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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

<u>A</u>	For the	e 2013 calendar year, or tax year beginning $$	<u>2013</u> and	ل ending_ J	UN 30, 2014	•
В	Check if applicab	C Name of organization			D Employer identif	ication number
F	Addre	ss NORTH CAROLINA CITY & COUNTY	MCMT ASS	OC.	1	
	Name		110111 1100		56-6	073674
F	Initial	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	address)	Room/suite	E Telephone numbe	
F	Termi		addicasj	110011#3ailc	(919	
_	ated Amen	ded	nostal anda	<u> </u>	1	219,983.
F	return Applic		i postal code		G Gross receipts \$	
L_	tion pendi	0.00			H(a) Is this a group r	
		F Name and address of principal officer ROB SHEPHE	מאי		for subordinates	
20		SAME AS C ABOVE			H(b) Are all subordinates i	
C		empt status 501(c)(3)X 501(c) (6) ◀ (insert no.) 4947(a)(1)	or 527	1 -,	list. (see instructions)
		te: NWW.NCMANAGERS.ORG	7	<u> </u>	H(c) Group exemption	
		organization: X Corporation Trust Association	Other >	L Year	of formation: 1965	M State of legal domicile: NC
	art I	Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant ac				
μ		IMPROVEMENT OF CITY AND COUNTY O	<u> JOVERNMEN</u>	T IN N	ORTH CAROLI	NA
Ë	2	Check this box 🕨 📖 if the organization discontinued its op	erations or dispo	sed of more	than 25% of its net as	ssets
∓Ş	3	Number of voting members of the governing body (Part VI, line	1a)		. 3	11
50	4	Number of independent voting members of the governing body	(Part VI, line 1b)		4	11
₹ g	5	Total number of individuals employed in calendar year 2013 (Pa	rt V, line 2a)		5	0
	6	Total number of volunteers (estimate if necessary)			6	0
₹?! 5	1	Total unrelated business revenue from Part VIII, column (C), line	-12	-, ·	7a	0.
⋖	1	Net unrelated business taxable income from Form 990-Titine 34			7b	0.
			100		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0.3015	(i	93,109.	103,614.
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	[2 2015]	}	138,991.	
ķ	40		<u> </u>	<u> </u>		114,962.
æ	10	Investment income (Part VIII, column (A), lines 3,4, and 7d)	EN. UT	¦	1,313.	1,407.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	· ·		0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, colu	ımn (A), line 12)		233,413.	219,983.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	•		100,333.	46,833.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		-	0.	0.
es	15	Salanes, other compensation, employee benefits (Part IX, colum	ın (A), lınes 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 🕒 🕒		0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			126,662.	167,504.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A),	, line 25)		226,995.	214,337.
	19	Revenue less expenses Subtract line 18 from line 12	•		6,418.	5,646.
Net Assets or Fund Balances			-	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			451,747.	632,568.
& E	21	Total liabilities (Part X, line 26)			56,394.	231,569.
₹ <u></u>	22	Net assets or fund balances. Subtract line 21 from line 20	•		395,353.	400,999.
P	art II	Signature Block		<u> </u>	33373331	100/3336
		Ities of perjury, I declare that I have examined this return, including acco	mnanvino schedule	s and statem	ents, and to the best of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on a				y knowledge and belief, it is
	, 00,,00	, and sompton posting and repair (opini trial remote) is based on a	in initiation of wi	mon proparer	nas any knowledge.	1.7114
c:-	_	Signature of officer			Date	11717
Sig					Duto	·
Hei	.e	ROB SHEPHERD, SECRETARIAT Type or print name and title				
		· · · · · · · · · · · · · · · · · · ·)ata	DTIN
<u>.</u>		Print/Type preparer's name Preparer's sign			Date Check	PTIN
Paid			Clade	\times \bot	self-employ	
	parer	Firm's name MADDISON & CAISON, LLP		<u> </u>	Firm's EIN	56-1053187
Use Only Firm's address ▶ 1111 OBERLIN ROAD						
		RALEIGH, NC 27605			Phone no. (9	19)821-5482
Ma	v the IF	RS discuss this return with the preparer shown above? (see instr	uctions)			X Yes No

	990 (2013) NORTH CAROLINA CITY & COUNTY MGMT ASSOC 56-60/36/4 Page 2
Pal	Tt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission TO CONTRIBUTE TO IMPROVEMENT OF CITY AND COUNTY GOVERNMENT IN NC
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ including grants of \$) (Revenue \$) MAINTAINED AND DEVELOPED THE PROFESSIONAL COMPETENCE OF MEMBERS, AND MAINTAINED AND DEVELOPED RELATIONS WITH ORGANIZATIONS DEVOTED TO LOCAL GOVT. SUPPORTED MEMBERSHIP WITH TWO CONFERENCES AND PUBLICATION OF THE ADMINISTRATOR.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
	Other program convece (Decembe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ļ		
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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_	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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_		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	ľ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		<u> </u>
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		_ <u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
а	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			
	ar more 2 If IVes I complete School de E. Dorte Land IV	441	ļ	v
4 <i>E</i>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		41
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
.5	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 (2013)
			- 1	/

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	Ī	
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	ŀ	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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		l	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Ì	Х
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):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	l	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		_X_
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	Х	
		Form	990 c	2013\

Form 990 (2013)

NORTH CAROLINA CITY & COUNTY MGMT ASSOC

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O Contains a response of note to any line in this rart v			ليبا
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
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		X
b	If "Yes," enter the name of the foreign country. ▶			
	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_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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?	<u>6</u> a		_X_
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).		İ	
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
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		-
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		i	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.		-	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \neg$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	000	(0040)

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

_	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion 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 11			
	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			
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		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		_X
6	Did the organization have members or stockholders?	6_		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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		X
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	X	
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	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		i	
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	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		<u>X</u>
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		ŀ	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	d finan	cıal	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	iou.	·	
	NC LEAGUE OF MUNICIPALITIES - (919) 715-4000			
	308 W. JONES STREET, RALEIGH, NC 27603			

Form	990	(2013)	

NORTH CAROLINA CITY & COUNTY MGMT ASSOC

56-6073674

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

Check if Schedule O conta	ains a response or note t	to any line in this Part VII
Chieck ii Ochedule O come		o arry mic in this i art vii

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	1		(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle cer an	heck ss pe	more rson	than is bot	h an		Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) LEE WORSLEY	1.00	,,		7.7								
PRESIDENT	0.50	X	ļ	X		 	<u> </u>	0.	0.	0.		
(2) BRIAN HIATT	0.50	X		x				0.	0.	0.		
IMMEDIATE PAST PRESIDENT (3) TASHA LOGAN	0.50	A		Λ	_		\vdash		<u> </u>	<u> </u>		
1ST VICE PRESIDENT	0.30	x		x				0.	0.	0.		
(4) SCOTT HILDEBRAN	0.50								•	•		
2ND VICE PRESIDENT		x		х			1	0.	0.	0.		
(5) CRAIG HONEYCUTT	0.50											
SECRETARY/TREASURER		x		Х				0.	0.	0.		
(6) ALISON MELNIKOVA	0.50											
DIRECTOR	***************************************	X						0.	0.	0.		
(7) GRANT GOINGS	0.50											
DIRECTOR		X				<u> </u>		0.	0.	0.		
(8) DEWEY HARRIS	0.50								•	•		
DIRECTOR	0.50	X						0.	0.	0.		
(9) KENNETH NOLAND	0.50	X						0.	0.	0.		
DIRECTOR	0.50	Α.						· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>		
(10) TERRI PARKER DIRECTOR	0.50	x						0.	0.	0.		
(11) RENEE PASCHAL	0.50								•	<u></u>		
DIRECTOR				x				0.	0.	0.		
(12) ROB SHEPHERD	1.00											
SECRETARIAT				Х				0.	0.	0.		
				_								
									-			
	<u> </u>		1			L_J		<u> </u>				

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2013) NORTH CAROLINA CITY & COUNTY MGMT ASSOC 56-6073674 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 103,614. 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 103,614 h Total. Add lines 1a-1f **Business Code** 65,600. 2 a WINTER SEMINAR 900099 65,600. Program Service Revenue 900099 29,387. **b SUMMER SEMINAR** 29,387. 16,475 c 50TH ANNIVERSARY BOOK 900099 16,475 d PROGRAM INCOME 900099 3,500. 3,500. f All other program service revenue 114,962 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 1,407 1,407. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Rovalties (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code**

11 a b С

> d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

0

219,983.

114,962

Seci	Check if Schedule O contains a respor			complete column (A).	X
Do	not include amounts reported on lines 6b,			(C)	
	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		охронов	general expenses	САРСИЗСВ
	organizations in the United States. See Part IV, line 21	46,833.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,	-			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal .	4 (50			
С.	Accounting	4,650.			
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	977.			
15	Royalties				
16	Occupancy				
17	Travel	12,331.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,422.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·		
23	Insurance				
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 0.)	27 001	· · · · · · · · · · · · · · · · · · ·		
a	50TH ANNIVERSARY BOOK	37,801.			
b	SUMMER SEMINAR EXPENSES AFFILIATE FEE	31,939. 20,366.			
c d	MPA/PELA SCHOLARSHIPS	19,500.			
_	All other expenses SEE SCH O	37,518.			
25 25	Total functional expenses. Add lines 1 through 24e	214,337.			
<u>26</u>	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)				

632,568. Form **990** (2013)

400,999.

32

33

395,353

451,747

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	1990 (2013) NORTH CAROLINA CITY & COUNTY MGMT ASSOC	<u> 56-607</u>	<u> 3674</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>9,9</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>46.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39	<u>5,3</u>	<u>53.</u>
5	Net unrealized gains (losses) on investments	5			
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,	ŀ			
	column (B))	10	40	0,9	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u> .
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1		
	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		_X_
	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				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:		1 1		
	X 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,	1 1		
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2013)

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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) organiza	tions Complete Part III.		-	
Nan	ne of organization			Emp	loyer identification number
_	NORTH_C	AROLINA CITY & C	OUNTY MGMT	ASSOC	56-6073674
Pa	art I-A Complete if the or	ganization is exempt und	ler section 501(c	c) or is a section 527 o	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities		
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c	:)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	<u> </u>
2	Enter the amount of any excise tax	incurred by organization manag-	ers under section 495	55 . ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?		-		L Yes L No
	of "Yes," describe in Part IV.			V	-\(0\)
L		ganization is exempt und	`	· · · · · · · · · · · · · · · · · · ·	
	Enter the amount directly expende	· ·			
2	Enter the amount of the filing organ	nization's funds contributed to ot	ner organizations for	_	
_	exempt function activities	Addings down O Calculus			
3	Total exempt function expenditures	s Add lines 1 and 2. Enter nere a	ing on Form 1120-PO	L,	
	line 17b	4400 DOL for this wast?		•	Yes No
	Did the filing organization file Form Enter the names, addresses and ei		NI) of all coation EQ7 n	colitional organizations to which	
5	made payments For each organiza			<u> </u>	• •
	contributions received that were pr			•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ide information in Par	rt 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-
	······································				
		<u> </u>			

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013	NORTH CAROL	INA CITY &	COUNTY MGMT	ASSOC 56-	6073674 Page 2
Part II-A Complete if the org		mpt under section	on 501(c)(3) and file	ea Form 5/68	
		Shakad araya (and hak)	n Dort IV and affiliated		
	=		n Part IV each affiliated	group member's nar	ne, address, EIN,
, 	re of excess lobbying	•	avvaiana anniv		
Limit	ts on Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amou	unts paid or incurred)	totals	
1a Total lobbying expenditures to influ	uence public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1c	d) .			
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in bo	th columns.`		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000),000 \$100,00	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than zei	ro on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
•		• •	n do not have to compl		
co	lumns below. See th	e instructions for line	es 2a through 2f on pag	ge 4.)	
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period	——————————————————————————————————————	·
Calendar year (or fiscal year beginning in)	(a) 2010	(ь) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013 NORTH CAROLINA CITY & COUNTY MGMT ASSOC 56-6073674 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		a)	(
f the lobbying activity	Yes	No	Am	ount
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			İ	
or referendum, through the use of:				
a Volunteers?	İ			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
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? art III-A Complete if the organization is exempt under section 501(c)(4), sec	tion FO1(a)	(F) 07.00	-4:	
	11011 50 1(C)	(ə), or se	ction	
501(c)(6).				N.
501(c)(o).			Yes	1.4
		1	Yes	
Were substantially all (90% or more) dues received nondeductible by members?				
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere		2 3 (5), or se	X) 1e 3,
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		2 3 (5), or se R (b) Par	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Text III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ed "No," Of	2 3 (5), or se	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ed "No," Of	2 3 (5), or se R (b) Par	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid).	ed "No," Of	2 3 (5), or se R (b) Par	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year	ed "No," Of	2 3 (5), or se R (b) Par	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	ed "No," Of	2 3 (5), or se R (b) Par	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ed "No," Of	2 3 (5), or se R (b) Par 1 2a 2b 2c	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ed "No," Of	2 3 (5), or se R (b) Par	X	2
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). 2 Current year 3 Carryover from last year 4 Carryover from last year 5 Carryover from last year 6 Carryover from last year 7 Total 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 15 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not inclu	ed "No," Of	2 3 (5), or se R (b) Par 1 2a 2b 2c	X	2
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). 3 Current year 4 Carryover from last year 5 Carryover from last year 6 Carryover from last year 7 Total 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 16 notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 6 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	ed "No," Of	2 3 (5), or se R (b) Par 1 2a 2b 2c 3	X	2
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). 2 Current year 3 Carryover from last year 4 Carryover from last year 5 Carryover from last year 6 Carryover from last year 7 Total 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 15 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3, what portion of the 60 in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not include amount on line 3) in the following and political expenditures (do not inclu	ed "No," Of	2 3 (5), or se R (b) Par 1 2a 2b 2c	X	2

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		i i i i i i i i i i i i i i i i i i i
	organization and to to to the organization and the	(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 fu	nds
Ū	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	,	Yes No
Pa		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizati		
-	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified h	• •
	Preservation of open space	· 	
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a histonic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	inization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t 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 e	enforcing conservation easements during the y	ear ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the or	rganization's accounting for
D	conservation easements	Aut Historical Traceruse on Other	Cimilar Assats
Pai	t III Organizations Maintaining Collections of	•	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		t public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the assessment of the control of the contro		trata
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, 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		S
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 1:	•	, provide
_	the following amounts required to be reported under SFAS 1. Revenues included in Form 990, Part VIII, line 1.	TO (MOO 300) relating to these items:	_ e
a	Assets included in Form 990. Part X	• •	-

		AROLINA CI								Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following th	at are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	'	Loan or exc	hange progi	rams				
b	Scholarly research	е	. [_]	Other						
С	Preservation for future generations									-
4	Provide a description of the organization's co	ollections and explai	n how t	hey further tl	he organizat	tion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	her sımılaı	r assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par			ete if the	e organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	is or other a	ssets not	ıncluded			
	on Form 990, Part X?								」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				1		
									Amount	
	Beginning balance .	•					1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance			•	••		1f		٦	
	Did the organization include an amount on F					5		<u> </u>	_ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	I — ·- · · · · · · · · · · · · · · · · ·							() Caus.	one book
		(a) Current year	(b) F	Prior year	(c) Two yea	ars dack	(a) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					İ				
	and programs									
f	Administrative expenses									
g	End of year balance		- (luna 1						l	
2	Provide the estimated percentage of the curr	rent year end balanc		g, column (a	i)) neid as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment									
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should be considered as a second secon									
0-	Are there endowment funds not in the posse		ation the	at are held a	nd administr	arad for ti	he organi	zation		
Şa	by	SSION OF THE ORGANIZA		at are note a	na aaniinise	0100 101 1	no organii	Lation	- I	es No
	(i) unrelated organizations								3a(i)	00 110
	(ii) related organizations		• ••					• •	3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required c	n Sche	dule R?				•	3b	
4	Describe in Part XIII the intended uses of the						-		L <u>33</u> _1_	<u> </u>
Par										
	Complete if the organization answere		, Part IV	/, line 11a S	ee Form 990), Part X,	lıne 10.			
	Description of property	(a) Cost or o		I	or other	ŀ	ccumulate	ed	(d) Book	value
	Description of property	basis (investr		basis			preciation	l l	(-)	
	Land		-							
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c).)			>		0.

NORTH CAROLINA CITY & COUNTY MGMT ASSOC

56-6073674 Page 3

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 NORTH CAROLINA CITY & COU				073674 Pa	<u> </u>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per	Return.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	3.				
1	Total revenue, gains, and other support per audited financial statements			. 1	219,98	<u>3.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		_		
b	Donated services and use of facilities	2b		_		
С	Recoveries of prior year grants	2c	 	_		
d	Other (Describe in Part XIII.)	2d		_		_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	219,98	<u> 3.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	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	010 00	<u>0.</u>
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>	5	219,98	3.
Par	t XII Reconciliation of Expenses per Audited Financial Stater		expenses p	er Keturi	1.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1.			014 22	
1	Total expenses and losses per audited financial statements			1	214,33	7.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities .	. 2a				
b	Prior year adjustments	2b				
C	Other losses	2c		_		
d	Other (Describe in Part XIII) .	2d		_		_
е	Add lines 2a through 2d	•		2e		0.
3	Subtract line 2e from line 1			3	214,33	<u>7.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	· · · · · · · · · · · · · · · · · · ·			
b	Other (Describe in Part XIII)	4b				
	Other (Describe in Part XIII) Add lines 4a and 4b	4b		4c		0.
	Add lines 4a and 4b	[4b]		4c 5	214,33	
с 5	•	46]			214,33	
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b a		5		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection % |×

Employer identification number 56-6073674 Yes 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 & COUNTY MGMT ASSOC NORTH CAROLINA CITY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d 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	Governments and	l Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" 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	\$5,000 Part II can	be duplicated if additive	onal space is need	per			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							MEMBER DEVELOPMENT,
ONC-CHAPEL HILL SCHOOL OF							PUBLIC LEADERSHIP
GOVERNMENT - CAMPOS BOA 3330,		,		•			ACADEMY, GORDON WHITAKER
ONC-CH - CHAPEL HILL, NC 2/599		501 C 3	36,833,	0			SCHOLARSHIP, AND HANKINS
ICMA							
777 NORTH CAPITOL STREET, NE							ICMA ENDOWMENT FUND AND
WASHINGTON, DC 20002		501 C 3	10,000,	0			COACHING PROGRAM

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Page 2

56-6073674

NORTH CAROLINA CITY & COUNTY MGMT ASSOC

Schedule I (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

NORTH CAROLINA CITY & COUNTY MGMT ASSOC 56-6	073674
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE ASSOCIATION'S BOARD OF DIRECTORS ARE GIVEN A CO	OPY OF THE
990 BEFORE FILING TO REVIEW AND APPROVE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE AND	NUALLY ANY
CONFLICTS OF INTEREST AND SIGN A WRITTEN STATEMENT.	
FORM 990, PART VI, SECTION C, LINE 18:	
EXPLANATION: THE ASSOCIATION MAKES ITS FORM 1023 AND 990 AVAILA	BLE UPON
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONT	FLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST	•
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
WINTER SEMINAR EXPENSES	10,458.
THE ADMINISTRATOR	7,800.
LOCAL GOVERNMENT EDUCATION PROJECT	7,784.
CHARITABLE GIFT	4,559.
RANGE RIDER SUPPORT	2,303.
INSURANCE	1,775.
LIFE, WELL RUN CAMPAIGN	1,390.
AWARDS	1,257.
MEMBERSHIP SUPPORT	123.

Schedule O (Form 990 or 990-EZ) (201	(3)							. <u></u>	Page 2
Name of the organization NORTH	CAROLINA	CITY	& CO	UNTY	MGMT	ASSO	C	Employer ide	ntification number 73674
PRINTING AND POSTAG	E								69.
TOTAL OTHER EXPENSE	S ON FORM	990,	PART	IX,	LINE	24E,	COL	A	37,518.
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Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

LHA For

323841 12-31-13

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If ye	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)		
Do по	t complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a corpo	oration
requir	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an ex	ctension
of time	e to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Fransfers .	Associated With Cer	taın
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of this for	orm,
visit w	wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww		· 		J	·
Par	t I Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corp	poration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I	only			·	•	
All oth	er corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time	
	income tax returns		·		er's identifying num	ber
Туре	or Name of exempt organization or other filer, see instru	ctions			r identification numb	
print				. ,		` ,
	NORTH CAROLINA CITY & COUNT	ry Mgi	MT ASSOC		56-607367	4
File by t	he Number street and room or suite as if a D.O. how a			Social se	curity number (SSN	
filing yo	" 308 WEST JONES STREET				, , , , , , , , , , , , , , , , , , , ,	
return S instructi	566	reign add	ress, see instructions.			
	RALEIGH, NC 27603	J	,			
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Applic	cation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	990-BL	02	Form 1041-A			08
Form 4	4720 (ındivıdual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227		_	10
Form 9	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
	NC LEAGUE OF MU	MICI	PALITIES			
• The	books are in the care of \triangleright 308 W. JONES ST	<u> PREÈT</u>	- RALEIGH, NC 276	03		
Tel	ephone No ▶ <u>(919) 715-4000</u>		Fax No.			
• If th	ne organization does not have an office or place of business	ın the Un	nted States, check this box		>	
• If th	nis is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	f this is fo	r the whole group, cl	neck this
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for.
1	I request an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	untıl		
	FEBRUARY 15, 2015, to file the exemp	t organiza	tion return for the organization name	d above.	The extension	
	is for the organization's return for:			•		
	calendar year or					
	► X tax year beginning <u>JUL 1, 2013</u>	, an	d ending <u>JUN 30, 2014</u>	_	<u> </u>	
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	-inal retur	n	
	Change in accounting period					
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions			За	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and			_
	estimated tax payments made. Include any prior year overp	ayment al	lowed as a credit	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Cautio	on. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO for	payment