2167755

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	31,477.	WIRE TRANSFER	0.		
		SOUTH ASIA	CTA-CAPACITY BUILDING AND SUSTAINABILITY INITIATIVE (CTA-CBSI) PROGRAM	122,103.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ICMA EUROPE GRANT	69,594.	WIRE TRANSFER	0.		



Part IV Foreign Forms

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

PROGRAMS' PROGRESS AND FINANCIAL REPORTS ARE PERIODICALLY REVIEWED BY ICMA PROGRAM AND FINANCE STAFF. THE PROGRAM TEAM MONITORS PROJECT FUNDS TO ENSURE OVERSIGHT AND SUCCESSFUL PROGRAM IMPLEMENTATION.

**PART IV, LINE 1:**

THE ORGANIZATION TRANSFERRED CASH TO FOREIGN SUBGRANTEES AND SUBCONTRACTORS. THERE WAS NO TRANSFER OF OWNERSHIP, THEREFORE, NO ADDITIONAL FILING REQUIREMENTS ARE REQUIRED.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE CADMUS GROUP LLC 410 TOTTEN POND ROAD, SUITE 400B WALTHAM, MA 02451	04-2793755		301,716.	0.			IMPLEMENT SOLSMART AND WINDWISE TO REDUCE LOCAL BARRIERS TO SOLAR
NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS - 200 MASSACHUSETTS AVENUE, NW, SUITE 700 - WASHINGTON, DC 20002	59-2364093	501(C)(3)	225,247.	0.			CENTER OF EXCELLENCE SUPPORTING MINORITY COMMUNITIES ON SUSTAINABILITY
NATIONAL LEAGUE OF CITIES 1301 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	53-0226780	501(C)(4)	187,268.	0.			SOLSMART 2.0 ASSISTANCE TO STREAMLINE RESIDENTIAL SOLAR ADOPTION
NORTHERN ARIZONA UNIVERSITY, INSTITUTE FOR TRIBAL ENVIRONMENTAL PROFESSIONALS - 1050 KNOLES DRIVE - FLAGSTAFF, AZ 86011	54-6001208	GOVERNMENT	182,982.	0.			IMPLEMENTATION OF TECHNICAL ASSISTANCE CENTERS FOR TRIBAL COMMUNITIES
URBAN SUSTAINABILITY DIRECTORS NETWORK - 200 MASSACHUSETTS AVENUE, NW, SUITE 700 - WASHINGTON, DC 20002	82-5015863	501(C)(3)	140,684.	0.			GRANT ALIGNMENT, COORDINATION, AND OUTREACH FOR LOCAL COMMUNITIES
WORLD RESOURCES INSTITUTE 10 G STREET NE, SUITE 800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	104,550.	0.			IMPLEMENTATION OF SOLSMART 2.0 AND WINDWISE PROGRAMS TO REDUCE SOLAR SOFT COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 26.
- 3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) (Rev. 12-2024)

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Schedule I (Form 990)

36-2167755

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERSTATE RENEWABLE ENERGY COUNCIL (IREC) - 125 WOLF ROAD SUITE 100 - ALBANY, NY 12205	59-2201374	501(C)(3)	32,827.	0.			WORKPLAN INTEGRATING SOLSMART, WINDWISE, AND CHARGING SMART PROGRAMS
AMERICAN PLANNING ASSOCIATION 205 N. MICHIGAN AVE STE 1200 CHICAGO, IL 60601	52-1134021	501(C)(3)	27,052.	0.			IMPLEMENTATION OF SOLAR@SCALE TO REDUCE LARGE-SCALE SOLAR SOFT COSTS
CITY OF CHARLOTTESVILLE 605 E. MAIN STREET CHARLOTTESVILLE, VA 22901	54-6001202	GOVERNMENT	24,000.	0.			COMMUNITY GAP ANALYSIS SUPPORTING LOW- AND MODERATE-INCOME RESIDENTS
CITY OF DANVILLE 427 PATTON STREET DANVILLE, VA 24541	54-6001243	GOVERNMENT	24,000.	0.			STRATEGIC WORKPLAN TO IMPROVE ECONOMIC MOBILITY FOR RESIDENTS
CITY OF DENTON 215 EAST MCKINNEY ST DENTON, TX 76201	75-6000514	GOVERNMENT	24,000.	0.			ASSESSMENT OF COMMUNITY DATA TO IDENTIFY ECONOMIC MOBILITY GAPS
CITY OF EAU CLAIRE 203 SOUTH FARWELL ST EAU CLAIRE, WI 54701	39-6005436	GOVERNMENT	24,000.	0.			COLLABORATIVE STRUCTURE TO TRACK PARTNER CONTRIBUTIONS AND OUTCOMES
CITY OF GAITHERSBURG 31 SOUTH SUMMIT AVE GAITHERSBURG, MD 20877	52-6000792	GOVERNMENT	24,000.	0.			FINANCIAL NAVIGATION SUPPORT FOR SPANISH-SPEAKING IMMIGRANT FAMILIES
CITY OF LA MARQUE 1111 BAYOU ROAD LA MARQUE, TX 77568	74-6012995	GOVERNMENT	24,000.	0.			PLAN DEVELOPMENT TO ADDRESS TRANSPORTATION, EDUCATION, CHILDCARE, AND WORKFORCE NEEDS
CITY OF MIAMI GARDENS 18605 NW 27TH AVENUE MIAMI GARDENS, FL 33056	11-3695944	GOVERNMENT	24,000.	0.			HOUSING MARKET STUDY AND DEVELOPMENT PROPOSAL SUPPORT

Schedule I (Form 990)

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Schedule I (Form 990)

36-2167755

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NEEDLES 817 THIRD ST NEEDLES, CA 92363	95-6000750	GOVERNMENT	24,000.	0.			CITY HOUSING MARKET ASSESSMENT ACROSS RENTAL AND OWNERSHIP TYPES
CITY OF NEWTON 201 E. 6TH ST NEWTON, KS 67114	48-6004391	GOVERNMENT	24,000.	0.			DATA COLLECTION AND REPORTING ON LATINO RESIDENTS IN NEWTON
CITY OF REDWOOD CITY 1017 MIDDLEFIELD ROAD REDWOOD, CA 94063	94-6001116	GOVERNMENT	24,000.	0.			YOUTH EMPLOYMENT PLANNING AND PARTNERSHIP DEVELOPMENT
CITY OF THOMASVILLE 10 SALEM ST, P. O. BOX 368 THOMASVILLE, NC 27360	56-6001352	GOVERNMENT	24,000.	0.			SKILL DEVELOPMENT TO STRENGTHEN COMMUNITY ENGAGEMENT AND MOBILITY
TOWN OF LISBON 300 LISBON ST LISBON, ME 04250	01-6000239	GOVERNMENT	24,000.	0.			DATA COLLECTION AND LEAP PROGRAM IMPLEMENTATION TO IMPROVE RESIDENT OUTCOMES
TOWN OF PRESCOTT VALLEY 7501 E SKOOG BLVD PRESCOTT VALLEY, AZ 86314	86-0356435	GOVERNMENT	24,000.	0.			COMMUNITY DEVELOPMENT, HOUSING AFFORDABILITY, AND POLICY INITIATIVES
TUNICA COUNTY BOARD OF SUPERVISORS 1058 SOUTH COURT ST, P.O. BOX 639 TUNICA, MS 38676	64-6001134	GOVERNMENT	24,000.	0.			STRATEGIC PLAN TO GUIDE PUBLIC AND PRIVATE INVESTMENT AND WORKFORCE GROWTH
WASHINGTON COUNTY 155 N 1ST AVE. STE 270, MS 25 HILLSBORO, OR 97124	93-6002316	GOVERNMENT	24,000.	0.			COUNTY DEPARTMENT CONTRIBUTION MAPPING TO EXPAND RESIDENT OPPORTUNITIES
HARVARD KENNEDY SCHOOL HSK EXEC EDUCATION, 79 JFK ST CAMBRIDGE, MA 02318	04-2103580	501(C)(3)	17,400.	0.			HARVARD KENNEDY SCHOLARSHIP

Schedule I (Form 990)

**INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION**

Schedule I (Form 990)

36-2167755

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA LUTHERAN UNIVERSITY 60 W. OLSEN RD. #1650 THOUSAND OAKS, CA 91360	95-2962604	501(C)(3)	10,000.	0.			TALENT DEVELOPMENT PROGRAM SUPPORTING CAPSTONE PROJECTS ON ECONOMIC MOBILITY
GRAND CANYON UNIVERSITY 3300 W CAMELBACK RD PHOENIX, AZ 85017	47-2507725	501(C)(3)	10,000.	0.			TALENT DEVELOPMENT PROGRAM SUPPORTING CAPSTONE PROJECTS ON ECONOMIC MOBILITY
UNIVERSITY CENTRAL FLORIDA RESEARCH - FOUNDATION, INC 12201 RESEARCH PARKWAY, SUITE 501 - ORLANDO, FL 32826	59-3086453	501(C)(3)	10,000.	0.			UNIVERSITYHOSTED TALENT DEVELOPMENT PROGRAM WITH CAPSTONE PROJECTS
NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION (NACORF) - 660 NORTH CAPITOL STREET, NW, SUITE 400 - WASHINGTON, DC 20001	53-0241255	501(C)(3)	6,933.	0.			INTEGRATION WORKPLAN SUPPORTING SOLSMART AND WINDWISE INITIATIVES

INTERNATIONAL CITY/COUNTY MANAGEMENT

Schedule I (Form 990) (Rev. 12-2024) ASSOCIATION

36-2167755

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO ATTEND ICMA CONFERENCES	51	49,711.	0.		
BOB TURNER SCHOLARSHIPS	13	23,931.	0.		
JOHN GARVEY SCHOLARSHIP	4	13,475.	0.		
TRANTER LEONG FELLOW SCHOLARSHIP	3	13,750.	0.		
JUDY KELSEY SCHOLARSHIP	2	10,000.	0.		

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

**PART I, LINE 2:**

REGISTRATION FOR THE ANNUAL CONFERENCE AND LOCAL GOVERNMENT REIMAGINED EVENTS IS OFFERED, ALONG WITH A TRAVEL STIPEND. THE ASSOCIATION ALSO PROVIDES A VARIETY OF SCHOLARSHIP PROGRAMS THAT SUPPORT BOTH MID-CAREER AND EMERGING PROFESSIONALS SEEKING INTERNATIONAL EXPERIENCE FROM A MANAGEMENT PERSPECTIVE. ADDITIONALLY, PROGRAMS ARE DESIGNED TO ENSURE THAT HIGH SCHOOL STUDENTS HAVE THE OPPORTUNITY EACH YEAR TO INTERN WITH LOCAL GOVERNMENTS UNDER THE GUIDANCE OF ICMA MEMBER MENTORS. FINALLY, STUDENTS WHO ARE MEMBERS OF THE ICMA STUDENT CHAPTER PROGRAM RECEIVE COMPLIMENTARY REGISTRATION TO ATTEND ICMA'S ANNUAL CONFERENCE.

THE ASSOCIATION CLOSELY MONITORS THE USE OF ALL GRANT FUNDS PROVIDED TO SUBRECIPIENTS TO ENSURE THAT PERFORMANCE EXPECTATIONS ARE MET AND PROGRAMS ARE IMPLEMENTED IN ACCORDANCE WITH AGREEMENT REQUIREMENTS AND APPLICABLE FEDERAL LAWS AND REGULATIONS. SUBRECIPIENTS AND SUBGRANTEES ARE REQUIRED TO SUBMIT PERIODIC FINANCIAL AND PROGRESS REPORTS OUTLINING PROGRAM ACHIEVEMENTS. ICMA'S FINANCE AND PROGRAM TEAMS REVIEW THESE REPORTS TO ENSURE COMPLIANCE WITH SUBAWARD AND GRANT AGREEMENT TERMS. A VARIETY OF



**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

**INTERNATIONAL CITY/COUNTY MANAGEMENT**

Schedule J (Form 990) (Rev. 12-2024) **ASSOCIATION**

36-2167755

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARC OTT CEO/EXEC. DIRECTOR (ENDED 06/30/25)	(i)	502,124.	20,000.	26,334.	39,380.	16,320.	604,158.	0.
	(ii)	858.	0.	0.	0.	0.	858.	0.
(2) RAYMOND BARAY CHIEF OF STAFF (ENDED 03/17/25)	(i)	274,670.	23,800.	0.	32,204.	1,543.	332,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	(i)	216,478.	21,200.	1,646.	28,713.	22,319.	290,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAD MCGALLIARD MANAGING DIR., INNOVATION & RESEARCH	(i)	189,282.	18,200.	3,670.	24,050.	24,700.	259,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PRISCILLA WILSON CHIEF PEOPLE OFFICER (END. 03/17/25)	(i)	208,165.	20,500.	319.	22,977.	2,041.	254,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEMANT DESAI CHIEF INFORMATION OFFICER	(i)	186,045.	17,300.	82.	19,726.	17,580.	240,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ISABELLE BULLY-OMICTIN DIR., STRAT. RELATION/MEMBER SUP/ADV	(i)	185,770.	17,100.	0.	21,931.	15,667.	240,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEREMY FIGOTEN MANAG. DIR., CONF, EVENTS & SPONSOR.	(i)	193,232.	18,200.	908.	20,202.	1,299.	233,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 1A:**

ICMA'S CEO/EXECUTIVE DIRECTOR WAS PROVIDED COMPENSATION FOR COMPANION TRAVEL, WHICH WAS GROSSED UP AND INCLUDED IN TAXABLE WAGES, PER THE TERMS OF HIS EMPLOYMENT AGREEMENT.

**PART I, LINE 7:**

SEE PART II FOR THE BONUSES LISTED ON FORM 990, PART VII. BONUSES PROVIDED DURING THE YEAR ARE MERIT-BASED.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 LOCAL GOVERNANCE, ICMA STRIVES TO BUILD BETTER, MORE LIVABLE COMMUNITIES BY ADVANCING THE PROFESSIONAL MANAGEMENT OF LOCAL GOVERNMENTS WORLDWIDE. ICMA'S CORE VALUES CONTINUE TO BE ROOTED IN OUR STRINGENTLY ENFORCED CODE OF ETHICS AND COMMITMENT TO REPRESENTATIVE DEMOCRACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
 1,100 LOCAL GOVERNMENT PROFESSIONALS IN FISCAL MANAGEMENT, DECENTRALIZATION, AND OVERALL LOCAL GOVERNMENT MANAGEMENT SKILLS. ICMA HELPED DESIGN 38 DIFFERENT POLICY AND SERVICE INNOVATIONS, SUCH AS WORKING WITH LOCAL GOVERNMENTS TO DEVELOP A MOBILE-BASED APPLICATION THAT ENABLED PARENTS TO GET THEIR NEWBORNS A LEGAL IDENTITY AND HEALTH INSURANCE.

- ICMA HAS WORKED ON FUNDED PROJECTS INTERMITTENTLY IN THE PHILIPPINES SINCE THE LATE 1970S. THE CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM WAS A SUCCESSOR PROGRAM TO ICMA'S SIX-YEAR STRENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) INITIATIVE WORKING WITH 16 SECOND-TIER CITIES ACROSS THE COUNTRY. ICMA STAFF AND EXPERTS TRAINED MORE THAN 10,000 PEOPLE FROM LOCAL GOVERNMENTS, NATIONAL AGENCIES, AND CIVIL SOCIETY ORGANIZATIONS. THE PROJECT RECEIVED NATIONAL RECOGNITION FOR IMPROVING PARTICIPATORY GOVERNANCE IN THE PHILIPPINES. THE CHANGE PROJECT WAS RECOGNIZED WITH THE FREEDOM OF INFORMATION AWARD FROM THE OFFICE OF THE PRESIDENT IN THE PHILIPPINES.

- PARTNERING WITH THE NATIONAL DEMOCRATIC INSTITUTE, ICMA SUPPORTED THE CENTRAL TIBETAN ADMINISTRATION, DEVELOPING A FOUR-YEAR STRATEGIC PLAN AND CREATING ASSESSMENT TOOLS FOR HUMAN RESOURCE MANAGEMENT AND DATA MANAGEMENT. THE ICMA TEAM ALSO LED DEVELOPMENT OF GIS MAPS FOR 12 TIBETAN SETTLEMENTS.

- WINROCK INTERNATIONAL AND ICMA HAD JUST BEGUN A NEW PROJECT IN THE DOMINICAN REPUBLIC TO HELP LOCAL GOVERNMENTS WITH EFFECTIVE SOLID WASTE MANAGEMENT ASSISTANCE, TRAINING, AND POLICY INNOVATIONS WHEN IT WAS CANCELED BY USAID.

- ICMA WAS A PARTNER WITH TETRA TECH ON CCBO, A GLOBAL TECHNICAL ASSISTANCE PROGRAM, WORKING WITH LOCAL GOVERNMENTS IN MULTIPLE COUNTRIES ON EFFECTIVE STRATEGIES FOR REDUCING PLASTIC WASTE POLLUTION. TO PROVIDE GUIDANCE ON NAVIGATING THESE COMPLEXITIES, ICMA DEVELOPED AN INDEX ASSESSMENT TOOL FOR CCBO KNOWN AS THE SOLID WASTE CAPACITY INDEX FOR LOCAL GOVERNMENTS.

- THROUGH THE YOUNG SOUTHEAST ASIA LEADERS INITIATIVE FUNDED BY THE U.S. STATE DEPARTMENT, ICMA PLACED 24 FELLOWS WITH HOST ORGANIZATIONS AND LOCAL GOVERNMENTS IN THE UNITED STATES TO LEARN MORE ABOUT STRATEGIES FOR CREATING MORE RESILIENT AND SUSTAINABLE COMMUNITIES AND PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

COURSES, SELF-PACED LEARNING MODULES, IN-PERSON SESSIONS, AND WILL CULMINATE THEIR EXPERIENCE WITH A CAPSTONE PROJECT IN MARCH 2026.

- TAX INCREMENT FINANCING GUIDE: ICMA PUBLISHED TAX INCREMENT FINANCING: A PRACTICAL GUIDE FOR ANALYZING TIF RISKS, BENEFITS, AND OUTCOMES. THE GUIDE INCLUDES CASE STUDIES AND EXAMPLES HIGHLIGHTING BOTH SUCCESSFUL TIF PROJECTS AND THOSE THAT ENCOUNTERED CHALLENGES. AS A COMPANION TO THE PUBLICATION, ICMA PRODUCED A THREE-PART WEBINAR SERIES HOSTED BY THE BOOK'S AUTHORS, PROVIDING PRACTICAL LESSONS AND A STRATEGIC FRAMEWORK FOR EVALUATING AND IMPLEMENTING TIF INITIATIVES.

- BETTER PUBLIC MEETINGS: IN COLLABORATION WITH THE NATIONAL CIVIC LEAGUE (NCL), ICMA LAUNCHED A NEW TRAINING SERIES, "BETTER PUBLIC MEETINGS," DESIGNED TO EQUIP LOCAL GOVERNMENT LEADERS WITH THE SKILLS TO PLAN, FACILITATE, AND MANAGE OFFICIAL PUBLIC MEETINGS. THE SERIES ADDRESSED COMMON CHALLENGES FACED BY MANAGERS IN PUBLIC MEETINGS, EXPLORED OPPORTUNITIES FOR IMPROVEMENT, AND OFFERED INNOVATIVE APPROACHES TO ENHANCE PUBLIC ENGAGEMENT, ENSURE CIVILITY, FACILITATE INCLUSIVE DISCUSSIONS, AND PRESENT INFORMATION EFFECTIVELY.

LEARNING AND NETWORKING OPPORTUNITIES THROUGH CONFERENCES: TO SUPPORT THE LEADERSHIP AND PROFESSIONAL DEVELOPMENT NEEDS OF THE LOCAL GOVERNMENT COMMUNITY, ICMA HELD ITS 110TH ANNUAL CONFERENCE IN PITTSBURGH, PENNSYLVANIA, FROM SEPTEMBER 21-24, 2024. THE CONFERENCE ATTRACTED 4,569 ATTENDEES, INCLUDING 2,978 MEMBERS AND 1,591 NONMEMBERS. THE EVENT FEATURED 262 EDUCATIONAL SESSIONS, A SOLD-OUT EXHIBIT HALL WITH 211 EXHIBITORS, AND 18 CONFERENCE-SPECIFIC SPONSORS.

ICMA'S LOCAL GOVERNMENT REIMAGINED CONFERENCES (LGRCS) ARE CORNERSTONE EVENTS THAT UNDERScore THE ORGANIZATION'S COMMITMENT TO INNOVATION THROUGH THE LOCAL GOVERNMENT REIMAGINED INITIATIVE. THE THEME FOR THE TWO 2025 LGRC EVENTS, HELD IN DENVER, COLORADO, AND MILWAUKEE, WISCONSIN, WAS "INNOVATION FOR THRIVING COMMUNITIES". THE TWO CONFERENCES ATTRACTED 582 ATTENDEES, INCLUDING 360 MEMBERS. THE SESSIONS AND PROGRAMMING WERE DESIGNED TO EQUIP PUBLIC ADMINISTRATORS WITH THE TOOLS AND STRATEGIES NEEDED TO INNOVATE AND ADAPT THEIR LEADERSHIP PRACTICES, MANAGEMENT APPROACHES, AND OPERATIONS - FOSTERING MORE RESILIENT AND EQUITABLE OUTCOMES FOR THEIR ORGANIZATIONS AND THE COMMUNITIES THEY SERVE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THESE MEMBERS ALSO RECEIVED STIPENDS FOR TRAVEL AND LODGING. IN FY 2025, 143 MEMBERS ENROLLED IN THE MIT PROGRAM.

- THE LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP PROGRAM ALLOWS MPA GRADUATES TO RECEIVE EARLY CAREER EXPERIENCE AND MENTORSHIP, FOSTERING THE NEXT GENERATION OF LOCAL GOVERNMENT PROFESSIONALS. FOR THE 2024-2025 COHORT OF THE LGMF PROGRAM, ICMA PLACED 36 FELLOWS IN 25 HOST COMMUNITIES.

- THANKS TO FUNDING PROVIDED BY FORMER ICMA MEMBER JAMES KEAN, ICMA FACILITATED ITS SECOND PILOT PROGRAM AIMED AT INTRODUCING STUDENTS TO LOCAL GOVERNMENT AS A VIABLE CAREER PATH. IN SUMMER 2024, THE ICMA TURNER SCHOLARS INTERNSHIP PROGRAM PLACED 14 HIGH SCHOOL STUDENTS IN NINE HOST COMMUNITIES. IN JUNE 2025, ICMA KICKED OFF THE SUMMER 2025 PROGRAM WITH 11 HIGH SCHOOL STUDENTS PLACED IN FIVE HOST COMMUNITIES.

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

- THE ICMA JOB CENTER HOSTED MORE THAN 2,100 LOCAL GOVERNMENT RECRUITMENTS AND A ROSTER OF CAREER GUIDES TO HELP MEMBERS AND CAREER CHANGERS AT ALL CAREER STAGES.

- IN FEBRUARY 2025, ICMA RELEASED THE UPDATED EDITION OF BREAKING INTO LOCAL GOVERNMENT: A GUIDEBOOK FOR CAREER TRANSITIONS. WRITTEN BY A DEDICATED ICMA TASK FORCE OF PUBLIC MANAGEMENT PROFESSIONALS, THIS UPDATED GUIDE OFFERS INVALUABLE INSIGHTS AND PRACTICAL ADVICE FOR EARLY-CAREER INDIVIDUALS TO MID-CAREER CHANGERS.

- ICMA'S ETHICS PROGRAM FACILITATED 26 ETHICS EDUCATION SESSIONS, TRAININGS, AND WEBINARS AT ICMA AND AT PARTNER EVENTS, REACHING OVER 2,600 INDIVIDUALS IN FY 2025. THIS INCLUDED A MEMBER-ONLY WEBINAR SERIES ADDRESSING TRENDING TOPICS AND ISSUES INCLUDING ETHICAL LEADERSHIP IN COMMUNICATIONS, BALANCING POLITICAL NEUTRALITY WITH PERSONAL ADVOCACY, AND LOCAL GOVERNMENT'S COMMITMENT TO DEMOCRACY.

- IN MARCH 2025, IN COLLABORATION WITH CIGNA, ICMA HOSTED A SHELEADSGOV VIRTUAL FORUM, DESIGNED TO EMPOWER AND CONNECT LEADERS AND CHANGEMAKERS WHO ARE PASSIONATE ABOUT DRIVING INNOVATION AND MAKING A MEANINGFUL IMPACT IN THEIR ORGANIZATIONS AND COMMUNITIES. THE FORUM ATTRACTED NEARLY 900 REGISTRANTS, WITH SEVERAL CITIES HOSTING WATCH PARTIES, BRINGING TOGETHER COLLEAGUES FROM ACROSS THEIR ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
TO ADVANCE 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:

- IN JANUARY 2025, ICMA RELAUNCHED THE ACADEMIC MATTERS NEWSLETTER, FEATURING ARTICLES FROM ACADEMICS AND MANAGERS WHO TEACH. WITH MORE THAN 1,700 SUBSCRIBERS, THIS MONTHLY E-NEWSLETTER PROVIDES READERS WITH PERSPECTIVES, ADVICE, AND INFORMATION FROM THE ICMA GRADUATE EDUCATION COMMITTEE, AUTHORS, PROFESSORS, AND OTHER EXPERTS IN THE FIELD.

- IN APRIL 2025, ICMA LAUNCHED THE ICMA SMARTBRIEF ON PUBLIC SAFETY, A WEEKLY E-NEWSLETTER FOCUSING ON THE KEY TRENDS, NEWS, EMERGING TECHNOLOGIES, AND GOVERNMENT REGULATIONS THAT IMPACT THE PUBLIC SAFETY SECTOR.

- IN APRIL 2025, IN COLLABORATION WITH THE NATIONAL ASSOCIATION OF COUNTY ADMINISTRATORS, ICMA LAUNCHED ITS SECOND COUNTY MANAGEMENT EDITION OF PM MAGAZINE, TO AMPLIFY THE VOICES OF COUNTY PROFESSIONALS GLOBALLY.

- IN JUNE 2025, ICMA PUBLISHED THE MANAGER EVALUATIONS GUIDE, A HANDBOOK PROVIDING LOCAL GOVERNMENT MANAGERS AND THEIR ELECTED BODIES WITH TOOLS AND RESOURCES TO SUPPORT THEIR EVALUATION PROCESS.

WITH FUNDING FROM THE GATES FOUNDATION, ICMA AWARDED MORE THAN \$600,000 IN SMALL GRANTS TO SUPPORT ECONOMIC MOBILITY AND OPPORTUNITY-CENTERED ASSESSMENTS, OUTREACH INITIATIVES, PLANS, PILOT PROGRAMS, AND OTHER ACTIVITIES IN 30 CITIES AND COUNTIES.

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

ICMA ALSO ORGANIZED THE FIRST NATIONAL ECONOMIC MOBILITY AND OPPORTUNITY CONFERENCE, HELD IN BALTIMORE, MARYLAND, IN JUNE 2025, WITH MORE THAN 350 ATTENDEES.

IN NOVEMBER 2024, THE GATES FOUNDATION AWARDED ICMA A NEW \$10.5 MILLION GRANT TO HELP LOCAL GOVERNMENTS BUILD THEIR INTERNAL CAPACITY TO DEVELOP AND IMPLEMENT NEW ECONOMIC MOBILITY AND OPPORTUNITY PROGRAMS, POLICIES, AND PARTNERSHIPS. ICMA IS AWARDING SUBSTANTIAL SUBGRANTS TO 16 COMMUNITIES, ENABLING THEM TO HIRE SPECIAL ASSISTANTS TO WORK ALONGSIDE CITY OR COUNTY MANAGEMENT. THE GRANTS ALSO PROVIDE FUNDING FOR COMMUNITY ENGAGEMENT PROCESSES, INTERNS, TRAINING, TECHNICAL ASSISTANCE, AND PROJECT IMPLEMENTATION.

ICMA HELPED TO IMPROVE LOCAL GOVERNMENT PLANNING, ZONING, PERMITTING, INSPECTION, COMMUNITY ENGAGEMENT, AND FINANCING OF SOLAR ENERGY PROJECTS THROUGH TWO PROJECTS FUNDED BY THE U.S. DEPARTMENT OF ENERGY.

- OVER THE COURSE OF THE SOLAR@SCALE PROGRAM, WHICH ENDED IN JULY 2025, ICMA AND THE AMERICAN PLANNING ASSOCIATION TRAINED MORE THAN 3,528 LOCAL GOVERNMENT PROFESSIONALS ON LARGE-SCALE SOLAR DEVELOPMENT.

- THROUGH THE SOLSMART INITIATIVE, ICMA HELPS LOCAL GOVERNMENTS WITH BEST PRACTICES TO EXPAND SOLAR ENERGY USE IN THEIR JURISDICTIONS. THE PROGRAM AWARDED 30 NEW COMMUNITIES THE SOLSMART DESIGNATION, BRINGING THE TOTAL TO ALMOST 600.

- WITH A SUBCONTRACT FROM THE INTERSTATE RENEWABLE ENERGY COUNCIL, ICMA IS SUPPORTING A PROJECT TO HELP LOCAL GOVERNMENTS WITH EFFECTIVE STRATEGIES FOR DEVELOPING ELECTRIC VEHICLE CHARGING INFRASTRUCTURE.

- IN 2023, ICMA WAS AWARDED A CONTRACT TO SUPPORT RURAL COMMUNITIES WITH EFFECTIVE POLICIES AND PRACTICES TO EFFECTIVELY SITE AND DEVELOP DISTRIBUTED WIND ENERGY SYSTEMS. THE PROJECT WAS PAUSED BY THE U.S. DEPARTMENT OF ENERGY (DOE) IN APRIL 2025.

THROUGH THE THRIVING COMMUNITIES TECHNICAL ASSISTANCE CENTER, FUNDED BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA), ICMA PROVIDED DIRECT SUPPORT TO OVER 100 COMMUNITIES ACROSS THE UNITED STATES TO ADDRESS ENVIRONMENTAL AND ENERGY CHALLENGES. LIKE MANY OTHER EPA-FUNDED PROGRAMS, THIS INITIATIVE WAS CANCELED IN APRIL 2025.

ICMA CONTINUES TO DEVELOP IMPACTFUL, RESEARCH-BASED CONTENT ON LOCAL GOVERNANCE. NOTABLY, IN FISCAL YEAR 2025:

- PUBLISHED FUTURE-PROOFING LOCAL GOVERNMENT: ESSAYS ON INNOVATION, A COMPILATION OF ESSAYS FROM PRACTITIONERS, RESEARCHERS, AND OTHER THOUGHT LEADERS ON EVOLVING LOCAL GOVERNMENT MANAGEMENT AND SERVICE DELIVERY IN LINE WITH OUR LOCAL GOVERNMENT REIMAGINED INNOVATION FRAMEWORK.

- ICMA COMPLETED THE FIRST NATIONAL SURVEY OF LOCAL GOVERNMENT PRACTITIONERS REGARDING THEIR EXPERIENCES USING ARTIFICIAL INTELLIGENCE. THE SURVEY PROVIDES VALUABLE INSIGHTS INTO THE CURRENT PRIORITIES, POTENTIAL APPLICATIONS, AND CONCERNS REGARDING AI IN LOCAL GOVERNANCE.

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

ICMA MAINTAINS MUTUALLY BENEFICIAL RELATIONSHIPS WITH LOCAL GOVERNMENT ORGANIZATIONS AROUND THE WORLD IN SUPPORT OF ITS MISSION TO PROMOTE GOOD GOVERNANCE AND ITS VISION OF CREATING THRIVING COMMUNITIES GLOBALLY. IN FY 2025, ICMA EXECUTED 14 NEW OR RENEWED THREE-YEAR STRATEGIC ALLIANCE AGREEMENTS WITH INTERNATIONAL LOCAL GOVERNMENT AND PROFESSIONAL ASSOCIATIONS. THROUGH THESE PARTNERSHIPS, ICMA AND ITS COUNTERPARTS WORK COLLABORATIVELY TO FOSTER GLOBAL EXCHANGES, EXPAND PROFESSIONAL NETWORKS, FACILITATE PEER-TO-PEER AND CITY-TO-CITY ENGAGEMENT, AND DEVELOP PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND RESOURCES WITH GLOBAL RELEVANCE.

FOR MORE INFORMATION AND TO VIEW ANNUAL REPORT VISIT ICMA'S WEBSITE AT [HTTPS://ICMA.ORG/ANNUAL-REPORTS](https://icma.org/annual-reports).  
 EXPENSES \$ 3,465,776. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,170,912.

FORM 990, PART VI, SECTION A, LINE 6:  
 VOTING MEMBERS: ANY PERSON WHOSE PROFESSIONAL CONDUCT CONFORMS TO THE ASSOCIATION'S CODE OF ETHICS IS ELIGIBLE TO BE A FULL MEMBER IF THAT PERSON SERVES AS A FULL-TIME ADMINISTRATIVE HEAD OF A LOCAL GOVERNMENT, A FULL-TIME ADMINSTRATIVE ASSISTANT, ASSISTANT CITY/COUNTY MANAGER, ASSISTANT DIRECTOR OF A COUNCIL OF GOVERNMENTS OR A STATE/PROVINCIAL ASSOCIATION OF LOCAL GOVERNMENT, OR ASSISTANT ADMINISTRATOR, HOWEVER DESIGNATED, HAVING SIGNIFICANT GENERAL ADMINISTRATIVE RESPONSIBILITY IN A LOCAL GOVERNMENT POSITION AND WAS APPOINTED TO THAT POSITION BY THE CITY OR COUNTY MANAGER OR CHIEF ADMINISTRATOR.

FORM 990, PART VI, SECTION A, LINE 7A:  
 THE REGIONAL VICE PRESIDENTS ARE ELECTED BY A MAJORITY VOTE OF THE VOTING 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 VOTING MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:  
 THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:  
 A DRAFT OF THE FORM 990 WAS PROVIDED TO THE TO THE AUDIT, FINANCE, AND BUSINESS OPERATIONS COMMITTEE FOR REVIEW. 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 ARE THOROUGHLY INVESTIGATED. 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 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 BOARD, WHICH

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

VOTES ON THE RECOMMENDATIONS. THE RESULT IS THEN COMMUNICATED TO THE HEAD OF THE HR DEPARTMENT AND THE CHIEF FINANCIAL OFFICER FOR EXECUTION OF THE APPROVED ADJUSTMENTS.

FOR OTHER OFFICERS AND KEY EMPLOYEES, THE CEO/EXECUTIVE DIRECTOR 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 MOST RECENT COMPREHENSIVE COMPENSATION STUDY WAS CONDUCTED IN FY 2023, WITH SALARY AND GRADE ADJUSTMENTS MADE AS NECESSARY. ALL EMPLOYEE COMPENSATION COSTS ARE WITHIN THE FISCAL YEAR BUDGET APPROVED BY THE ICMA EXECUTIVE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR, CA, HI, IL, MA, MI, ND, NH, NJ, NM, NC, OR, PA, SC, TN, UT, WI

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.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

INTERNATIONAL CITY/COUNTY MANAGEMENT

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CENTER FOR PUBLIC ADMINISTRATION AND SERVICE, INC. - 52-1655825, 777 N. CAPITOL ST. NE, WASHINGTON, DC 20002	REIT HOLDING THE HEADQUARTERS	MD	INTERNATIONAL CITY/COUNTY MANAGEMENT	C CORP	3,671,422.	9,028,978.	33.33%		X

**INTERNATIONAL CITY/COUNTY MANAGEMENT**

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MISSIONSQUARE RETIREMENT CENTER FOR PUBLIC ADMINISTRATION AND	A	2,744,525.	FMV
(2) SERVICE, INC. CENTER FOR PUBLIC ADMINISTRATION AND	F	735,000.	FMV
(3) SERVICE, INC.	K	2,125,916.	FMV
(4) ICMA EUROPE	B	69,594.	FMV
(5) MISSIONSQUARE RETIREMENT	C	822,000.	FMV
(6) MISSIONSQUARE RETIREMENT	Q	4,698.	FMV



**Part VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

MISSIONSQUARE RETIREMENT

DIRECT CONTROLLING ENTITY: INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION

NAME OF RELATED ORGANIZATION:

ICMA EUROPE

DIRECT CONTROLLING ENTITY: INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

CENTER FOR PUBLIC ADMINISTRATION AND SERVICE, INC.

DIRECT CONTROLLING ENTITY: INTERNATIONAL CITY/COUNTY MANAGEMENT  
ASSOCIATION