See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
777 NORTH CAPITOL ST NE NO 500

City or town, state or country, and ZIP + 4
WASHINGTON, DC 200024201

D Employer identification number
36-2167755

E Telephone number
(202) 289-4262

G Gross receipts $ 38,070,088

F Name and address of principal officer
ROBERT O'NEILL
777 NORTH CAPITOL ST NE NO 500
WASHINGTON,DC 200024201

H(a) Is this a group return for 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

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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	176
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	206,004
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,782,432	20,772,758
9	Program service revenue (Part VIII, line 2g)	10,846,229	11,438,309
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	596,649	616,922
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,135,487	1,163,970
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,360,797	33,991,959
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	660,457	144,364
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)	20,793,132	21,363,620
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	33,012
b	Total fundraising expenses (Part IX, column (D), line 25) ▶656,583		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,707,171	11,922,297
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,160,760	33,463,293
19	Revenue less expenses Subtract line 18 from line 12	1,200,037	528,666

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,535,932	16,443,151
21	Total liabilities (Part X, line 26)	6,429,168	7,783,734
22	Net assets or fund balances Subtract line 21 from line 20	8,106,764	8,659,417

Part II Signature Block

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

Sign Here

****** | 2014-05-06
Signature of officer | Date

SABINA AGARUNOVA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PATRICIA A O'MALLEY CPA				P00285909

Firm's name ▶ RUBINO & COMPANY CHARTERED | Firm's EIN ▶ 52-1186096

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION (ICMA) ADVANCES PROFESSIONAL LOCAL GOVERNMENT WORLDWIDE OUR MISSION IS TO CREATE EXCELLENCE IN LOCAL GOVERNANCE BY DEVELOPING AND FOSTERING PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT WORLDWIDE ICMA PROVIDES TECHNICAL AND MANAGEMENT ASSISTANCE, TRAINING, AND INFORMATION RESOURCES IN THE AREAS OF PERFORMANCE MEASUREMENT, ETHICS EDUCATION AND TRAINING, COMMUNITY AND ECONOMIC DEVELOPMENT, ENVIRONMENTAL MANAGEMENT, TECHNOLOGY, AND OTHER TOPICS TO ITS MEMBERS AND THE BROADER LOCAL GOVERNMENT COMMUNITY THE LEADERSHIP AND 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 18,086,627 including grants of $ 144,364) (Revenue $ 3,033,385)

SERVICES TO LOCAL GOVERNMENTS ICMA OFFERS TRAINING AND TECHNICAL ASSISTANCE THROUGH OUR CENTER FOR PERFORMANCE MEASUREMENT, CENTER FOR SUSTAINABLE COMMUNITIES, CENTER FOR PUBLIC SAFETY MANAGEMENT, CENTER FOR MANAGEMENT STRATEGIES, AND INTERNATIONAL PROGRAMS THE CENTER FOR PERFORMANCE MEASUREMENT (CPM) HAD 253 PARTICIPATING JURISDICTIONS IN FY 2013 AND DEVELOPED A NEW REPORT, "FROM PERFORMANCE MEASUREMENT TO MANAGEMENT FY2012 CASE STUDIES AND COMPARATIVE DATA", TO REFLECT AN INCREASED FOCUS ON ANALYSIS USING CASE STUDIES AND POPULATION COMPARISONS THE CENTER FOR SUSTAINABLE COMMUNITIES (CSC) ORGANIZED THE NATIONAL BROWNFIELDS CONFERENCE, "BROWNFIELDS 2013", IN ATLANTA WITH NEARLY 3,000 REGISTRANTS, 150 EXHIBITORS, AND 150 EDUCATION SESSIONS, CONTINUED TO MANAGE THE LOCAL GOVERNMENT ENVIRONMENTAL ASSISTANCE NETWORK (LGEAN), A JOINT PARTNERSHIP WITH THE U S ENVIRONMENTAL PROTECTION AGENCY (EPA), WHICH FEATURES A WEBSITE COMPONENT (LGEAN ORG) AND A HOTLINE FOR LOCAL GOVERNMENT ENVIRONMENTAL COMPLIANCE OFFICIALS, CONTINUED TO CONDUCT RESEARCH ON SUSTAINABILITY AND SOCIAL EQUITY WITH THE SUPPORT OF FUNDING FROM THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), WORKED WITH HUD ON A VARIETY OF OTHER FUNDED PROJECTS, INCLUDING OUTREACH IN SUPPORT OF RURAL COMMUNITIES, A NEW PROJECT TO DEVELOP A "HEALTHY COMMUNITIES INDEX" IN FOUR COMMUNITIES, AND A CHOICE NEIGHBORHOODS AWARD TO STUDY NEIGHBORHOOD REVITALIZATION IN THREE SMALL NORTH CAROLINA AND VIRGINIA COMMUNITIES, AS ONE OF FIVE MEMBERS OF THE STRONG CITIES STRONG COMMUNITIES NATIONAL RESOURCE NETWORK CONSORTIUM, WORKED TO IMPLEMENT A COOPERATIVE AGREEMENT FROM HUD TO PROVIDE TECHNICAL ASSISTANCE, PEER-TO-PEER NETWORKING, AND OTHER SUPPORT TO AMERICA'S MOST ECONOMICALLY DISTRESSED COMMUNITIES, IN PARTNERSHIP WITH MICHIGAN STATE UNIVERSITY, CONDUCTED THE FIRST NATIONAL SURVEY ON LOCAL GOVERNMENT POLICIES, PLANS, PROGRAMS, PARTNERSHIPS, AND PERFORMANCE MEASURES RELATED TO LOCAL AND REGIONAL FOOD SYSTEMS THE CENTER FOR PUBLIC SAFETY MANAGEMENT (CPSM) COMPLETED 4 CHIEF SELECTION ADVANTAGE PROJECTS, 11 POLICE STUDIES, AND 14 FIRE STUDIES, HOSTED MORE THAN 328 PAID PARTICIPANTS IN CPSM-DEVELOPED WEBINARS, INCLUDING A SERIES DEVELOPED IN COOPERATION WITH THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATION AND THE U S DEPARTMENT OF HOMELAND SECURITY, WORKED WITH NATIONAL EMERGENCY MANAGEMENT ASSOCIATION TO DEVELOP A WEBINAR WHICH WAS OFFERED FREE OF CHARGE TO MEMBERS OF THE EMERGENCY MANAGEMENT ASSISTANCE COMPACT AND RESULTED IN THE LARGEST PARTICIPATION OF ANY FEMA/NEMA WEBINAR WITH 358 PARTICIPANTS, IN COOPERATION WITH THE INTERNATIONAL ASSOCIATION OF FIRE CHIEFS, CONDUCTED THE FIRST FIRE CHIEF SYMPOSIUM WHICH ATTRACTED 50 PARTICIPANTS, WORKED WITH THE ICMA INTERNATIONAL TEAM TO DEVELOP EDUCATION PROPOSALS FOR MEXICO AND CENTRAL AMERICA, AND MADE PRESENTATIONS TO SEVERAL DELEGATIONS FROM ASIA THE CENTER FOR MANAGEMENT STRATEGIES (CMS) WAS OFFICIALLY LAUNCHED IN OCTOBER 2012 TO BRING LEADING PRACTICE EDUCATION AND TECHNICAL ASSISTANCE TO LOCAL GOVERNMENTS TO FULFILL THE CENTER'S MISSION, ICMA NEGOTIATED AGREEMENTS WITH TECHNICAL ASSISTANCE SERVICE PROVIDERS IN THE DISCIPLINES OF HIGH PERFORMANCE ORGANIZATION STRATEGIES AND PRIORITY BASED BUDGETING THE CMS-COORDINATED ENHANCED RESEARCH PARTNERSHIP BETWEEN ALLIANCE FOR INNOVATION (AFI), ARIZONA STATE UNIVERSITY (ASU) AND ICMA INITIATED A RESEARCH PROJECT ON THE TOPIC OF CIVIC ENGAGEMENT ADDITIONALLY, CMS DEVELOPED A LOCAL GOVERNMENT RESEARCH COLLABORATIVE WITH AFI AND ASU TO ADVANCE THE RESEARCH AGENDA BEYOND THE ENHANCED ALLIANCE PARTNERSHIP AND SECURED 23 GOVERNMENTAL JURISDICTIONS TO PARTICIPATE IN THIS TWO-YEAR "EXPERIMENT", NEGOTIATED SPONSORSHIP IN THE AMOUNT OF $125,000 OVER 2 5 YEARS WITH ICMA STRATEGIC PARTNER CH2M HILL TO SUPPORT CMS WORK IN COLLABORATIVE SERVICE DELIVERY RESEARCH, IN PARTNERSHIP WITH AFI, SPONSORED AN EDUCATIONAL PROGRAM AS PART OF THE 2012 ANNUAL CONFERENCE TO COMMEMORATE THE 20TH ANNIVERSARY OF THE BOOK REINVENTING GOVERNMENT, WHICH ATTRACTED 55 PARTICIPANTS THE INTERNATIONAL PROGRAMS MADE A POSITIVE IMPACT ON THOUSANDS OF CITIZENS' LIVES THROUGH PROGRAMS THAT BUILD LOCAL GOVERNMENT CAPACITY IN NEWLY DECENTRALIZED COUNTRIES, MAINTAINED AN ACTIVE INTERNATIONAL PROJECT PORTFOLIO OF 17 PROGRAMS IN 12 COUNTRIES, PLUS FOUR REGIONAL TRAINING AND EXCHANGE PROGRAMS FOR MUNICIPAL OFFICIALS FROM 12 ADDITIONAL COUNTRIES, SUPPORTED IMPORTANT GLOBAL CITY LEARNING NETWORKS FOCUSED ON CLIMATE CHANGE ADAPTATION THROUGH THE ASSOCIATION OF SOUTH-EAST ASIAN NATIONS (ASEAN) BASED IN INDONESIA AND THE DURBAN ADAPTATION CHARTER BASED IN SOUTH AFRICA UNDER THE CITYLINKS FLAGSHIP PROJECT, LAUNCHED SEVERAL INITIATIVES WITH THE ICMA CHINA CENTER, INCLUDING IN-COUNTRY TRAINING FOR LOCAL GOVERNMENT OFFICIALS, PROFESSIONAL EXCHANGES/STUDY TOURS, AND LECTURE OPPORTUNITIES IN CHINESE CITIES FOR ICMA MEMBERS, INVOLVED SEVERAL INTERNATIONAL AFFILIATES IN THE DESIGN AND EXECUTION OF DONOR-FUNDED FELLOWSHIP EXCHANGE PROGRAMS, EXPANDED PROGRAMS INTO THE PRACTICE AREAS OF COMMUNITY POLICING/PUBLIC SAFETY, MUNICIPAL FINANCE, AND ENVIRONMENTAL SUSTAINABILITY, AND PROVIDED APPROXIMATELY 20 ICMA MEMBERS WITH OPPORTUNITIES TO PARTICIPATE IN ICMA INTERNATIONAL ACTIVITIES AS ADVISORS, CONSULTANTS, CONFERENCE PRESENTERS, AND CITYLINKS PARTNERS

4b (Code) (Expenses $ 2,299,146 including grants of $) (Revenue $ 2,001,248)

PROFESSIONAL DEVELOPMENT PROFESSIONAL DEVELOPMENT IS OFFERED THROUGH THE ANNUAL CONFERENCE, ICMA UNIVERSITY WORKSHOPS, WEB-CONFERENCES, LOCAL GOVERNMENT TRAININGS, AND THROUGH PROGRAMS SPECIFIC TO MEMBERS IN VARIOUS CAREER SEGMENTS THE 2012 ICMA ANNUAL CONFERENCE IN PHOENIX/MARICOPA COUNTY, ARIZONA, RECEIVED AN OVERALL RATING OF "VERY GOOD" OR "EXCELLENT" FROM 86% OF EVALUATION SURVEY RESPONDENTS THE CONFERENCE EXCEEDED BUDGET REVENUE BY 3%, WITH STRONGER-THAN-ANTICIPATED ATTENDANCE (2,986 TOTAL, INCLUDING 2,063 MEMBERS) ICMA LAUNCHED THE FIFTH VIRTUAL ANNUAL CONFERENCE, WHICH HAD 133 REGISTRANTS OFFERED 18 ICMA UNIVERSITY WORKSHOPS AT THE PHOENIX CONFERENCE, PARTNERED WITH STATE AND AFFILIATE ASSOCIATIONS TO OFFER AN ADDITIONAL 19 WORKSHOPS, PROVIDED WORKSHOP TRAINING TO 5 LOCAL GOVERNMENTS, UNIVERSITIES, AND OTHER ORGANIZATIONS, GRADUATED 16 MEMBERS OF THE LEADERSHIP ICMA CLASS OF 2012 AND 18 MEMBERS OF THE EMERGING LEADERSHIP DEVELOPMENT PROGRAM (ELDP) CLASS OF 2012 AND CONTINUED WORK WITH THE INAUGURAL CLASS OF THE MID-CAREER MANAGEMENT INSTITUTE CAREER SERVICES/NEXT GENERATION RECRUITED 19 LOCAL GOVERNMENTS TO HOST 28 LOCAL GOVERNMENT MANAGEMENT FELLOWS (LGMF) BEGINNING IN LATE SUMMER EARLY FALL 2013 A PROGRAM RECORD FOR BOTH HOSTS AND FELLOWS INCREASED THE NUMBER OF ICMA STUDENT CHAPTER PARTICIPANTS FROM 17 TO 31 CHAPTERS THE CREDENTIALING PROGRAM GRANTED ICMA CREDENTIAL OR CANDIDATE STATUS TO 64 MEMBERS, FOR A TOTAL OF 1,283, ACHIEVED A RENEWAL RATE OF 92%, WITH 97% OF THOSE COMPLETED ONLINE

4c (Code) (Expenses $ 1,854,082 including grants of $) (Revenue $ 1,031,948)

INFORMATION INFORMATION IS PROVIDED TO MEMBERS AND NON MEMBERS THROUGH PUBLISHING MATERIALS, PM MAGAZINE, WEBINARS, SURVEY RESEARCH, AND THE KNOWLEDGE NETWORK ICMA PUBLISHED WEEKLY EDITIONS OF THE LEADERSHIP MATTERS E-NEWSLETTER, WHICH EARNED THE HIGHEST "VALUABLE" PERCENTAGE RATING AMONG ALL RESOURCES IN THE ANNUAL MEMBER SURVEY, AND A NEW DAILY E-NEWSLETTER, THE ICMA SMARTBRIEF, WHICH HAD 22,471 SUBSCRIBERS WITH AN AVERAGE DAILY GROWTH RATE OF 71 SUBSCRIBERS, LAUNCHED A WEBSITE AND HISTORICAL TIMELINE IN SUPPORT OF ICMA'S 100TH ANNIVERSARY CELEBRATION, GENERATED 40 MILLION MEDIA IMPRESSIONS ON A VARIETY OF LOCAL GOVERNMENT-RELATED TOPICS, RESPONDED TO ROUGHLY 30 MEDIA INQUIRIES ON FORM OF GOVERNMENT, FISCAL CHALLENGES, AND GENERAL MANAGEMENT ISSUES, IN COOPERATION WITH A DC-BASED PR FIRM, COORDINATED A TELEPHONIC PRESS CONFERENCE ON THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND ITS IMPLICATIONS FOR LOCAL GOVERNMENTS, WHICH WAS COVERED BY A NUMBER OF PUBLICATIONS AND MEDIA OUTLETS, CONVERTED ROUGHLY 125 INFOCUS REPORTS TO ELECTRONIC FORMAT AND ENHANCED THE EXISTING E-BOOKS STRATEGIC PLANNING FOR LOCAL GOVERNMENT (2ND ED), FIRST-TIME ADMINISTRATORS HANDBOOK, AND ACTING MANAGERS HANDBOOK, CONVERTED AND DELIVERED EMERGENCY MANAGEMENT (2ND ED), AND FIRE AND EMERGENCY SERVICES AND ITS STUDY GUIDE, PUBLISHED THE MUNICIPAL YEAR BOOK 2013, WITH 10 RESEARCH-BASED ARTICLES ON ISSUES IDENTIFIED AS PRIORITY CONTENT AREAS, MANAGEMENT POLICIES IN LOCAL GOVERNMENT FINANCE (6TH ED), A BUDGETING GUIDE FOR LOCAL GOVERNMENT (3RD ED), WHICH INTEGRATED UPDATED PORTIONS OF A REVENUE GUIDE FOR LOCAL GOVERNMENT, EFFECTIVE SUPERVISORY PRACTICES BETTER RESULTS THROUGH TEAMWORK (5TH ED), AND ITS COMPANION STUDY GUIDE, EFFECTIVE SUPERVISORY SKILL BUILDING, AND STATISTICS FOR PUBLIC ADMINISTRATION PRACTICAL USES FOR BETTER DECISION MAKING (2ND ED), PRODUCED THE 2013-2014 ICMA PRESS CATALOG IN PRINT AND ONLINE FORMATS AND A FOUR-PAGE CATALOG OF BOOKS, INFOCUS REPORTS, WEBINARS, AND PM MAGAZINE ARTICLES RELATED TO BOSTON CONFERENCE SESSIONS, PUBLISHED ONE COMBINED (JANUARY/FEBRUARY 2013) AND 10 MONTHLY ISSUES OF PM MAGAZINE AND INCLUDED SPECIAL INSERTS IN THREE ISSUES ICMA ANNUAL AWARDS PROGRAM (NOVEMBER 2012), ANNUAL CONTRIBUTIONS TO THE FUND (APRIL 2013), AND THE ICMA ANNUAL CONFERENCE PRELIMINARY PROGRAM (JUNE 2013), PUBLISHED MONTHLY READERS' POLLS ON PM'S WEBSITE AND 24 ARTICLES IN PMPLUS, WHICH APPEARED IN THE ONLINE EDITION OF THE MAGAZINE, INCREASED THE NUMBER OF ICMA MEMBERS WHO WROTE ARTICLES FOR PM AND PMPLUS TO 136 PM MAGAZINE GENERATED 109,461 PAGE VIEWS TO ITS WEBSITE AND A 21 5% AVERAGE OPEN RATE OF THE MONTHLY E-MAIL ANNOUNCEMENT OF EACH ISSUE AS IT IS MADE AVAILABLE ONLINE ICMA PUBLISHED PENSION FUNDING A GUIDE FOR ELECTED OFFICIALS" AS PART OF A JOINT INITIATIVE AMONG THE BIG 7, THE GOVERNMENTAL FINANCE OFFICERS ASSOCIATION, THE CENTER FOR STATE AND LOCAL GOVERNMENT EXCELLENCE, AND SEVERAL OTHER NATIONAL ASSOCIATIONS, PUBLISHED A ONE-PAGE HANDOUT OF THE ISSUES, COORDINATED A WEBINAR TO EXPLAIN THE NEW GASB STANDARDS, AND MADE PRESENTATIONS TO NATIONAL ASSOCIATIONS ON PENSION FUND ISSUES ICMA ENDORSED THE NATIONAL HOMELAND SECURITY CONSORTIUM 2012 WHITE PAPER, "ROTECTING THE HOMELAND", AND PUBLICIZED ITS RECOMMENDATIONS, CONDUCTED A WEBINAR ON "THE AFFORDABLE CARE ACT & ARIZONA IMMIGRATION", PUBLICIZED ACTIONS TAKEN BY THE STATE AND LOCAL LEGAL CENTER, AND CONDUCTED A WEBINAR THAT HIGHLIGHTED SUPREME COURT CASES RELEVANT TO LOCAL GOVERNMENTS, PUBLISHED AN ICMA GOVERNMENTAL AFFAIRS AND POLICY COMMITTEE (GAPC) WHITE PAPER "TRIKING A BALANCE MATCHING THE SERVICES OFFERED BY LOCAL GOVERNMENTS WITH THE REVENUE REALITIES" AND RELEASED A 2013 VERSION OF "ACTS YOU SHOULD KNOW STATE AND MUNICIPAL BANKRUPTCY, MUNICIPAL BONDS, STATE AND LOCAL PENSIONS" ICMA'S GAPC HELD TWO MEETINGS DURING FY2013 FOCUSING ON LOCAL GOVERNMENT FISCAL CHALLENGES, IMMIGRATION, THE MARKETPLACE FAIRNESS ACT, THREATS TO THE TAX-EXEMPT STATUS OF MUNICIPAL BONDS, PENSION REFORM, CYBER SECURITY, RETURNING VETERANS, AND IDEAS FOR FUTURE WHITE PAPERS ICMA INCREASED THE NUMBER OF REGISTERED KNOWLEDGE NETWORK (KN) USERS TO 43,056, COMPARED TO ROUGHLY 21,000 IN FY2012, ESTABLISHED A KN ADVISORY BOARD AND CREATED AN ENGAGEMENT FORUM ALLOWING ICMA TO STREAMLINE NEW CONTENT AND SOCIAL MEDIA EFFORTS AMONG STRATEGIC PARTNERS, DEVELOPED CONTENT-SHARING RELATIONSHIPS WITH SEVERAL ORGANIZATIONS THAT RESULTED IN THE ADDITION OF NEW CONTENT ON KN TOPIC PAGES, "TOPIC TUESDAY", WHICH HIGHLIGHTS POPULAR TOPICS, AND A SOCIAL MEDIA STRATEGY TO PROMOTE KN ENGAGEMENT BY USERS ICMA COMPLETED VARIOUS EXTERNALLY AND INTERNALLY FUNDED SURVEYS, RESULTS OF WHICH WERE USED TO DEVELOP ARTICLES FOR THE MUNICIPAL YEAR BOOK, PM MAGAZINE, AND LEADERSHIP MATTERS ICMA PRODUCED 24 WEB CONFERENCES AND ONE WEB WORKSHOP, INCLUDING WELL-ATTENDED PROGRAMS ON IMPLEMENTING ECONOMIC DEVELOPMENT, PERFORMANCE EVALUATIONS, SUCCESSION PLANNING, AND GASB RULES FOR PUBLIC PENSIONS LIFE, WELL RUN CAMPAIGN ICMA EXECUTED THE LIFE, WELL RUN PILOT CAMPAIGN IN FIVE COMMUNITIES IN TEXAS AND ILLINOIS AND SHOWCASED THE PILOT CAMPAIGN TO MEMBERS AT THE PHOENIX CONFERENCE, RELEASED NINE VIDEOS, WHICH WERE PICKED UP BY MORE THAN 2,000 MEDIA OUTLETS, AND DEVELOPED A STATE-BASED NATIONAL CAMPAIGN PLAN AND A SERIES OF STRATEGIES FOR WORKING WITH STATE ASSOCIATIONS TO IMPLEMENT THE CAMPAIGN

(Code) (Expenses $ 2,145,017 including grants of $) (Revenue $ 5,165,724)

MEMBERSHIP RENEWAL AND SERVICES

(Code) (Expenses $ 1,300,134 including grants of $) (Revenue $)

OTHER

4d Other program services (Describe in Schedule O)

(Expenses $ 3,445,151 including grants of $) (Revenue $ 5,165,724)

4e **Total program service expenses** ▶ 25,685,006

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	134		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	176		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ AF , ET , LE 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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
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?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AL , AR , CA , CO , CT , HI , IL , ME , MA , MS , ND , NV , NH , NJ , NM , NC , OK , OR , PA , SC , UT , WA , WI , TN

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

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

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

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

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

Check 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,211,467	7,938	297,727

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 40

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ERSM LTD HOUSE 13 STREET 15BAGHDADIZ	FIELD OFFICE SERVICES	330,448
MADWOLF TECHNOLOGIES 818 CONNECTICUT AVE NW STE 100 WASHINGTON DC 20006	IT SERVICES	141,235
NARC 777 NORTH CAPITOL ST NE STE 305 WASHINGTON DC 20002	SUBCONTRACTOR	120,140
CAUDILLWEB 1050 CONNECTICUT AVENUE NW WASHINGTON DC 20036	IT SERVICES	101,198
WAYNE STATE UNIVERSITY 5150 ANTHONY WAYNE DRIVE DETROIT MI 48202	CONSULTING	100,590

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 30

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	18,339,820			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,432,938			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			20,772,758			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	4,797,716	4,797,716		
	b	PROGRAM SERVICE REVENUE	541610	3,033,385	3,033,385		
	c	PROFESSIONAL DEVELOP	541610	2,001,248	2,001,248		
	d	RESEARCH/INFORMATION	519100	1,031,948	1,031,948		
	e	MEMBER PUBLICATIONS	511190	368,008	368,008		
	f	All other program service revenue		206,004		206,004	
	g	**Total.** Add lines 2a–2f		11,438,309			
	3	Investment income (including dividends, interest, and other similar amounts)		600,578			600,578
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		379,948			379,948
			(i) Real / (ii) Personal				
	6a	Gross rents	1,074,761				
	b	Less rental expenses	894,243				
	c	Rental income or (loss)	180,518				
	d	Net rental income or (loss)		180,518			180,518
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,013,345				
	b	Less cost or other basis and sales expenses	2,997,001				
	c	Gain or (loss)	16,344				
	d	Net gain or (loss)		16,344			16,344
Other Revenue	8a	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					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	681,711			
	b	Less cost of goods sold	b	186,885			
	c	Net income or (loss) from sales of inventory		494,826			494,826
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900090	108,678		0	108,678
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		108,678			
	12	**Total revenue.** See Instructions		33,991,959	11,232,305	206,004	1,780,892

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	36,620	36,620		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	107,744	107,744		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	990,841	324,113	666,728	
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	14,463,104	11,652,432	2,484,442	326,230
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	692,898	432,185	238,119	22,594
9 Other employee benefits	4,251,694	2,760,042	1,362,382	129,270
10 Payroll taxes	965,083	640,719	296,254	28,110
11 Fees for services (non-employees)				
a Management				
b Legal	31,729	625	31,104	
c Accounting	59,293		59,293	
d Lobbying				
e Professional fundraising services See Part IV, line 17	33,012			33,012
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,650,915	3,109,404	541,511	
12 Advertising and promotion	67,143	67,143		
13 Office expenses	1,816,363	1,279,625	527,916	8,822
14 Information technology	214,453	5,569	208,884	
15 Royalties . .	28,814	28,814		
16 Occupancy	1,883,850	1,412,167	431,875	39,808
17 Travel	2,089,300	1,821,887	228,437	38,976
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,168,101	1,051,466	110,339	6,296
20 Interest	170		170	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,131	52,179	222,952	
23 Insurance	569,300	457,502	111,798	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBT	51,328		51,328	
b ALLOW FOR INVENTORY VAL	16,407		16,407	
c SERV CENTER ALLOCATION	0	444,770	-468,235	23,465
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	33,463,293	25,685,006	7,121,704	656,583
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		74,513	1	142,638
	2	Savings and temporary cash investments		2,168,013	2	2,009,435
	3	Pledges and grants receivable, net		3,508,993	3	3,890,389
	4	Accounts receivable, net		1,620,086	4	2,089,078
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		510,972	8	517,149
	9	Prepaid expenses and deferred charges		737,180	9	640,318
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,554,963			
	b	Less accumulated depreciation	10b 1,884,526	733,529	10c	670,437
	11	Investments—publicly traded securities		5,113,514	11	6,410,581
	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		69,132	15	73,126
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,535,932	16	16,443,151
Liabilities	17	Accounts payable and accrued expenses		2,364,253	17	2,790,313
	18	Grants payable			18	
	19	Deferred revenue		4,018,689	19	4,947,195
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		46,226	25	46,226
	26	**Total liabilities.** Add lines 17 through 25		6,429,168	26	7,783,734
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,789,386	27	6,291,566
	28	Temporarily restricted net assets		2,317,378	28	2,367,851
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		8,106,764	33	8,659,417
	34	Total liabilities and net assets/fund balances		14,535,932	34	16,443,151

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,991,959
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,463,293
3	Revenue less expenses Subtract line 2 from line 1	3	528,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,106,764
5	Net unrealized gains (losses) on investments	5	23,987
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,659,417

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-2167755

Name: INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAM S GASTON PAST PRESIDENT	5 00	X		X				0	0	0
PETER AGH REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
MICHELLE CRANDALL REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
LEE FELDMAN REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
MICHELE MEADE REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
ANDREW E NEIDITZ REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
CHRISTOPHER ANDERSON REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
BONNIE SVRCEK PRESIDENT	5 00	X		X				0	0	0
JOHN P BOHENKO REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
TROY S BROWN REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
KENNETH CHANDLER REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
DAVID C JOHNSTONE REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
ROBERT R KIELY JR REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
SIMON FARBROTHER PRESIDENT-ELECT	5 00	X		X				0	0	0
RODNEY S GOULD REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
MARY E JACOBS REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
JENNIFER KIMBALL REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
MARK MCDANIEL REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
STEPHEN F PARRY REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
ANDREW K PEDERSON REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
E LEE WORSLEY JR REGIONAL VICE PRESIDENT	5 00	X		X				0	0	0
ROBERT O'NEILL EXECUTIVE DIRECTOR	37 50			X				364,606	7,938	68,118
UMA RAMESH CHIEF FINANCIAL OFFICER	37 50			X				187,432	0	37,332
RONNIE CARLEE CHIEF OPERATING OFFICER	37 50				X			192,877	0	21,741
WAYNE SOMMER DIRECTOR, US PROGRAMS	37 50				X			166,136	0	32,000

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ANN CRISTIANO DIRECTOR, MKTING & BRAND MGMT	37 50				X			151,993	0	10,469
DAVID GROSSMAN DIRECTOR, INTL PROGRAMS	37 50					X		171,639	0	20,712
VAN JAMES RESIDENT ADVISOR	40 00					X		338,513	0	43,647
MARTHA PEREGO DIRECTOR, MEMBER SERVICES	37 50					X		151,930	0	32,464
MARK GLOVER DIRECTOR, PLAN AND BUDGET	40 00					X		259,300	0	26,496
DEXTER LOCKAMY MUNICIPAL FINANCE OFFICER	40 00					X		227,041	0	4,748

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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 ▶☐

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,005,571	1,346,181	1,380,971	21,782,432	20,772,758	47,287,913
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	29,586,522	31,435,905	29,021,723	11,580,288	11,934,882	113,559,320
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	31,592,093	32,782,086	30,402,694	33,362,720	32,707,640	160,847,233
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,991	7,935	8,696	9,456	11,381	48,459
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	13,727,821	16,244,830	13,642,061	16,778,522		60,393,234
c Add lines 7a and 7b	13,738,812	16,252,765	13,650,757	16,787,978	11,381	60,441,693
8 **Public support** (Subtract line 7c from line 6)						100,405,540

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	31,592,093	32,782,086	30,402,694	33,362,720	32,707,640	160,847,233
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,173,152	2,047,111	2,026,025	1,945,193	2,055,287	10,246,768
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,173,152	2,047,111	2,026,025	1,945,193	2,055,287	10,246,768
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)		131,146	103,001	89,473	108,678	432,298
13 **Total support.** (Add lines 9, 10c, 11, and 12)	33,765,245	34,960,343	32,531,720	35,397,386	34,871,605	171,526,299

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	58 540 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	60 890 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	5 970 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	6 320 %

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME - 2009 AMOUNT $ 131,146 2010 AMOUNT $ 103,001 2011 AMOUNT $ 89,473 2012 AMOUNT $ 108,678

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

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

2012

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 35c (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

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 ▶ $ _____

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-

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		35,245
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		35,245
d Other exempt purpose expenditures	149,504,599	183,461,313
e Total exempt purpose expenditures (add lines 1c and 1d)	149,504,599	183,496,558
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	69,826	13,537	9,716	35,245	128,324
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	69,826			35,245	105,071

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION (THE FILING ORGANIZATION) - 36-2167755, 777 NORTH CAPITOL STREET, NE, WASHINGTON, DC 20002 TOTAL LOBBYING EXPENDITURES TO INFLUENCE PUBLIC OPINION (GRASSROOTS LOBBYING) ARE $35,245 THIS ORGANIZATION HAS NOT MADE AN ELECTION UNDER SECTION 501(H) INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION (THE AFFILIATE ORGANIZATION) - 23-7268394, 777 NORTH CAPITOL STREET, NE, WASHINGTON, DC 20002 TOTAL LOBBYING EXPENDITURES ARE $0 THIS ORGANIZATION HAS MADE AN ELECTION UNDER SECTION 501(H)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		722,175	649,424	72,751
d Equipment		1,255,737	733,340	522,397
e Other		577,051	501,762	75,289
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				670,437

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		
Other		
Total. *(Column (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
Total. *(Column (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
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) Book value
Federal income taxes	
SUBTENANT SECURITY DEPOSITS	46,226
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	46,226

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	35,361,591
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	23,987		
b	Donated services and use of facilities	2b	264,517		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	288,504
3	Subtract line **2e** from line **1**			3	35,073,087
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 XIII)	4b	-1,081,128		
c	Add lines **4a** and **4b**			4c	-1,081,128
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	33,991,959

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

1	Total expenses and losses per audited financial statements			1	34,808,938
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	264,517		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,081,128		
e	Add lines **2a** through **2d**			2e	1,345,645
3	Subtract line **2e** from line **1**			3	33,463,293
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 XIII)	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	33,463,293

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES $894,243 COST OF GOODS SOLD $186,885
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES $894,243 COST OF GOODS SOLD $186,885

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

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

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
	See Add'l Data					
3a	Sub-total	7	425			15,051,800
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	7	425			15,051,800

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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 . . . . . ▶

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.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay 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

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		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

Additional Data

Software ID:

Software Version:

EIN: 36-2167755

Name: INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
CENTRAL AMERICA	0	0	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	729,944
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	229,233
SOUTH ASIA	6	417	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	13,103,342

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
EUROPE	0	0	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	221,757
NORTH AMERICA	1	8	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	703,260
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	25,725

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	MUNICIPAL GOVERNANCE	38,539

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOLID WASTE MANAGEMENT	12,374	CASH TRANSFERS			
		SUB-SAHARAN AFRICA	SOLID WASTE MANAGEMENT	134,462	CASH TRANSFERS			
		SOUTH ASIA	CLIMATE CHANGE ADAPTATION/MIGRATION, FOOD SECURITY AND WASTE-SANITATION	82,372	CASH TRANSFERS			
		SOUTH ASIA	CLIMATE CHANGE ADAPTATION/MIGRATION, FOOD SECURITY AND WASTE-SANITATION	10,745	CASH TRANSFERS			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,800	CASH TRANSFERS			
		SUB-SAHARAN AFRICA	URBAN MANAGEMENT NEEDS OF LOCAL GOVERNMENT AND CAPACITY BUILDING	12,750	CASH TRANSFERS			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
LIANNE ROMAHI 2200 N WESTMORELAND ST ARLINGTON, VA 22213	PROPOSAL DEVELOPMENT		No	0	17,935	-17,935
CHARLES DEAN 5200 N W 43RD ST GAINESVILLE, FL 32606	PROPOSAL DEVELOPMENT		No	0	6,830	-6,830
DONALD ELLIOTT 6210 17TH ST DENVER, CO 80293	PROPOSAL DEVELOPMENT		No	0	6,210	-6,210
Total . . . . . ▶					30,975	-30,975

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PROPOSAL DEVELOPMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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
(1) SCHOLARSHIPS TO PAY FOR TRAVEL, LODGING, AND REGISTRATION OF SELECT ICMA CONFERENCE ATTENDEES	12	23,345			
(2) HARVARD KENNEDY SCHOOL SCHOLARSHIP	1	11,800			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SCHOLARSHIPS ARE PROVIDED TO FIRST TIME CONFERENCE ATTENDEES WHO ARE MEMBERS FOR 3 YEARS OR LESS THEY FILL OUT AN APPLICATION AND WRITE AN ESSAY A PANEL OF PAST SCHOLARSHIPS RECIPIENTS THEN RATE THE APPLICANTS THE SELECTED APPLICANTS RECEIVE COMPLIMENTARY REGISTRATION FOR THE CONFERENCE AND STIPEND TO HELP WITH TRAVEL AND HOTEL COSTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2167755
Name: INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
ROBERT O'NEILL	(I)	324,079	39,559	968	44,797	23,321	432,724	0
	(II)	7,938	0	0	0	0	7,938	0
UMA RAMESH	(I)	159,495	10,937	17,000	34,817	2,515	224,764	0
	(II)	0	0	0	0	0	0	0
RONNIE CARLEE	(I)	158,906	11,471	22,500	18,219	3,522	214,618	0
	(II)	0	0	0	0	0	0	0
WAYNE SOMMER	(I)	140,872	4,764	20,500	28,547	3,453	198,136	0
	(II)	0	0	0	0	0	0	0
MARY ANN CRISTIANO	(I)	144,812	7,181	0	9,795	674	162,462	0
	(II)	0	0	0	0	0	0	0
DAVID GROSSMAN	(I)	141,939	7,283	22,417	16,689	4,023	192,351	0
	(II)	0	0	0	0	0	0	0
VAN JAMES	(I)	303,869	0	34,644	40,251	3,396	382,160	0
	(II)	0	0	0	0	0	0	0
MARTHA PEREGO	(I)	129,695	7,935	14,300	29,763	2,701	184,394	0
	(II)	0	0	0	0	0	0	0
MARK GLOVER	(I)	242,797	0	16,503	23,030	3,466	285,796	0
	(II)	0	0	0	0	0	0	0
DEXTER LOCKAMY	(I)	217,333	0	9,708	4,204	544	231,789	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493129021084

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

Identifier	Return Reference	Explanation
	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 ADMINSTRATIVE ASSISTANT, ASSISTANT CITY/COUNTY MANAGER, ASSISTANT DIRECTOR OF A COUNCIL OF GOVERNMENTS OR A STATE/PROVINCIAL ASSOCIATION OF LOCAL GOVERNMENT, OR ASSISTANT ADMINISTRATOR, HOWEVER DESIGNATED, HAVING SIGNIFICANT GENERAL ADMINISTRATIVE RESPONSIBILITY IN A LOCAL GOVERNMENT POSITION AND WAS APPOINTED TO THAT POSITION BY THE CITY OR COUNTY MANAGER OR CHIEF ADMINISTRATOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE REGIONAL VICE PRESIDENTS ARE ELECTED BY A MAJORITY VOTE OF THE CORPORATE MEMBERS

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMTTEE 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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED BY THE AUDIT AND EVALUATION COMMITTEE. VARIOUS SALARY COMPARISONS OF EXECUTVE 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 ADJUSTMENTS MADE AS NECESSARY. ALL COMPENSATION PAID IS WITHIN THE BOARD'S APPROVED BUDGET

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
OTHER FEES	FORM 990, PART IX, LINE 11G	CONSULTANTS(NON-T&M)LABOR PROGRAM SERVICE EXPENSES 2,515,678 MANAGEMENT AND GENERAL EXPENSES 466,275 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,981,953 SUBCONTR(NON T&M)LABOR PROGRAM SERVICE EXPENSES 485,861 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 485,861 PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 94,752 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 94,752 TEMPORARY HELP PROGRAM SERVICE EXPENSES 13,113 MANAGEMENT AND GENERAL EXPENSES 11,826 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 24,939 RECRUITMENT EXPENSES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 63,410 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 63,410

Identifier	Return Reference	Explanation
	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129021084

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION 777 NO CAPITOL ST NE WASHINGTON, DC 20002 23-7268394	HELPING PUBLIC SECTOR EMPLOYEES BUILD RETIREMENT SECURITY	DE	501(C)(3)	LINE 9			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC 777 NORTH CAPITOL STREET NE WASHINGTON, DC 20002 52-1655825	REIT HOLDING THE HEADQUARTERS OFFICE BUILDING	MD	N/A	C	2,903,697	6,929,432	33 330 %		No

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INTL CITY MANAGEMENT RETIREMENT CORP	A	1,117,108	FMV
(2) INTL CITY MANAGEMENT RETIREMENT CORP	M	1,045,500	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2167755
Name: INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

-->