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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

777 NORTH CAPITOL ST. NERoom/suite
500

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20002-4201**F** Name and address of principal officer: **ROBERT O'NEILL**
SAME AS C ABOVE**D** Employer identification number**36-2167755****E** Telephone number**202-289-4262****G** Gross receipts \$ **33,611,439.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.ICMA.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1914** **M** State of legal domicile **IL****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities **TO CREATE EXCELLENCE IN LOCAL GOVERNANCE****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **20****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **20****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **180****6** Total number of volunteers (estimate if necessary)**6** **10****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **106,197.****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0.**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

1,346,181. **1,380,971.****9** Program service revenue (Part VIII, line 2g)**30,564,574.** **29,127,920.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**715,299.** **647,971.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**1,395,732.** **1,289,261.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**34,021,786.** **32,446,123.**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**348,333.** **356,290.****14** Benefits paid to or for members (Part IX, column (A), line 4)**0.** **0.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**17,708,732.** **18,203,887.****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0.** **0.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **109,472.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**15,988,723.** **12,510,739.****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**34,045,788.** **31,070,916.****19** Revenue less expenses. Subtract line 18 from line 12**-24,002.** **1,375,207.**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

11,812,222. **14,096,912.****21** Total liabilities (Part X, line 26)**6,373,015.** **7,207,116.****22** Net assets or fund balances. Subtract line 21 from line 20**5,439,207.** **6,889,796.****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.

Signature of officer

ROBERT O'NEILL, EXECUTIVE DIRECTOR

Type or print name and title

Date

1/17/12

Sign Here

Print/Type preparer's name

JENNY E. HERRERA, CPA

Preparer's signature

Date

1/12/2012

Check if self-employed

PTIN

Firm's name ▶ **RUBINO & MCGEEHIN, CHARTERED**

Firm's EIN ▶

Firm's address ▶ **6903 ROCKLEDGE DRIVE, SUITE 1200
BETHESDA, MD 20817**Phone no **301-564-3636**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

6717

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1** Briefly describe the organization's mission:
THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION, ADVANCES PROFESSIONAL LOCAL GOVERNMENT WORLDWIDE. OUR MISSION IS TO CREATE EXCELLENCE IN LOCAL GOVERNANCE BY DEVELOPING AND ADVANCING PROFESSIONAL MANAGEMENT TO CREATE SUSTAINABLE COMMUNITIES THAT IMPROVES LIVES
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 16871572. including grants of \$ 323,600.) (Revenue \$ 20868861.)
SERVICES TO LOCAL GOVERNMENTS:
- ICMA OFFERS U.S. PROGRAMS, INTERNATIONAL PROGRAMS, CENTER FOR PUBLIC SAFETY MANAGEMENT AND CENTER FOR PERFORMANCE MEASUREMENT. CREATED THE CENTER FOR PUBLIC SAFETY IN AUGUST 2010, REPLACING THE CONSULTING SERVICES. ICMA PREPARED AND ADOPTED A BUSINESS PLAN THAT IDENTIFIED FIVE KEY AREAS OF: RESEARCH, TRAINING, PUBLICATIONS, COMMAND SELECTION AND TECHNICAL ADVISOR. CREATED IN PARTNERSHIP WITH THE NATIONAL LEAGUE OF CITIES THROUGH A GRANT FUNDED BY THE DEPARTMENT OF HOMELAND SECURITY, A TRAINING PROGRAM, "CRISIS LEADERSHIP FOR LOCAL GOVT OFFICIALS." IT WAS OFFERED IN ALBUQUERQUE, NEW MEXICO; SALT LAKE CITY, UTAH; BILLINGS, MONTANA; ANCHORAGE, ALASKA AND ALEXANDRIA, VA. CPM
- 4b** (Code:) (Expenses \$ 2,062,093. including grants of \$ 32,690.) (Revenue \$ 1,996,656.)
PROFESSIONAL DEVELOPMENT:
- PROFESSIONAL DEVELOPMENT IS OFFERED THROUGH THE ANNUAL CONFERENCE, ICMA UNIVERSITY WORKSHOPS AND LOCAL GOVERNMENT TRAINING. THE 2010 ANNUAL CONFERENCE TOOK PLACE IN SAN JOSE, CA., WHICH RECEIVED AN OVERALL RATING OF VERY GOOD OR EXCELLENT FROM 75% OF EVALUATION SURVEY RESPONDENTS. IT EXCEEDED BUDGET REVENUE BY 16.2% IN PART BECAUSE OF STRONGER THAN ANTICIPATED ATTENDANCE. LAUNCHED SECOND VIRTUAL CONFERENCE, WHICH HAD 113 REGISTRANTS, AN INCREASE OF NEARLY 40% OVER THE PREVIOUS YEAR. UNDER ICMA UNIVERSITY PROVIDED 27 SENIOR MANAGERS WITH THE ICMA GETTYSBURG LEADERSHIP INSTITUTE EXPERIENCE, IMPLEMENTED TIERED PRICING AND TEAM DISCOUNTS TO INCREASE PARTICIPATION. OFFERED
- 4c** (Code:) (Expenses \$ 1,895,562. including grants of \$) (Revenue \$ 1,004,500.)
INFORMATION:
- INFORMATION IS PROVIDED TO THE MEMBERS THROUGH PUBLISHING, PM MAGAZINE, WEBINARS, SURVEY RESEARCH AND KNOWLEDGE NET WORK. IN 2011 PUBLISHED A REFASHIONED "THE MUNICIPAL YEAR BOOK 2011". CREATING A LEANER AND MORE RELEVANT PUBLICATION THAT FOCUSES PRIMARILY ON ISSUES THAT READERS HAVE IDENTIFIED AS PRIORITY CONTENT AREAS. PUBLISHED ECONOMIC DEVELOPMENT: STRATEGIES FOR STATE AND LOCAL PRACTICE, 2ND EDITION AND HOME LAND SECURITY: BEST PRACTICES FOR LOCAL GOVERNMENT. PUBLISHED THE INFOCUS (FORMERLY IQ REPORT) ELECTRONIC SUBSCRIPTION SERIES. PM MAGAZINE MAINTAINED A CONSTANT, MORE ECONOMICAL SIZE OF 32 PAGES FOR EVERY ISSUE, WITH THE 2010 ANNUAL AWARDS BOOKLET INCLUDED IN OCTOBER ISSUE
- 4d** Other program services. (Describe in Schedule O.)
 (Expenses \$ 2,584,438. including grants of \$) (Revenue \$ 5,151,706.)
- 4e** Total program service expenses **23,413,665.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
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, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

**INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION**

Form 990 (2010)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		24a X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		25a X
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>		25b X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a 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> ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☒ X

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	20	
b Enter the number of voting members included in line 1a, above, who are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **AZ, AR, CA, CT, IL, ME, MA, MS, NH, NJ, OK, OR**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
MINI AGGARWAL - 202-962-3549
777 NORTH CAPITOL ST. NE, NO. 500, WASHINGTON, DC 20002-4201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE CHILDS PRESIDENT	5.00	X		X				0.	0.	0.
SAM GASTON PRESIDENT ELECT	5.00	X		X				0.	0.	0.
DARNELL EARLEY PAST PRESIDENT	5.00	X		X				0.	0.	0.
PETER AGH REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
ANDREA ARNOLD REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
JAMES A. BENNETT REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
RICARDO T. CORTES REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
NOELENE DUFF REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
MICHELLE CRANDALL REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
MATTHEW FULTON REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
LEE FELDMAN REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
HEATHER HARPER REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
CHERYL HILVERT REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
BRUCE MOORE REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
PATRICIA E. MARTEL REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
CHARLES PENNY REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
MICHELE MEADE REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW E. NEIDITZ REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
KAREN E. PINKOS REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
CHRISTOPHER ANDERSON REGIONAL VICE PRESIDENT	5.00	X		X				0.	0.	0.
ROBERT O'NEILL EXECUTIVE DIRECTOR	37.50			X				329,512.	0.	54,339.
UMA RAMESH CHIEF FINANCIAL OFFICER	37.50			X				158,755.	0.	31,570.
ELIZABETH KELLAR DEPUTY EXECUTIVE DIRECTOR	37.50				X			230,454.	0.	35,664.
RON CARLEE COO	37.50				X			169,536.	0.	2,187.
DAVID GROSSMAN DIRECTOR, INTL. PROGRAMS	37.50				X			161,774.	0.	17,874.
WAYNE SOMMER DIRECTOR, US PROGRAMS	37.50					X		159,899.	0.	31,832.
1b Sub-total								1,209,930.	0.	173,466.
c Total from continuation sheets to Part VII, Section A								903,723.	0.	48,137.
d Total (add lines 1b and 1c)								2,113,653.	0.	221,603.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **29**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GW CONSULTING INC., 5870 TRINITY PKWY, #300, CENTERVILLE, VA 20120	FIELD OFFICE SERVICES	390,582.
CASSEDY INSURANCE AGENCY 742 LYNN ST. PO BOX 1069, HERNDON, VA 20170	INSURANCE SERVICES	165,559.
FREEMAN DECORATING, 61 BROWNS LANE, TORONTO, ONTARIO, CANADA M8W 3S3	CONFERENCE SET UP	136,286.
MADWOLF TECHNOLOGIES, 818 CONNECTICUT AVE, NW, WASHINGTON, DC 20006	CONSULTING SERVICES	135,427.
WAYNE STATE UNIVERSITY, 5150 ANTHONY WAYNE DR., DETROIT, MI 48202-3967	CONSULTING SERVICES	104,040.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **22**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VAN JAMES RESIDENT ADVISOR	37.50					X		288,132.	0.	7,573.
ROBERT KATZ RESIDENT ADVISOR	37.50					X		315,523.	0.	9,920.
SANDRA TRIPP-JONES SENIOR GOVERNMENT ADVISOR	37.50					X		150,932.	0.	9,471.
BETSY SHERMAN DIRECTOR, MEMBER SERVICES	37.50					X		149,136.	0.	21,173.
Total to Part VII, Section A, line 1c								903,723.		48,137.

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1380971.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1380971.			
Program Service Revenue	2 a TECHNICAL ASSISTANCE	Business Code	541610	20,868,861.	20,868,861.		
	b MEMBERSHIP SERVICES		900099	4782786.	4782786.		
	c PROFESSIONAL DEVELOP.		541900	1996656.	1996656.		
	d RESEARCH/INFORMATION		541900	1004500.	1004500.		
	e MEMBER PUBLICATIONS		511190	368,920.	368,920.		
	f All other program service revenue		541800	106,197.		106,197.	
	g Total. Add lines 2a-2f			29,127,920.			
	3 Investment income (including dividends, interest, and other similar amounts)			628,858.			628,858.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			355,056.			355,056.	
Other Revenue	6 a Gross Rents	(i) Real	1,042,111.				
	b Less: rental expenses	(ii) Personal	873365.				
	c Rental income or (loss)		168746.				
	d Net rental income or (loss)			168,746.		168,746.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	145105.				
	b Less: cost or other basis and sales expenses	(ii) Other	125992.				
	c Gain or (loss)		19,113.				
	d Net gain or (loss)			19,113.		19,113.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	828417.				
	b Less: cost of goods sold	b	165959.				
	c Net income or (loss) from sales of inventory			662,458.		662,458.	
	Miscellaneous Revenue	Business Code					
11 a OTHER REVENUE		900099	103,001.			103,001.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			103,001.				
12 Total revenue. See instructions			32,446,123.	29,021,723.	106,197.	1,937,232.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	32,690.	32,690.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	323,600.	323,600.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,080,870.	431,381.	649,489.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,739,360.	9,419,496.	3,285,434.	34,430.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	487,584.	330,728.	154,726.	2,130.
9 Other employee benefits	2,973,582.	2,087,223.	872,099.	14,260.
10 Payroll taxes	922,491.	634,683.	285,005.	2,803.
11 Fees for services (non-employees):				
a Management				
b Legal	76,104.	65,159.	10,945.	
c Accounting	68,645.		68,645.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	3,620,325.	3,067,899.	552,397.	29.
12 Advertising and promotion	2,253.	2,253.		
13 Office expenses	2,486,022.	1,949,364.	525,813.	10,845.
14 Information technology	186,005.	18,958.	167,047.	
15 Royalties	55,632.	55,632.		
16 Occupancy	1,882,522.	1,493,210.	353,053.	36,259.
17 Travel	1,871,823.	1,686,234.	185,199.	390.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,219,151.	1,079,904.	133,272.	5,975.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	422,838.	15,090.	407,748.	
23 Insurance	519,999.	430,797.	89,202.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ALLOW.- INVENTORY VAL.	99,420.		99,420.	
b SERVICE CNTR ALLOCATION	0.	289,364.	-291,715.	2,351.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	31,070,916.	23,413,665.	7,547,779.	109,472.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	800.	1	22,742.
	2 Savings and temporary cash investments	1,621,805.	2	2,507,238.
	3 Pledges and grants receivable, net	1,856,242.	3	3,295,398.
	4 Accounts receivable, net	2,015,321.	4	1,539,591.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	527,981.	8	450,902.
	9 Prepaid expenses and deferred charges	1,024,667.	9	995,121.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,860,977.		
	10b Less: accumulated depreciation	2,121,050.		
		853,428.	10c	739,927.
	11 Investments - publicly traded securities	3,850,842.	11	4,448,174.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	61,136.	15	97,819.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,812,222.	16	14,096,912.	
Liabilities	17 Accounts payable and accrued expenses	1,557,861.	17	2,335,387.
	18 Grants payable		18	
	19 Deferred revenue	4,802,443.	19	4,825,503.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	12,711.	25	46,226.
	26 Total liabilities. Add lines 17 through 25	6,373,015.	26	7,207,116.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,988,074.	27	5,120,638.
	28 Temporarily restricted net assets	1,451,133.	28	1,769,158.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,439,207.	33	6,889,796.
	34 Total liabilities and net assets/fund balances	11,812,222.	34	14,096,912.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,446,123.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,070,916.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,375,207.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,439,207.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	75,382.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,889,796.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒ X**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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Schedule A (Form 990 or 990-EZ) 2010 ASSOCIATION

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,586,994.	1,644,858.	2,005,571.	1,346,181.	1,380,971.	7,964,575.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,835,313.	27,379,266.	29,586,522.	31,435,905.	29,021,723.	140,258,729.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	24,422,307.	29,024,124.	31,592,093.	32,782,086.	30,402,694.	148,223,304.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,175.	10,598.	10,991.	7,935.	8,696.	48,395.
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	9,614,741.	11,075,185.	13,727,821.	16,244,830.	13,415,908.	64,078,485.
c Add lines 7a and 7b	9,624,916.	11,085,783.	13,738,812.	16,252,765.	13,424,604.	64,126,880.
8 Public support (Subtract line 7c from line 6)						84,096,424.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	24,422,307.	29,024,124.	31,592,093.	32,782,086.	30,402,694.	148,223,304.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,459,670.	2,442,759.	2,173,152.	2,047,111.	2,026,025.	10,148,717.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,459,670.	2,442,759.	2,173,152.	2,047,111.	2,026,025.	10,148,717.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	78,863.	82,198.		131,146.	103,001.	395,208.
13 Total support (Add lines 9, 10c, 11, and 12)	25,960,840.	31,549,081.	33,765,245.	34,960,343.	32,531,720.	158,767,229.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	52.97 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	50.75 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	6.39 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	6.09 %

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		4,148.
f Grants to other organizations for lobbying purposes?	X		26,357.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			30,505.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE PRIMARY GOAL OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTIVITIES IS TO DOCUMENT AND PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT AND THE COUNCIL-MANAGER FORM. TO ACHIEVE THIS GOAL, ICMA COLLECTS AND DISSEMINATES CIVIC AND GENERAL EDUCATION MATERIALS. ICMA RESPONDS TO REQUESTS FOR FINANCIAL ASSISTANCE FROM BONA FIDE CITIZEN

Part IV Supplemental Information (continued)

GROUPS TO SUPPORT ADOPTION/RETENTION OF THE COUNCIL-MANAGER FORM OR THE
POSITION OF PROFESSIONAL MANAGER.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010
**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" to Form 990, Part IV, line 6.

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

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

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

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

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

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

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

	Held at the End of the 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?☐ Yes☐ No**b** If "Yes," explain the arrangement in Part XIV and complete the following table.

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?☐ Yes☐ No**b** If "Yes," explain the arrangement in Part XIV.**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.**1a** Beginning of year balance**b** Contributions**c** Net investment earnings, gains, and losses**d** Grants or scholarships**e** Other expenditures for facilities and programs**f** Administrative expenses**g** End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:**a** Board designated or quasi-endowment ► _____ %**b** Permanent endowment ► _____ %**c** Term endowment ► _____ %**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		697,829.	549,883.	147,946.
d Equipment		1,658,169.	1,111,811.	546,358.
e Other		504,979.	459,356.	45,623.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				739,927.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SUBTENANT SECURITY DEPOSITS	46,226.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

46,226.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,446,123.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,070,916.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,375,207.
4	Net unrealized gains (losses) on investments	4	75,382.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	75,382.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,450,589.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	33,855,620.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	75,382.
b	Donated services and use of facilities	2b	294,791.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	370,173.
3	Subtract line 2e from line 1	3	33,485,447.
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	
b	Other (Describe in Part XIV.)	4b	-1,039,324.
c	Add lines 4a and 4b	4c	-1,039,324.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,446,123.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	32,405,031.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	294,791.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,039,324.
e	Add lines 2a through 2d	2e	1,334,115.
3	Subtract line 2e from line 1	3	31,070,916.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,070,916.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B – OTHER ADJUSTMENTS:

RENTAL EXPENSES \$873,365

COST OF GOODS SOLD \$165,959

PART XIII, LINE 2D – OTHER ADJUSTMENTS:

RENTAL EXPENSES \$873,365

COST OF GOODS SOLD \$165,959

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
InspectionName 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"
to Form 990, Part IV, line 14b.**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA	1	7	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	817,730.
MIDDLE EAST AND NORTH AFRICA	0	4	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	1,970,946.
SUB-SAHARAN AFRICA	1	4	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	801,850.
SOUTH ASIA	27	172	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	11044364.
EAST ASIA & PACIFIC	3	35	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	139,815.
EUROPE	1	4	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	402,896.
3 a Sub-total	33	226			15,177,601.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	33	226			15,177,601.

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

Schedule F (Form 990) 2010

Part II

4

Part II can be duplicated if additional space is needed.

[illegible]

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

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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

Part III can be duplicated if additional space is needed.

[illegible]

INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION

Schedule F (Form 990) 2010

36-2167755 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, PART I, LINE 2: FIELD OFFICES SEND REPORTS TO THE HOME OFFICE
ON A MONTHLY BASIS. REPORTS ARE REVIEWED BY THE PROJECT FINANCE OFFICER.
FUNDS ARE ALSO MONITORED BY PROJECT MANAGERS.

PART II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDED SMALL INFRASTRUCTURE AND PERFORMANCE
INCENTIVE FUNDS TO THE STRATEGIC BUSINESS UNITS OF THE NATIONAL WATER
UTILITY AS PER CAWSA'S COOPERATIVE AGREEMENT

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

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

Name of the organization

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?

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

INTERNATIONAL CITY/COUNTY MANAGEMENT

Schedule I (Form 990) (2010)

ASSOCIATION

36-2167755

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
SCHOLARSHIPS TO PAY FOR TRAVEL, LODGING, AND REGISTRATION OF SELECT ICMA CONFERENCE ATTENDEES.	40	19,991.	0.		
HARVARD KENNEDY SCHOOL SCHOLARSHIP	1	11,200.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: A COPY OF THE GRANT AGREEMENT IS KEPT ON FILE.

THE GRANTEE SUBMITS QUARTERLY TECHNICAL REPORTS WHICH INCLUDE

ACCOMPLISHMENTS, CHALLENGES, AND PLANS FOR THE FUTURE. A FINAL TECHNICAL

REPORT IS ALSO SUBMITTED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☒ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in 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 from the organization or a related organization?

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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2010

**INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION**

Part I 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT O'NEILL	(i) 296,340.	(ii) 28,500.	(iii) 4,672.	40,443.	13,896.	383,851.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 UMA RAMESH	(i) 158,755.	(ii) 0.	(iii) 0.	16,441.	15,129.	190,325.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 ELIZABETH KELLAR	(i) 221,454.	(ii) 0.	(iii) 9,000.	24,523.	11,141.	266,118.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 RON CARLEE	(i) 169,536.	(ii) 0.	(iii) 0.	0.	2,187.	171,723.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 DAVID GROSSMAN	(i) 161,774.	(ii) 0.	(iii) 0.	15,182.	2,692.	179,648.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 WAYNE SOMMER	(i) 159,899.	(ii) 0.	(iii) 0.	16,681.	15,151.	191,731.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 VAN JAMES	(i) 288,132.	(ii) 0.	(iii) 0.	0.	7,573.	295,705.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 ROBERT KATZ	(i) 302,907.	(ii) 0.	(iii) 12,616.	0.	9,920.	325,443.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 SANDRA TRIPP-JONES	(i) 150,932.	(ii) 0.	(iii) 0.	0.	9,471.	160,403.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 BETSY SHERMAN	(i) 149,136.	(ii) 0.	(iii) 0.	14,530.	6,643.	170,309.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11							
12							
13							
14							
15							
16							

INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION

Schedule J (Form 990) 2010

36-2167755

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: ICMA OCCASIONALLY PROVIDES SPOUSAL TRAVEL FOR THE
EXECUTIVE DIRECTOR AND INCLUDES IT AS TAXABLE INCOME.

PART I, LINE 7: THE EXECUTIVE DIRECTOR RECEIVES A BONUS BASED ON A
FORMULA DETERMINED BY THE BOARD.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

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:

WORLDWIDE. ICMA PROVIDES MEMBER SUPPORT; PUBLICATIONS, DATA AND
INFORMATION; PEER AND RESULTS-ORIENTED ASSISTANCE; AND TRAINING AND
PROFESSIONAL DEVELOPMENT TO NEARLY 9,000 CITY, TOWN, AND COUNTRY
EXPERTS AND OTHER INDIVIDUALS AND ORGANIZATIONS THROUGHOUT THE WORLD.
THE MANAGEMENT DECISIONS MADE BY ICMA'S MEMBERS AFFECT MILLIONS OF
INDIVIDUALS LIVING IN THOUSANDS OF COMMUNITIES, FROM SMALL VILLAGES AND
TOWNS TO LARGE METROPOLITAN AREAS.

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

ENDED FY 11 WITH 169 PARTICIPATING JURISDICTIONS COMPARED TO 160 IN FY
10. CENTER FOR SUSTAINABLE COMMUNITIES GENERATED NEARLY \$1.8 MILLION IN
GRANT, CONTRACT, AND SPONSORSHIP REVENUE FROM FEDERAL AGENICES,
FOUNDATIONS AND THE PRIVATE SECTOR. FEATURED A NEWLY REDESIGNED
SIGNATURE EVENT AT BROWNFIELDS 2011, THE ECONOMIC REDEVELOPMENT FORUM
WHICH FOCUSED ON THE IMPORTANCE OF FINANCIAL INCENTIVES TO SPUR
BROWNFIELDS REDEVELOPMENT. RECEIVED OR SECURED COMMITMENT FOR MORE THAN
\$1,539,600 IN SUPPORT OF ICMA PROGRAMS AND ACTIVITES THROUGH STRATEGIC
PARTNER FEES, CONTRIBUTIONS, JOINT VENTURES, AND SPONSORSHIPS. MADE A
POSITIVE IMPACT ON THOUSANDS OF CITIZENS' LIVES THORUGH PROGRAMS THAT
FACILITATE COMMUNITY BASED VIOLENCE PREVENTION APPROACHES IN CENTRAL
AMERICA, BUILD CAPACITY IN NEWLY DECENTRALIZED COUNTRIES, AND PROMOTE
GOOD GOVERANCE WORLDWIDE. MAINTAINED AN ACTIVE INTERNATIONAL PROJECT
PORTFOLIO OF 17 PROGRAMS IN MORE THAN 20 COUNTRIES, WITH ASSOCIATED
2012 REVENUES PROJECTED TO EQUAL OR EXCEED 2011 REVENUE.

Name of the organization INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION

Employer identification number
36-2167755

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

18 ICMA UNIVERSITY WORKSHOPS AT SAN JOSE CONFERENCE, PARTNERED WITH
STATE ASSOCIATIONS OR AFFILIATES. CONDUCTED FEE-BASED PROGRAMS ON
ETHICS FOR THREE LOCAL GOVERNMENTS AND ONE LOCAL GOVERNMENT TRAINING
CENTER; HELD TWO ETHICAL WEB WORKSHOPS. GRADUATED 14 MEMBERS OF
LEADERSHIP ICMA CLASS OF 2010 IN SAN JOSE, ACCEPTED 17 PARTICIPANTS TO
LEADERSHIP ICMA CLASS OF 2012. YOUNG PROFESSIONAL LEADERSHIP INSTITUTE
CONDUCTED IN CONJUNCTION WITH FOUR ICMA REGIONAL SUMMITS, WITH AN
AVERAGE ATTENDANCE OF 20 YOUNG LEADERS AND STUDENTS PER SESSION. UNDER
EMERGING LEADERS DEVELOPMENT PROGRAM GRADUATED 34 IN THE CLASS OF 2010,
WILL GRADUATE 24 IN THE FALL CLASS OF 2011.

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

AND THE 2011 ANNUAL CONFERENCE PRELIMINARY PROGRAM INCLUDED IN JUNE
ISSUE. RAN REGULARLY OCCURRING NEW COLUMNS: TECH TOUCH (TECHNOLOGY
ISSUES); COUNCIL RELATIONS(MANAGER - COUNCIL RELATIONSHIP COLUMN BY
MIKE CONDUFF) AND LEGAL LENS (LEGAL ISSUES). BEGAN SENDING PM MAGAZINE
TO INTERNATIONAL MEMBERS FOR A COST SAVING OF OVER \$4,500. PROVIDED
ALMOST DOUBLE THE NUMBERS OF WEBINARS IN FY 11 COMPARED TO FY 10.
CONDUCTED ICMA-FUNDED NATIONAL SURVEY OF POLICE AND FIRE PERSONNEL
EXPENDITURES. CONDUCTED ICMA -FUNDED NATIONAL CEO SALARY AND
COMPENSATION SURVEY. CONDUCTED A NATIONAL SURVEY ON MATURING OF
AMERICA, FUNDED BY THE MET LIFE FOUNDATION THROUGH THE NATIONAL
ASSOCIATION OF AREA AGENCIES ON AGING. CELEBRATED THE KNOWLEDGE
NETWORK'S ONE YEAR ANNIVERSARY IN MAY. THE SITE HAS MORE THAN 18,000
REGISTERED USERS, WITH OVER 400 NEW USERS FROM ALL LEVELS AND FUNCTIONS
OF LOCAL GOVERNMENT SIGNING UP EVERY MONTH. FACILITATED THE SHARING OF
BEST PRACTICES BETWEEN JURISDICTIONS AND ENABLED LOCAL GOVERNMENT

Name of the organization	INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION	Employer identification number	36-2167755
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PROFESSIONALS TO BETTER SERVE THEIR COMMUNITIES WITH MORE THAN 1,000

QUESTIONS THAT HAVE BEEN ASKED AND ANSWERED ON THE KNOWLEDGE NETWORK.

USED THE KNOWLEDGE NETWORK ON COLLABORATION TOOLS TO SUPPORT TEAMS ON

ICMA - LED PROJECTS, PARTICULARLY WITH ICMA INTERNATIONAL'S WORK.

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

MEMBERSHIP RENEWAL AND SERVICES

EXPENSES \$ 1,483,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,151,706.

OTHER

EXPENSES \$ 1,101,438. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AFGHANISTAN, ETHIOPIA, LEBANON, INDONESIA,

IRAQ

FORM 990, PART VI, SECTION A, LINE 6: CORPORATE MEMBER:

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

FORM 990, PART VI, SECTION A, LINE 7A: THE REGIONAL VICE PRESIDENTS ARE

Name of the organization INTERNATIONAL CITY/COUNTY MANAGEMENT
ASSOCIATION

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36-2167755

ELECTED BY A MAJORITY VOTE OF THE CORPORATE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: THE CONSTITUTION AND THE CODE OF ETHICS MAY BE AMENDED BY A MAJORITY VOTE OF THE CORPORATE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW. THE DRAFT IS DISCUSSED VIA CONFERENCE CALL OR AT THE BOARD MEETING. A COPY OF THE RETURN IS MADE AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES SIGN THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED BY THE AUDIT AND EVALUATION COMMITTEE. VARIOUS SALARY COMPARISONS OF EXECUTIVE DIRECTORS OF OTHER COMPARABLE ORGANIZATIONS, INCLUDING COMPENSATION DATA FROM THE AMERICAN RESEARCH COMPANY ON 2,500 ASSOCIATION CEOS, IS PROVIDED ANNUALLY TO THE AUDIT AND EVALUATION COMMITTEE. THE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS WHICH VOTES ON THE RECOMMENDATION. THE RESULT IS THEN COMMUNICATED TO THE HR DIRECTOR AND CFO.

FOR THE OTHER OFFICERS AND KEY EMPLOYEES, THE HUMAN RESOURCES DIRECTOR ENSURES THAT SALARIES OF ICMA STAFF ARE IN LINE WITH THE MARKET PLACE AND ADJUSTMENTS ARE MADE WHERE NEEDED. PERIODICALLY AN INDEPENDENT FIRM IS ASKED TO REVIEW THE JOB CLASSIFICATIONS AND SALARIES TO ENSURE THEY ARE WITHIN AN APPROPRIATE RANGE. THE LAST STUDY WAS DONE IN FY 2009 WITH

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

ADJUSTMENTS MADE AS NECESSARY. ALL COMPENSATION PAID IS WITHIN THE BOARD'S
APPROVED BUDGET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 75,382.

FORM 990, PART XII, LINE 2C

ICMA HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT AND THE SELECTION
OF THE AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	DATA PROCESSING EQUIPMENT	VARIES		.000	16	988,587.			988,587.	515,142.		0.
12	FURNITURE & FIXTURES	VARIES		.000	16	504,979.			504,979.	408,001.		0.
13	LEASEHOLD IMPROVEMENTS	VARIES		.000	16	648,035.			648,035.	478,021.		0.
14	SOFTWARE	VARIES		.000	16	499,548.			499,548.	398,682.		0.
15	OFFICE EQUIPMENT	VARIES		.000	16	26,969.			26,969.	19,844.		0.
	* TOTAL 990 PAGE 10 DEPR					2,668,118.		0.	2,668,118.	1,819,690.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION	Employer identification number 36-2167755
	Number, street, and room or suite no. If a P.O. box, see instructions. 777 NORTH CAPITOL ST. NE, NO. 500	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002-4201	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MINI AGGARWAL - 777 NORTH CAPITOL ST. NE, NO. 500 -

- The books are in the care of ► **WASHINGTON, DC 20002-4201**

Telephone No. ► **202-962-3549**

FAX No. ► ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year ☐ or
► ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)