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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable:

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

C Name of organization

NORTH CAROLINA CITY & COUNTY MGMT ASSOC

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

P.O. BOX 3069

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

RALEIGH, NC 27602

D Employer identification number

56-6073674

E Telephone number

(919) 715-4000

F Group Exemption

Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____

I Website: WWW.NCMANAGERS.ORG

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 184,889.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	423.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	73,031.
	4	Investment income	4	1,710.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	109,725.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	184,889.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	55,793.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,200.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	211.
	16	Other expenses (describe in Schedule O)	16	116,959.
	17	Total expenses. Add lines 10 through 16	17	177,163.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,726.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	381,209.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	388,935.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	463,807.	22	428,062.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	14,077.	24	14,588.
25 Total assets	477,884.	25	442,650.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	96,675.	26	53,715.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	381,209.	27	388,935.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SUPPORTED MEMBERSHIP WITH TWO CONFERENCES AND PUBLICATION OF THE ADMINISTRATOR(Grants \$) If this amount includes foreign grants, check here ☐

28a

29 DEVELOPED MEMBERSHIP BY PROMOTING PURSUIT OF CAREERS IN LOCAL GOVERNMENT(Grants \$) If this amount includes foreign grants, check here ☐

29a

30 PROVIDED FOR LOCAL GOVERNMENT EDUCATION PROJECTS IN NC(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HARRY L. JONES	PRESIDENT			
	1.00	0.	0.	0.
W. LANE BAILEY	PAST PRESIDENT			
	0.50	0.	0.	0.
BRIAN HIATT	FIRST VICE PRESIDENT			
	0.50	0.	0.	0.
CARL DEAN	SECOND VICE PRESIDENT			
	0.50	0.	0.	0.
LEE WORSELY	SECRETARY/TREASURER			
	0.50	0.	0.	0.
MICK BERRY	DIRECTOR			
	0.50	0.	0.	0.
TASHA LOGAN	DIRECTOR			
	0.50	0.	0.	0.
GWEN HARVEY	DIRECTOR			
	0.50	0.	0.	0.
LEE GARRITY	DIRECTOR			
	0.50	0.	0.	0.
CRAIG HONEYCUTT	DIRECTOR			
	0.50	0.	0.	0.
THOMAS MORTON	DIRECTOR			
	0.50	0.	0.	0.
CHARLES ARCHER	SECRETARIAT			
	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
38b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ NC		
42a The organization's books are in care of ▶ NC LEAGUE OF MUNICIPALITIES Telephone no. ▶ (919) 715-4000		
Located at ▶ 308 W. JONES STREET, RALEIGH, NC ZIP + 4 ▶ 27603		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entry within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

SUSAN GLENDENNING

Susan Glendenning

11/2/12

P00921817

Firm's name ▶ MADDISON & CAISON, LLP

Firm's EIN ▶ 56-1053187

Firm's address ▶ 1111 OBERLIN ROAD
RALEIGH, NC 27605

Phone no. (919) 821-5482

May the IRS discuss this return with the preparer shown above? See instructions

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Form 990-EZ (2011)

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

2011

Open to Public
Inspection

Name of the organization

NORTH CAROLINA CITY & COUNTY MGMT ASSOC

Employer identification number

56-6073674

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

1,710.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

SUMMER CONFERENCE

43,675.

WINTER CONFERENCE

66,050.

TOTAL TO FORM 990-EZ, LINE 8

109,725.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SUPPORT TO NATIONAL ORGANIZATION

GRANTEE NAME: ICMA ENDOWMENT FUND

GRANTEE ADDRESS: 777 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002

DATE OF GIFT: 06/30/12

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION: ELECTED OFFICIAL TRAINING

GRANTEE NAME: UNC-CH SCHOOL OF GOVERNMENT

GRANTEE ADDRESS: CAMPUS BOX 3330, UNC-CH CHAPEL HILL, NC 27599

DATE OF GIFT: 08/24/12

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION: LAWRENCE ENDOWED PROFESSORSHIP

GRANTEE NAME: UNC-CH SCHOOL OF GOVERNMENT

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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GRANTEE ADDRESS: CAMPUS BOX 3330, UNC-CH CHAPEL HILL, NC 27599

DATE OF GIFT: 05/24/12

AMOUNT GIVEN: 8,334.

ACTIVITY CLASSIFICATION: GORDON WHITAKER SCHOLARSHIP

GRANTEE NAME: UNC-CH SCHOOL OF GOVERNMENT

GRANTEE ADDRESS: CAMPUS BOX 3330, UNC-CH CHAPEL HILL, NC 27599

DATE OF GIFT: 03/06/12

AMOUNT GIVEN: 8,334.

ACTIVITY CLASSIFICATION: PUBLIC LEADERSHIP ACADEMY GRANT

GRANTEE NAME: UNC-CH SCHOOL OF GOVERNMENT

GRANTEE ADDRESS: CAMPUS BOX 3330, UNC-CH CHAPEL HILL, NC 27599

DATE OF GIFT: 05/30/12

AMOUNT GIVEN: 29,125.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 55,793.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MEMBER SUPPORT 100.

WEBSITE 3,292.

THE ADMINISTRATOR 7,200.

SUMMER CONFERENCE 10,421.

WINTER CONFERENCE 6,337.

TRAVEL - ICMA CONFERENCE 8,949.

TRAVEL - STAFF 1,375.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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SCHOLARSHIPS AND MEMBER DEVELOPMENT	23,875.
INSURANCE	1,691.
AWARDS	1,092.
MISCELLANEOUS	1,588.
NCLM AFFILIATE FEE	12,179.
CIVIC EDUCATION PROJECT	38,860.
TOTAL TO FORM 990-EZ, LINE 16	116,959.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
RECEIVABLES	14,077.	13,088.
PREPAID EXPENSES	0.	1,500.
TOTAL TO FORM 990-EZ, LINE 24	14,077.	14,588.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	68,666.	42,429.
DEFERRED INCOME	28,009.	11,286.
TOTAL TO FORM 990-EZ, LINE 26	96,675.	53,715.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO CONTRIBUTE TO
IMPROVEMENT OF CITY AND COUNTY GOVERNMENT IN NC

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.