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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 STREET NE NO 500

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200024201

D Employer identification number
36-2167755

E Telephone number
(202) 289-4262

G Gross receipts $ 27,752,775

F Name and address of principal officer:
MARC OTT
777 NORTH CAPITOL STREET NE NO 500
WASHINGTON, DC 200024201

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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 ADVANCE PROFESSIONAL LOCAL GOVERNMENT THROUGH LEADERSHIP, MANAGEMENT, INNOVATION, AND ETHICS.

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 2018 (Part V, line 2a)	**5**	124
6	Total number of volunteers (estimate if necessary)	**6**	1,228
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	288,639
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	80,734

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,594,125	10,884,722
9	Program service revenue (Part VIII, line 2g)	12,330,996	12,243,080
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	847,255	834,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,673,537	2,611,290
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,445,913	26,573,092
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,016,702	863,487
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)	12,559,103	12,472,083
16a	Professional fundraising fees (Part IX, column (A), line 11e)	179,802	92,436
b	Total fundraising expenses (Part IX, column (D), line 25) ▶514,240		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,364,654	13,753,978
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	28,120,261	27,181,984
19	Revenue less expenses. Subtract line 18 from line 12	1,325,652	-608,892

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,055,195	22,533,614
21	Total liabilities (Part X, line 26)	9,295,457	8,332,431
22	Net assets or fund balances. Subtract line 21 from line 20	13,759,738	14,201,183

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

****** 2020-07-10
Signature of officer Date

SABINA AGARUNOVA CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00288314

Firm's name ▶ GELMAN ROSENBERG & FREEDMAN — Firm's EIN ▶ 52-1392008

Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N
BETHESDA, MD 208142930 — Phone no. (301) 951-9090

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION (ICMA) IS THE WORLD'S PREMIER LOCAL GOVERNMENT LEADERSHIP AND MANAGEMENT ORGANIZATION. FOUNDED IN 1914 BY VISIONARY REFORMERS WHO SOUGHT TO END MUNICIPAL CORRUPTION AND BRING PROFESSIONALISM AND TRANSPARENCY TO LOCAL GOVERNANCE; ICMA STRIVES TO BUILD BETTER, MORE LIVABLE COMMUNITIES BY ADVANCING THE PROFESSIONAL MANAGEMENT OF LOCAL GOVERNMENTS WORLDWIDE. ICMA'S CORE VALUES CONTINUE TO BE ROOTED IN OUR STRINGENTLY ENFORCED CODE OF ETHICS AND COMMITMENT TO REPRESENTATIVE DEMOCRACY.

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 $ 8,399,438 including grants of $ 742,062) (Revenue $ 536,426)
See Additional Data

4b (Code:) (Expenses $ 3,977,681 including grants of $) (Revenue $ 3,452,624)
See Additional Data

4c (Code:) (Expenses $ 3,566,743 including grants of $) (Revenue $ 5,927,820)
See Additional Data

(Code:) (Expenses $ 3,298,768 including grants of $ 121,425) (Revenue $ 2,326,210)

RESEARCH AND POLICY: ICMA CONTINUES TO BE SECOND ONLY TO THE FEDERAL GOVERNMENT IN THE COLLECTION AND ANALYSIS OF LOCAL GOVERNMENT RESEARCH. THE FOLLOWING PROJECTS HAVE BEEN COMPLETED: - LOCAL GOVERNMENTS AND IMMIGRANT COMMUNITIES SURVEY, IN PARTNERSHIP WITH CORNELL UNIVERSITY; - ETHICS IN LOCAL GOVERNMENT SURVEY, IN PARTNERSHIP WITH SACRAMENTO STATE UNIVERSITY; - RESIDENTIAL LAND USE REGULATION SURVEY, IN PARTNERSHIP WITH THE UNIVERSITY OF PENNSYLVANIA'S WHARTON SCHOOL OF BUSINESS; - LOCAL IMPACTS OF COMMERCIAL CANNABIS, IN PARTNERSHIP WITH HALF MOON BAY, CALIFORNIA; - A FIVE-YEAR UPDATE TO ALTERNATIVE SERVICE DELIVERY SURVEY, IN PARTNERSHIP WITH CORNELL UNIVERSITY AND UNIVERSITY OF NORTH CAROLINA-WILMINGTON; - 2018 MUNICIPAL FORM OF GOVERNMENT SURVEY, UPDATE TO THE MOST COMPREHENSIVE RESOURCE AVAILABLE ON DATA PERTAINING TO THE STRUCTURE OF MUNICIPAL GOVERNMENT IN THE UNITED STATES; - ENERGY UTILITY FRANCHISE AGREEMENT SURVEY ON PREVAILING PRACTICES FOR ESTABLISHING LOCAL GOVERNMENTS' AGREEMENTS WITH ENERGY SERVICE PROVIDERS, IN PARTNERSHIP WITH THE NATIONAL RENEWABLE ENERGY LABORATORY; - ENERGY TRANSITION SURVEY ON THE EXTENT TO WHICH CURRENT SHIFTS TOWARD MORE RENEWABLE ENERGY SOURCES ARE IMPACTING U.S. LOCAL GOVERNMENTS, IN PARTNERSHIP WITH INDIANA UNIVERSITY; - THE MODEL POLICE OFFICER: RECRUITMENT, TRAINING, AND COMMUNITY ENGAGEMENT, IN PARTNERSHIP WITH THE VERA INSTITUTE; - BEYOND COMPLIANCE: RECRUITMENT AND RETENTION OF UNDERREPRESENTED POPULATIONS TO ACHIEVE HIGHER POSITIONS IN LOCAL GOVERNMENT; AUTHORED BY DR. KENDRA SMITH, UNIVERSITY OF HOUSTON COLLEGE OF MEDICINE; - LEADERSHIP OF PROFESSIONAL LOCAL GOVERNMENT MANAGERS BEFORE, DURING, AND AFTER A CRISIS, AUTHORED BY DR. RON CARLEE, OLD DOMINION UNIVERSITY; - LOCAL GOVERNMENT CYBERSECURITY PRACTICES; - 2018 CAO SALARY AND COMPENSATION SURVEY; - LEADING THE CITIES OF THE FUTURE, FUNDED BY A CHALLENGE GRANT FROM THE IBM CENTER FOR THE BUSINESS OF GOVERNMENT AND PUBLISHED IN GOVERNMENT FOR THE FUTURE (OCTOBER 2018); - WHITE PAPER ON OPPORTUNITY ZONES;- WHITE PAPER "BLOCKCHAIN TECHNOLOGY: LOCAL GOVERNMENT APPLICATIONS AND CHALLENGES", IN PARTNERSHIP WITH THE GOVERNMENT FINANCE OFFICERS ASSOCIATION. OUTREACH: TO ACHIEVE OUR GOALS OF HELPING TO ENSURE FUTURE-READY LEADERS AND POSITIONING ICMA AS THOUGHT LEADERS, WE CONTINUED TO FOCUS ON BOTH CREATING MORE ENGAGING CONTENT TO ATTRACT MEMBERS AND THEIR STAFFS AND EXPANDING OUR OUTREACH ON PRIORITY TOPIC AREAS. EXAMPLES INCLUDE:- PUBLISHED 50 ISSUES OF LEADERSHIP MATTERS, WITH OPEN RATES OF 35% FOR THE MEMBER EDITION AND 12.6% FOR THE NONMEMBER EDITION AND AVERAGE CLICK-THROUGH RATES OF 33% FOR THE MEMBER EDITION AND 11% FOR THE NONMEMBER EDITION. TOTAL NUMBER OF SUBSCRIBERS IS 27,000.- PUBLISHED 12 ISSUES OF THE PM MAGAZINE MONTHLY E-NEWSLETTER WITH OVER 12,000 SUBSCRIBERS, WITH AN OPEN RATE OF 24% AND A CLICK-THROUGH RATE OF 13%.- HAD 977 MEDIA PLACEMENTS, IN WHICH ICMA WAS EITHER THE MAIN FOCUS OF THE ARTICLE OR HAD A QUOTE OR MENTION RESULTING IN 454 MILLION VIEWS.- THE ICMA WEBSITE HAD 5 MILLION PAGEVIEWS AND 683,000 VISITORS, WITH 29% VIA MOBILE/TABLET.- SOCIAL MEDIA AUDIENCE GREW TO 73,500 WITH 109,000 ENGAGEMENTS AND 156,000 REFERRALS TO ICMA.ORG.- ICMA'S MEDIA OUTREACH EFFORTS HAVE RESULTED IN SUCCESSFUL COVERAGE, INCLUDING COMMENTARY FROM ICMA STAFF ON ETHICS AND TRANSPARENCY ISSUES THAT SURFACED ALONG WITH ICMA'S POLICING RESOURCES, OUR NEW CANNABIS REPORT, SOLSMART, AND SIGNIFICANT COVERAGE OF THE ICMA ANNUAL CONFERENCE. ONE OF OUR EXPERTS WAS WIDELY QUOTED ON MANAGEMENT OF THE CALIFORNIA WILDFIRE. A PIECE COAUTHORED BY ICMA'S EXECUTIVE DIRECTOR AND ENGAGED CITIES WAS PLACED IN THE HILL. BY FAR THE LARGEST SHARE OF MEDIA ATTENTION WAS GARNERED BY ICMA RESEARCH AND COMMENTARY ON CYBERSECURITY. MORE THAN 30% OF OUR COVERAGE CAME FROM THIS TOPIC AND ITS IMPORTANCE TO LOCAL GOVERNMENTS.- THE ICMA BLOG RECEIVED 135,274 PAGEVIEWS. BLOG POSTS CONTINUED TO FOCUS ON CORE CONTENT PRIORITY AREAS: ETHICS, INNOVATION, MANAGEMENT, AND LEADERSHIP, WHILE ALSO DISTRIBUTING CONTENT AROUND THE 10 OTHER IDENTIFIED PRIORITY TOPICS.- A NEW MONTHLY CONTENT SERIES - FACTS AND STATS - WAS LAUNCHED TO HELP PROMOTE ICMA RESEARCH AND HAS BEEN PERFORMING WELL ON BOTH THE WEBSITE AND SOCIAL MEDIA. FEATURED PIECES HAVE INCLUDED DISASTER PREPAREDNESS IN OUR COMMUNITIES, AVOIDING THE DESTRUCTION OF CYBERATTACKS ON LOCAL GOVERNMENT, ADVANCING COMMUNITY GOALS: THE EVOLVING ROLE OF THE PUBLIC LIBRARY, AND BUILDING WELCOMING CITIES: ENGAGING AND INTEGRATING THE IMMIGRANT COMMUNITY, MANAGING TIGHT RESOURCES: ALTERNATIVE SERVICE DELIVERY IN LOCAL GOVERNMENT, THE DATA BEHIND THE DISASTER, VOLUNTEERISM BY THE NUMBERS: THE VALUE OF A VOLUNTEER.

4d Other program services (Describe in Schedule O.)
(Expenses $ 3,298,768 including grants of $ 121,425) (Revenue $ 2,326,210)

4e **Total program service expenses ▶** 19,242,630

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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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 25a*	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), 501(c)(4), and 501(c)(29) 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	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 "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	Yes	
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	Yes	
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 or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	169		
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**	124		
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" to line 3b, 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 , RP , KV See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

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 or note to any line 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▶ AR , CA , CT , IL , MA , ME , MS , NC , NH , OK , OR , PA , SC , TN , UT , WA , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records:
▶SABINA AGARUNOVA 777 NORTH CAPITOL STREET NE NO 500 WASHINGTON, DC 200024201 (202) 962-3547

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								2,225,254	0	348,377

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 ▶ 19

			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
PSAV AUDIO VISUAL SERVICE GROUP INC 23918 NETWORK PLACE CHICAGO, IL 60673	AUDIOVISUAL EQUIP. & EVENTS TECHNOLOGY	497,886
POLSINELLI PC 900 W 48TH PLACE SUITE 900 KANSAS CITY, MO 64112	LEGAL SERVICES	237,011
MADWOLF TECHNOLOGIES LLC 818 CONNECTICUT AVE NW STE 1100 WASHINGTON, DC 20006	TECH. CONSULTING SERVICES	225,225
DOVELOX INC 18245 N PIMA RD 3027 SCOTTSDALE, AZ 85255	NETFORUM DEVELOPMENT SERVICES	156,734
DON MARUSKA & COMPANY INC 895 NAPA AVE SUITE A-5 MORRO BAY, CA 93442	COACHING PROGRAM SERVICES	147,500

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 ▶ 19

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 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**	9,864,121		
	f All other contributions, gifts, grants, and similar amounts not included above	**1f**	1,020,601		
	g Noncash contributions included in lines 1a - 1f:$ _____				
	h Total. Add lines 1a-1f . . . . . ▶		10,884,722		
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	5,927,820	5,927,820		
	b PROFESSIONAL DEVELOPMENT	900099	3,452,624	3,452,624		
	c RESEARCH/INFORMATION	900099	1,361,321	1,361,321		
	d MEMBERSHIP PUBLICATIONS	900099	676,250	676,250		
	e PROGRAM SERVICE REVENUE	900099	536,426	536,426		
	f All other program service revenue.		288,639		288,639	
	g Total. Add lines 2a–2f . . . . ▶		12,243,080			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		820,000			820,000
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶		2,443,254			2,443,254
		(i) Real	(ii) Personal			
	6a Gross rents	1,186,955				
	b Less: rental expenses	1,151,131				
	c Rental income or (loss)	35,824				
	d Net rental income or (loss) . . . . . ▶		35,824			35,824
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	42,552				
	b Less: cost or other basis and sales expenses	28,552				
	c Gain or (loss)	14,000				
	d Net gain or (loss) . . . . . ▶		14,000			14,000
	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**					
	b Less: cost of goods sold . . **b**					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	900099	132,212			132,212
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶		132,212			
	12 Total revenue. See Instructions. . . . . ▶		26,573,092	11,954,441	288,639	3,445,290

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	705,401	705,401		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,570	56,570		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	101,516	101,516		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,602,004	280,477	1,321,527	
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	7,209,085	5,243,159	1,755,583	210,343
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	558,463	382,557	158,527	17,379
9 Other employee benefits	2,373,199	1,558,933	749,282	64,984
10 Payroll taxes	729,332	429,449	281,860	18,023
11 Fees for services (non-employees):				
a Management				
b Legal	274,950		274,950	
c Accounting	58,200		58,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	92,436			92,436
f Investment management fees	28,394		28,394	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,374,219	2,732,499	641,720	
12 Advertising and promotion	10,752	10,752		
13 Office expenses	732,844	590,550	137,221	5,073
14 Information technology	354,765	105,632	249,133	
15 Royalties	11,463	11,463		
16 Occupancy	1,220,656	790,219	399,703	30,734
17 Travel	1,528,895	1,217,057	243,723	68,115
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,269,611	2,076,090	186,370	7,151
20 Interest	416		416	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	559,013	28,519	530,494	
23 Insurance	177,763	61,791	115,972	
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 UBIT RELATED TAXES	21,117		21,117	
b FIELD OFFICE EXPENSES	2,621,180	2,621,180		
c CREDIT CARD FEES	168,627		168,627	
d EQUIP. RENTAL & MAINT.	111,230	82,272	28,958	
e All other expenses	229,883	156,544	73,337	2
25 **Total functional expenses.** Add lines 1 through 24e	27,181,984	19,242,630	7,425,114	514,240
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 or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	27,161	1	500
	2	Savings and temporary cash investments	9,253,134	2	8,177,528
	3	Pledges and grants receivable, net	2,688,240	3	2,607,212
	4	Accounts receivable, net	1,087,112	4	1,210,456
	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		8	
	9	Prepaid expenses and deferred charges	1,142,977	9	1,094,909
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 4,465,729			
	b	Less: accumulated depreciation — 10b: 1,977,746	2,604,664	10c	2,487,983
	11	Investments—publicly traded securities	6,251,907	11	6,955,026
	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		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	23,055,195	16	22,533,614
Liabilities	17	Accounts payable and accrued expenses	3,858,749	17	3,048,429
	18	Grants payable		18	
	19	Deferred revenue	5,390,020	19	5,263,537
	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	46,688	25	20,465
	26	**Total liabilities.** Add lines 17 through 25	9,295,457	26	8,332,431
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	10,711,711	27	11,006,376
	28	Temporarily restricted net assets	3,048,027	28	3,194,807
	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	13,759,738	33	14,201,183
	34	Total liabilities and net assets/fund balances	23,055,195	34	22,533,614

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,573,092
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,181,984
3	Revenue less expenses. Subtract line 2 from line 1	3	-608,892
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,759,738
5	Net unrealized gains (losses) on investments	5	172,510
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	877,827
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,201,183

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 III, Line 4a:

SERVICES TO LOCAL GOVERNMENTS: ICMA PROVIDES EXPERTISE ON FUNDAMENTAL AND LEADING LOCAL GOVERNMENT MANAGEMENT PRACTICES IN THE U.S. AND AROUND THE WORLD, INCLUDING, BUT NOT LIMITED TO, WORK FUNDED BY EXTERNAL PARTIES SUCH AS FEDERAL AGENCIES AND FOUNDATIONS. ICMA MEMBER EXPERTISE IS TAPPED FOR CITY-TO-CITY EXCHANGES THROUGHOUT THE WORLD AS WELL. KEY ACCOMPLISHMENTS INCLUDE: - THE NOVEMBER 2018 ISSUE OF PM MAGAZINE FOCUSED ON ICMA'S 30-YEAR HISTORY OF WORKING INTERNATIONALLY. NEARLY A DOZEN ICMA MEMBERS AND ICMA STAFF CONTRIBUTED ARTICLES AND REFLECTED ON THE VALUE AND IMPACT OF ICMA'S ASSISTANCE TO AND EXCHANGES WITH MUNICIPALITIES IN MORE THAN 70 COUNTRIES.- JOINED BY 3 ATTENDEES (1 FROM AUSTRALIA AND 2 FROM NEW ZEALAND) AT

Form 990, Part III, Line 4b:

PROFESSIONAL DEVELOPMENT: LEADERSHIP AND PROFESSIONAL DEVELOPMENT ARE KEY TO BUILDING CAPACITY IN OUR MEMBERS AND THOSE HOPING TO LEAD LOCAL GOVERNMENTS THROUGHOUT THE WORLD. AMONG SIGNIFICANT PROGRAM ACCOMPLISHMENTS ARE:- OFFERED PROFESSIONAL DEVELOPMENT OFFERINGS CATERED TO VARIOUS CAREER STAGES, FROM COACHING PROGRAMS TO LEADERSHIP AND MENTORSHIP PROGRAMS.- HELD AN ANNUAL CONFERENCE IN BALTIMORE, MD, WITH RELEVANT AND CONTENT-RICH OFFERINGS, AND WITH MEMBER ATTENDANCE OF 2,668 AND TOTAL ATTENDANCE OF 3,313. VAST MAJORITY OF EVALUATION SURVEY RESPONDENTS RATED THEIR OVERALL IMPRESSION OF THE CONFERENCE AS VERY GOOD OR EXCELLENT.- ICMA'S EMERGING LEADERS DEVELOPMENT PROGRAM WELCOMED 36 NEW PARTICIPANTS, INCLUDING 7 WHO WERE NOT ICMA MEMBERS UNTIL THEY REGISTERED FOR THE PROGRAM. LEADERSHIP ICMA WELCOMED 15 NEW PARTICIPANTS. MID-CAREER MANAGEMENT INSTITUTE WELCOMED 9 NEW MEMBERS, 3 OF WHOM WERE NONMEMBERS. THERE WERE 28 NEW PARTICIPANTS IN THE ICMA WILLIAMSBURG LEADERSHIP INSTITUTE AND 29 PARTICIPANTS IN THE GETTYSBURG LEADERSHIP INSTITUTE. NEW ATHENIAN PROGRAM WELCOMED 19 PARTICIPANTS.- ICMA UNIVERSITY OFFERINGS INCLUDED: 11 ICMA UNIVERSITY WORKSHOPS AT AFFILIATE ASSOCIATION MEETINGS; 2 ICMA UNIVERSITY WORKSHOPS TO A LOCAL GOVERNMENT; 25 ICMA UNIVERSITY WEBINARS, INCLUDING A COMPLIMENTARY WEBINAR PRODUCED WITH THE LEAGUE OF WOMEN IN GOVERNMENT ON INCREASING THE NUMBER OF WOMEN WORKING IN LOCAL GOVERNMENT; 6 STRATEGIC PARTNER-SPONSORED WEBINARS; 53 JURISDICTIONS REGISTER FOR ICMA'S WEBINAR SUBSCRIPTION.- DEVELOPED A LIST OF PROFESSIONAL DEVELOPMENT OFFERINGS THAT ARE READILY AVAILABLE TO INTERNATIONAL AUDIENCES.

Form 990, Part III, Line 4c:

MEMBERSHIP: MEMBERSHIP BENEFITS AND GROWTH IS IDENTIFIED AS THE FIRST PRIORITY OF ICMA'S STRATEGIC PLAN, ENVISION ICMA. IN FY 2019, WE ACCOMPLISHED GROWTH IN ALL MEMBERSHIP CATEGORIES, WITH THE TOTAL MEMBERSHIP EXCEEDING 12,300 MEMBERS IN 38 COUNTRIES. OTHER SIGNIFICANT PROGRAM ACCOMPLISHMENTS:- EXPANDED THE NUMBER OF STUDENT CHAPTERS TO 99 (96 DOMESTIC AND 3 INTERNATIONAL). EXECUTED A SOCIAL MEDIA STRATEGY TO ENGAGE WITH STUDENT MEMBERS, WHICH INCLUDED A STUDENT CHAPTER FACEBOOK GROUP, A BEST CHAPTER EVENT AT THE ANNUAL CONFERENCE, AND A COMPILATION OF THE FIRST ICMA STUDENT CHAPTER YEARBOOK. PARTNERED WITH THE LOCAL GOVERNMENT HISPANIC NETWORK (LGHN) AND THE NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS (NFBPA) TO OFFER COMPLIMENTARY MEMBERSHIP IN THESE ASSOCIATIONS TO STUDENT CHAPTER MEMBERS. LAUNCHED A NEW LOCAL GOVERNMENT EARLY CAREER SERVICE CERTIFICATE FOR GRADUATING MPA/MPP (OR RELATED) STUDENTS WHO DEMONSTRATED A STRONG COMMITMENT TO LOCAL PUBLIC SERVICE THROUGH COMPLETION OF A MAJOR SERVICE PROJECT FOR A LOCAL GOVERNMENT.- THE LOCAL GOVERNMENT MANAGEMENT FELLOWS (LGMF) PROGRAM, WHICH PROVIDES AN ENTRY INTO THE PROFESSION TO APPLICANTS AND WHICH ENTERED ITS 16TH YEAR, CONTINUED TO ATTRACT TALENTED INDIVIDUALS. THE PROGRAM HAS BEEN EXPANDED TO INCLUDE THE VETERAN'S LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP. THROUGH THIS PROGRAM, 31 FELLOWS WERE PLACED IN 29 HOST COMMUNITIES ACROSS THE COUNTRY. TO DATE, MORE THAN 300 FELLOWS HAVE PARTICIPATED IN THE PROGRAM, OF WHICH MORE THAN 20 ALUMNI FELLOWS ARE NOW CITY AND COUNTY MANAGERS, AND MANY MORE ARE WORKING AS DEPUTY MANAGERS, DEPARTMENT HEADS, AND IN OTHER SENIOR POSITIONS. - CONTINUED TO EXPAND THE ICMA NATIONAL COACHING PROGRAM, WHICH ATTRACTS LOCAL GOVERNMENT PROFESSIONALS TO ACCESS THE FREE PROFESSIONAL DEVELOPMENT OFFERED BY ICMA. OVER 6,400 INDIVIDUALS PARTICIPATED IN THE SIX COMPLIMENTARY COACHING WEBINARS. THERE ARE NOW 30 STATE COACHING PARTNERS.- CONTINUED WORK ON ADVANCING DIVERSITY AND INCLUSION IN THE PROFESSION. DEVELOPED A ROBUST EQUITY AND INCLUSION TRACK OF 24 OFFERINGS FOR THE ANNUAL CONFERENCE IN BALTIMORE, INCLUDING 7 EDUCATIONAL SESSIONS, 2 LEARNING LOUNGES, 2 FORUMS, 2 FIELD DEMOS, 2 WORKSHOPS, AND 3 ROUNDTABLES. IN ADDITION, SPONSORED 6 SPECIAL EVENTS ON THE TOPIC, INCLUDING THE 3RD ICMA UNIVERSITY FORUM WITH THE LEAGUE OF WOMEN IN GOVERNMENT, THE SOLD-OUT LUNCHEON FOR WOMEN IN THE LOCAL GOVERNMENT PROFESSION, THE FIRST ANNUAL SUNDAY NIGHT EQUITY MIXER, AND THE CIVICPRIDE MIXER. AS PART OF OUR ONGOING STRATEGY TO HAVE MORE DIVERSITY IN PANELS AT ICMA EVENTS, 30% OF THE KEYNOTE/FEATURED SPEAKERS IN BALTIMORE WERE WOMEN AND 30% WERE ETHNIC/RACIAL MINORITIES. FOR ALL OTHER SESSIONS, 44% OF SPEAKERS WERE WOMEN AND 11% WERE UNDERREPRESENTED MINORITIES. ESTABLISHED A NEW COMMUNITY DIVERSITY AND INCLUSION AWARD AND AWARDED IT TO THREE RECIPIENTS AT THE BALTIMORE ANNUAL CONFERENCE. THE CONFERENCE INCLUDED A MEETING FOR THE LEADERS OF 15 STATE-BASED WOMEN LEADING GOVERNMENT (WLG) CHAPTERS, THE LEAGUE OF WOMEN IN GOVERNMENT, THE LEGACY PROJECT, AND THE 16/50 MICHIGAN-BASED GROUP TO FOSTER COLLABORATION AND NETWORKING. TO BUILD ON THE MOMENTUM OF THIS EVENT, CREATED THE HASHTAG #SHELEADSGOV, WHICH IS BEING USED IN SOCIAL MEDIA EFFORTS TO KEEP THE FOCUS ON ADVANCING WOMEN IN THE PROFESSION. PROVIDED SUPPORT TO 5 STUDENTS AND EARLY CAREER PROFESSIONALS TO ENABLE THEM TO ATTEND THE KANSAS STATE UNIVERSITY "INSPIRING WOMEN IN PUBLIC ADMINISTRATION" CONFERENCE AND TO 8 STUDENTS TO ATTEND THE WOMEN IN GOVERNMENT ARIZONA CONFERENCE. IN PARTNERSHIP WITH GOVERNMENT ALLIANCE ON RACE AND EQUITY (GARE), NATIONAL LEAGUE OF CITIES (NLC), POLICY LINK, AND LIVING CITIES, WORKED TO DEVELOP WAYS TO ADDRESS RACIAL EQUITY ISSUES IN LOCAL GOVERNMENT. RELEASED A RESEARCH REPORT "RECRUITMENT AND RETENTION OF UNDERREPRESENTED MINORITIES AS CITY AND COUNTY MANAGERS", WRITTEN BY KENDRA SMITH OF STANFORD UNIVERSITY. PRODUCED A FREE MEMBER WEBINAR IN PARTNERSHIP WITH LEAGUE OF WOMEN IN GOVERNMENT AND THE MICHIGAN MUNICIPAL LEAGUE PROMOTING WOMEN IN THE PROFESSION. LAUNCHED A NEW "EQUITY AND INCLUSION" TRACK AS PART OF ICMA UNIVERSITY'S LOCAL GOVERNMENT 101 ONLINE CERTIFICATE PROGRAM.- UNDER THE CITY-COUNTY MANAGEMENT SENIOR FELLOWSHIP PROGRAM (CMSFP), FORMERLY KNOWN AS THE GARRISON COMMAND PROGRAM, ENABLED 10 DEPARTMENT OF DEFENSE FELLOWS TO COMPLETE EXCHANGE VISITS WITH LOCAL GOVERNMENTS. STARTED THE VETERANS LOCAL GOVERNMENT MANAGEMENT FELLOWSHIP (VLGMF), A PROGRAM TO HELP SERVICE MEMBERS TRANSITION TO LOCAL GOVERNMENT. - UPDATED OR BEGAN WORK ON A NUMBER OF CAREER RESOURCES FOR MEMBERS, INCLUDING A HANDBOOK FOR DEPUTY MANAGERS, A GUIDEBOOK FOCUSED ON HUMAN RESOURCES RECRUITING FOR VETERANS, THE FIRST-TIME ADMINISTRATOR'S HANDBOOK, THE MODEL EMPLOYMENT AGREEMENT, AND THE RECRUITMENT GUIDELINES HANDBOOK. ICMA'S CAREER GUIDES WEB PAGE HAS BEEN REDESIGNED TO MAKE THE MATERIALS MORE ACCESSIBLE AND VISUALLY APPEALING.- 2019 MARKS THE 95TH ANNIVERSARY OF THE ICMA CODE OF ETHICS. A NEW E-BOOK, ETHICS MATTER! ADVICE FOR PUBLIC MANAGERS, WAS RELEASED AS A MEMBER BENEFIT AND DOWNLOADED BY MORE THAN 1500 MEMBERS. EFFORTS TO REVISE THE CODE OF ETHICS ARE ONGOING.

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			
KAREN E PINKOS PRESIDENT	5.00	X		X				0	0	0
JANE BRAUTIGAM PRESIDENT-ELECT	5.00	X		X				0	0	0
DAVID C JOHNSTONE PAST PRESIDENT	5.00 0.50	X		X				0	0	0
MARTHA J BENNETT REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
JAMES G JAYNE REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
PATRICK E KLEIN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
STEPHANIE J MASON REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
FRANS G MENCKE REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
TIM A ANDERSON REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
W LANE BAILEY REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0

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			
WALLY BOBKIEWICZ REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
EDWARD R DRIGGERS REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
HEATHER M GEYER REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
MATTHEW W HART REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
MARIA A HURTADO REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
SUE BIDROSE REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
CHRISTOPHER COLEMAN REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
LAURA FITZPATRICK REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
CLINT GRIDLEY REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
MICHAEL LAND REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0

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			
EDWARD SHIKADA REGIONAL VICE PRESIDENT	5.00	X		X				0	0	0
MARC OTT EXECUTIVE DIRECTOR	37.50 2.50			X				626,872	0	58,630
UMA RAMESH CHIEF OPERATING OFFICER	37.50 0.50			X				298,608	0	58,519
SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	37.50			X				201,359	0	43,870
DAVID GROSSMAN DIR. INT'L PROG. (THROUGH 3/19)	37.50 1.00				X			199,759	0	29,897
MARTHA PEREGO DIRECTOR, ETHICS	37.50				X			186,077	0	32,219
ELLEN FOREMAN DIR. BRAND MGMT & MKT COMM	37.50					X		168,372	0	26,775
TAD MCGALLIARD DIR. RESEARCH & TECH ASST	37.50					X		149,935	0	37,123
JUNIPER THREN DIR. BUS. APP & TECH (THROUGH 3/19)	37.50					X		151,539	0	29,585
BONNIE KARNS DIR. HR & OFF. ADMIN. (THROUGH 8/18)	37.50					X		112,233	0	20,888

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			
XAVIER HUGHES CHIEF TECHNOLOGY OFFICER	37.50					X		130,500	0	10,871

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____

10 ☑ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	11,663,124	20,114,072	20,001,765	13,594,125	10,884,722	76,257,808
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	11,635,947	11,877,832	11,540,977	12,088,914	11,954,441	59,098,111
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	23,299,071	31,991,904	31,542,742	25,683,039	22,839,163	135,355,919
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	9,495	13,691	8,448	5,524	5,655	42,813
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .	9,495	13,691	8,448	5,524	5,655	42,813
8 **Public support.** (Subtract line 7c from line 6.)						135,313,106

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .	23,299,071	31,991,904	31,542,742	25,683,039	22,839,163	135,355,919
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	2,074,702	2,134,330	3,505,888	4,428,645	4,450,209	16,593,774
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	2,074,702	2,134,330	3,505,888	4,428,645	4,450,209	16,593,774
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	111,531	77,567	77,507	82,845	80,734	430,184
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	128,826	132,000	133,380	132,166	132,212	658,584
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	25,614,130	34,335,801	35,259,517	30,326,695	27,502,318	153,038,461

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	88.420 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	90.500 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	10.840 %
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	8.870 %

19a **33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 36-2167755

Name: INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

Name of 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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
2					
3					
4					
5					
6					

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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					

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 on 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		121,425
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			121,425
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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

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

Return Reference	Explanation
PART II-B, LINE 1:	THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTIVITIES IS TO DOCUMENT AND PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT AND THE COUNCIL-MANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA CREATES CONTENT TO HIGHLIGHT THE ACTIVITIES OF PROFESSIONAL MANAGERS IN ALL FORMS OF LOCAL GOVERNMENT, CONDUCTS RESEARCH AND REPORTS OUT ON FINDINGS REGARDING ISSUES RELATED TO LOCAL GOVERNMENT MANAGEMENT, AND HIGHLIGHTS EXAMPLES OF BEST PRACTICES DEMONSTRATED BY COMMUNITIES THAT OPERATE UNDER THE COUNCIL-MANAGER FORM OF GOVERNMENT OR PROFESSIONAL LOCAL GOVERNMENT MANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATERIALS; AND RESPONDS TO REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE RESIDENT GROUPS PROMOTING ADOPTION/RETENTION OF THE COUNCIL/MANAGER FORM OF GOVERNMENT. IN FISCAL YEAR 2019, ICMA USED AVAILABLE STATISTICS, RESEARCH, AND DATA TO DEVELOP A NUMBER OF OPINION PIECES AND EDITORIALS THAT ADVOCATED FOR THE RETENTION OR ADOPTION OF THE COUNCIL-MANAGER FORM OF GOVERNMENT OR THE CITY MANAGER'S AUTHORITY IN A NUMBER OF JURISDICTIONS INCLUDING: SUPPORT FOR: AUBURN, AL; BROWNSVILLE, IN; CLEARWATER, FL; CLEVELAND HEIGHTS, OH; CUDAHY, WI; DANVILLE, IL; FAIRHOPE, AL; HILLIARD, OH; LITTLE ROCK, AR; NEW PALZ, NY; OKLAHOMA CITY, OK; SAN ANTONIO, TX; SPRINGFIELD, IL; STREATOR, IL; WASHINGTON COUNTY, WI; WATERTOWN, SD; WEST HAVEN, CT; AND WESTON, MO. THE ASSOCIATION ALSO WORKED WITH ST. LOUIS AREA MANAGERS TO ADVOCATE FOR RETAINING THE INTEGRITY OF THE ST. LOUIS AREA MUNICIPALITIES IN OPPOSITION TO A PLAN THAT WOULD HAVE CONSOLIDATED 88 LOCAL COMMUNITIES INTO ONE METROPOLITAN CITY UNDER THE MAYOR-COUNCIL FORM OF GOVERNMENT. AMONG OTHER RESOURCES, ICMA PRODUCED A VIDEO, "LOCAL GOVERNMENT THAT WORKS," THAT EXPLAINS THE COUNCIL-MANAGER FORM OF GOVERNMENT. ADDITIONALLY, DIRECTOR OF ADVOCACY HAS SERVED AS SPOKESPERSON FOR MEDIA REQUESTS SEEKING COMMENT ON PROFESSIONAL MANAGEMENT PRACTICES AND CREATED SEVERAL BLOG POSTS, ARTICLES, AND, SOCIAL MEDIA CONTENT TO PROMOTE THE VALUE OF PROFESSIONAL MANAGEMENT FOR LOCAL BUSINESSES.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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" on 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, for escrow or custodial account liability? . . . ☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(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 on 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" on 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.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		371,440	229,688	141,752
d Equipment		3,984,669	1,682,007	2,302,662
e Other		109,620	66,051	43,569
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,487,983

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SUBTENANT DEPOSITS	20,465
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	20,465

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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

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

1	Total revenue, gains, and other support per audited financial statements			1	28,229,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	172,510		
b	Donated services and use of facilities	2b	361,605		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,151,131		
e	Add lines **2a** through **2d**			2e	1,685,246
3	Subtract line **2e** from line **1**			3	26,544,698
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	28,394		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	28,394
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	26,573,092

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

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

1	Total expenses and losses per audited financial statements			1	28,666,326
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	361,605		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,151,131		
e	Add lines **2a** through **2d**			2e	1,512,736
3	Subtract line **2e** from line **1**			3	27,153,590
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	28,394		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	28,394
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	27,181,984

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2167755

Name: INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEAR ENDED JUNE 30, 2019, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 1,151,131. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 8B.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 1,151,131. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 8B.

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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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

3 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	4	122			7,725,630
b Total from continuation sheets to Part I . . .					42,514
c **Totals** (add lines 3a and 3b)	4	122			7,768,144

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	STRENGTHENING URBAN RESILIENCE FOR GROWTH AND EQUIT (SURGE) PROGRAM	18,337	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	MUNICIPAL PARTNERSHIP FOR VIOLENCE PREVENTION PROGRAM	34,193	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ICMA EUROPE GRANT	42,514	WIRE TRANSFER			

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 . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 2

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)
MUNICIPAL GRANTS	CENTRAL AMERICA AND THE CARIBBEAN	8	6,472	WIRE TRANSFER			

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	FIELD OFFICES SEND REPORTS TO THE HOME OFFICE ON A MONTHLY BASIS. REPORTS ARE REVIEWED BY THE SENIOR PROJECT FINANCE MANAGER AND FIELD OFFICE OPERATIONS & FINANCE MANAGER FUNDS ARE ALSO MONITORED BY PROJECT MANAGERS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, LINE 1:	THE ORGANIZATION TRANSFERRED CASH TO FOREIGN SUBGRANTEES AND SUBCONTRACTORS. THERE WAS NO TRANSFER OF OWNERSHIP, THEREFORE, NO ADDITIONAL FILING REQUIREMENTS ARE REQUIRED.

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 AND THE CARIBBEAN	1	13	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	1,086,946
EAST ASIA AND THE PACIFIC	1	44	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	3,816,647

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
MIDDLE EAST AND NORTH AFRICA	0	4	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	237,185
SOUTH ASIA	1	48	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	1,035,383

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
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	229,380
EUROPE (INCLUDING ICELAND & GREENLAND)	1	12	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	1,261,087

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 AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		40,665
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		18,337

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 (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		42,514

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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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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	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
CECILIA CIEPIELA-KAELIN 1412 N WAKEFIELD STREET ARLINGTON, VA 22207	PROPOSAL DEVELOPMENT		No	0	29,900	-29,900
STEPHEN W GIDDINGS 8822 COLD SPRING ROAD POTOMAC, MD 20854	PROPOSAL DEVELOPMENT		No	0	12,445	-12,445
ELEVATE LLC 2424 18TH STREET NW WASHINGTON, DC 20009	PROPOSAL DEVELOPMENT		No	0	30,000	-30,000
Total . . . . . ▶					72,345	-72,345

3 List all states in which the organization is registered or licensed to solicit contributions 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" on 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. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on 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 Noncash 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. Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct 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: _____

11 Does the organization conduct 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 conducted 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.** 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 provide any additional information. See instructions.

Return Reference	Explanation

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CONFERENCE AND REGIONAL SUMMITS	42	38,660			
(2) HANSELL AWARD STIPEND	5	9,000			
(3) BABS ELWEL AWARD STIPEND	1	750			
(4) JOHN GARVEY SCHOLARSHIP FUND	1	2,908			
(5) KENNEDY SHAW SCHOLARSHIP FUND	1	1,946			
(6) TRANTER-LEONG FUND	2	3,306			
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ASSOCIATION PROVIDES SCHOLARSHIPS 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 A STIPEND TO HELP WITH TRAVEL AND HOTEL COSTS. THE ASSOCIATION ALSO OFFERS VARIOUS SCHOLARSHIP PROGRAMS SUPPORTING MID-CAREER GOVERNMENT AND YOUNG PROFESSIONALS WHO SEEK TO GAIN AN INTERNATIONAL EXPERIENCE MANAGEMENT PROSPECTIVE. THE ASSOCIATIONS CLOSELY MONITORS THE USE OF ALL GRANTS FUNDS PROVIDED TO SUBRECIPIENTS TO ENSURE PERFORMANCE EXPECTATIONS ARE BEING ACHIEVED AND PROGRAMS ARE IMPLEMENTED IN ACCORDANCE WITH AGREEMENT REQUIREMENTS AND APPLICABLE FEDERAL LAWS AND REGULATIONS. SUBRECIPIENTS ARE REQUIRED TO SUBMIT PERIODIC FINANCIAL AND TECHNICAL REPORTS DESCRIBING PROGRAM ACHIEVEMENTS DURING THE REPORTING PERIOD. ICMA FINANCE AND PROGRAM TEAMS REVIEW REPORTS FOR COMPLIANCE WITH THE TERMS OF SUB-AWARD AGREEMENTS. ICMA UTILIZES A VARIETY OF MONITORING TECHNIQUES AND TOOLS INCLUDING, BUT NOT LIMITED TO, PROGRAM SITE VISITS TO VERIFY PROGRAM RECORDS AND COMPLIANCE WITH TERMS AND CONDITIONS OF THE SUB-AWARD AGREEMENT; PARTICIPATION IN PROGRAM EVENTS; AND FINANCIAL MONITORING AND AUDIT REPORTS REVIEW.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE LOUIS BERGER GROUP INC 412 MOUNT KEMBLE AVENUE MORRISTOWN, NJ 07960	22-1754524	OTHER	433,009				STRENGTHENING URBAN RESILIENCE FOR GROWTH AND EQUITY (SURGE) PROGRAM.
FHI360 359 BLACKWELL STREET DURHAM, NC 27701	23-7413005	501(C)(3)	60,345				CONDUCT WORLDWIDE DIVERSIFIED PROGRAM OF RESEARCH, EDUCATION, AND SERVICES.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HARVARD KENNDEY SCHOLARSHIP HKS EXEC EDUCATION 79 JFK ST CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	33,000				HARVARD KENNEDY SCHOLARSHIP
HOME INNOVATION RESEARCH 400 PRINCE GEORGES BLVD UPPER MARLBORO, MD 20774	52-0809020	OTHER	16,768				IMPROVE THE QUALITY, DURABILITY, AFFORDABILITY, AND ENVIRONMENTAL PERFORMANCE OF HOMES AND HOME BUILDING PRODUCTS.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL CIVIC LEAGUE 1889 YORK STREET DENVER, CO 80206	84-1255845	501(C)(3)	11,353				ADVANCE CIVIC ENGAGEMENT TO CREATE EQUITABLE, THRIVING COMMUNITIES.
THE SOLAR FOUNDATION 1717 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	52-1089260	OTHER	20,759				SOLARSMART AMERICA CITIES PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEISTER CONSULTANTS GROUP ONE CENTER PLAZA SUITE 320 BOSTON, MA 02108	36-4636331	OTHER	8,742				FROM ENERGY, WATER, AND TRANSPORTATION TO SAFETY, SECURITY, AND RESILIENCE TOGETHER, STRENGTHENING SOCIETY AND THE NATURAL WORLD.
NO BOSS MAYOR 3062 SHOAL CREEK VILLAGE DR LAKELAND, FL 33803	35-2587494	OTHER	82,800				COUNCIL-MANAGER FORM OF GOVERNMENT RETENTION SUPPORT.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STATE AND LOCAL LEGAL CENTER 444 N CAPITOL STREET NW SUITE 309 WASHINGTON, DC 20001	31-0868827	501(C)(3)	20,000				SUPPORT OF ORGANIZATION THAT FILES AMICUS BRIEFS ON BEHALF OF STATE AND LOCAL GOVERNMENTS.
COMMITTEE TO SUPORT ADOPTION OF CITY MANAGER 112 N VERMILION STREET DANVILLE, IL 61832	82-3063357	OTHER	9,625				TO SUPPORT ADOPTION CITY MANAGER GOVERNMENT FOR DANVILLE, IL.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KEEP HILLARD BEAUTIFUL 4681 PRESTIGE LANE HILLARD, OH 43026	47-5360865	OTHER	9,000				TO SET THE STRATEGIC DIRECTION, CREATE LAWS AND REGULATIONS, APPROVE THE BUDGET, AND HOLD THE CITY MANAGER ACCOUNTABLE FOR EXECUTION.

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 on 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 directors, trustees, officers, including 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARC OTT EXECUTIVE DIRECTOR	(i)	470,058	128,189	28,625	35,198	23,432	685,502	0
	(ii)	0	0	0	0	0	0	0
2 UMA RAMESH CHIEF OPERATING OFFICER	(i)	235,137	34,846	28,625	42,022	16,497	357,127	0
	(ii)	0	0	0	0	0	0	0
3 SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	(i)	156,825	22,797	21,737	23,325	20,545	245,229	0
	(ii)	0	0	0	0	0	0	0
4 DAVID GROSSMAN DIR. INT'L PROG. (THROUGH 3/19)	(i)	165,972	6,305	27,482	22,822	7,075	229,656	0
	(ii)	0	0	0	0	0	0	0
5 MARTHA PEREGO DIRECTOR, ETHICS	(i)	143,123	15,617	27,337	21,428	10,791	218,296	0
	(ii)	0	0	0	0	0	0	0
6 ELLEN FOREMAN DIR. BRAND MGMT & MKT COMM	(i)	127,132	14,212	27,028	16,610	10,165	195,147	0
	(ii)	0	0	0	0	0	0	0
7 TAD MCGALLIARD DIR. RESEARCH & TECH ASST	(i)	131,424	12,925	5,586	16,941	20,182	187,058	0
	(ii)	0	0	0	0	0	0	0
8 JUNIPER THREN DIR. BUS. APP & TECH (THROUGH 3/19)	(i)	125,288	8,437	17,814	14,707	14,878	181,124	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ICMA'S EXECUTIVE DIRECTOR WAS PROVIDED COMPENSATION FOR COMPANION TRAVEL, WHICH WAS GROSSED UP AND INCLUDED IN TAXABLE WAGES.

Return Reference	Explanation
PART I, LINE 7	SEE PART II FOR THE BONUSES LISTED ON PART VII.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number
36-2167755

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	AT THE CONFERENCE IN BALTIMORE THROUGH THE INTERNATIONAL MANAGEMENT EXCHANGE PROGRAM. IDEN TIFIED 2 ICMA MEMBERS FOR PARTICIPATION IN THE COUNCIL OF LOCAL AUTHORITIES FOR INTERNATIO NAL RELATIONS (CLAIR) FELLOWSHIP EXCHANGE PROGRAM ORGANIZED BY THE JAPAN LOCAL GOVERNMENT CENTER. RECOGNIZED 1 ICMA MEMBER AS A RECIPIENT OF THE TRANTER-LEONG SCHOLARSHIP, WHO IS W ORKING IN ULAANBAATAR TO PROVIDE PEER-TO-PEER TRAINING AND LEARNING OPPORTUNITIES, WHILE M ENTORING A GROUP OF LOCAL GOVERNMENT OFFICIALS THROUGHOUT MONGOLIA. - PROVIDED 3 ICMA MEMB ERS WITH SCHOLARSHIPS TO SUPPORT THEIR PARTICIPATION IN THE 2019 INTERNATIONAL REGIONAL CO NFERENCE IN ROMANIA. - PRIOR TO THE 2018 ICMA ANNUAL CONFERENCE, ICMA EUROPE ORGANIZED AND FACILITATED A PRE-CONFERENCE STUDY TOUR FOR PARTICIPANTS FROM ROMANIA, CZECH REPUBLIC, AN D SLOVAKIA TO THE UNITED STATES. 11 CITY MANAGERS PARTICIPATED IN THE STUDY TOUR, WHICH IN CLUDED ATTENDANCE AT THE CONFERENCE AND A VISIT TO ICMA'S DC OFFICE AS PART OF THEIR TOUR. ICMA EUROPE ALSO REPRESENTED ICMA AT THE 2018 SMART COMMUNITIES CONFERENCE IN BARCELONA. ICMA EUROPE IS WORKING WITH OUR PARTNERS IN LATVIA AND NORWAY TO ESTABLISH AFFILIATE AGREE MENTS. - WORKED WITH OUR PARTNERS IN CHINA TO PLAN A STUDY TOUR IN JUNE 2019. THREE URBAN PLANNING PROFESSIONALS FROM JINAN PROVINCE WERE HOSTED IN DECATUR, ILLINOIS AND AUSTIN, TE XAS. - PROVIDED ETHICS TRAINING FOR THE ASSOCIATION OF PALESTINIAN LOCAL AUTHORITIES FOLLO WING AN AFFILIATE AGREEMENT SIGNING CEREMONY AT THE CONFERENCE IN BALTIMORE. HELPED LOCAL GOVERNMENT PROFESSIONALS AUSTRALIA FORM THEIR OWN CREDENTIALED MANAGER PROGRAM. - ENGAGED 34 ICMA MEMBERS WHO HAVE DONATED THE EQUIVALENT OF $37,705 OF THEIR TIME TO IMPROVE GOVERN ANCE WORLDWIDE. A TOTAL OF 11,149 PARTICIPANTS ACROSS THE GLOBE HAVE BEEN TRAINED THROUGH COMMUNITY AND PEER-TO-PEER EXCHANGES, WORKSHOPS, AND TECHNICAL ASSISTANCE. - RELEASED IN S EPTEMBER 2018 A GUIDE FOR SMART COMMUNITIES: USING GIS TECHNOLOGY FOR LOCAL GOVERNMENT MAN AGEMENT, JOINTLY PRODUCED BY ICMA AND ESRI. - THE U.S. DEPARTMENT OF ENERGY (DOE) FUNDED I CMA SOLSMART PROJECT HELD A SPECIAL RECOGNITION AWARDS PROGRAM AT THE CONFERENCE IN BALTIM ORE. TO DATE, THE PROGRAM HAS DESIGNATED MORE THAN 265 COMMUNITIES ACROSS THE UNITED STATE S FOR EXCELLENCE IN MEETING CRITERIA TO ADVANCE SOLAR IN THEIR JURISDICTIONS. - AS PART OF THE U.S. DOE-FUNDED SOLAR IN YOUR COMMUNITY PROGRAM, 170 TEAMS WORKED IN THEIR COMMUNITIE S TO CREATE ACCESS TO SOLAR FOR LOW- AND MODERATE-INCOME COMMUNITIES. ICMA SUPPORTED THE T EAMS, WHICH ARE COMPLETING THEIR APPLICATIONS TO WIN UP TO $1 MILLION IN PRIZES. - MADISON , WISCONSIN, HAS RETAINED ICMA TO PROVIDE 311-CRM CONSULTING SERVICES TO HELP THE CITY DEC IDE WHAT TYPE OF CENTRALIZED CUSTOMER SERVICE SYSTEM WOULD WORK BEST FOR THE COMMUNITY. - WORKING WITH CNA AND THE U.S. DEPARTMENT OF JUSTICE, ICMA PUBLISHED A FACT SHEET HIGHLIGHT ING BEST PRACTICES FOR IMPLEMENTING BODY-WORN CAMERAS IN LOCAL POLICE DEPARTMENTS. - IN CO LLABORATION WITH SEVERAL NATIO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NAL GOVERNMENT MINISTRIES AND THE DOMINICAN FEDERATION OF MUNICIPALITIES (FEDOMU, AN ICMA AFFILIATE), ICMA HAS TRAINED PROSECUTORS, COUNSELORS, MUNICIPAL STAFF, TEACHERS, AND STUDE NTS ON STRATEGIES FOR THE PREVENTION OF TRAFFICKING IN PERSONS (TIP) IN THE DOMINICAN REPU BLIC. NEARLY 9,100 STUDENT LEADERS RECEIVED TRAINING AND WILL SHARE THEIR KNOWLEDGE WITH O THER YOUTH TO HELP IDENTIFY WARNING SIGNS OF TIP AND PREVENT VICTIMIZATION. - UNDER THE ST RENGTHENING URBAN RESILIENCE FOR GROWTH WITH EQUITY (SURGE) PROGRAM IN THE PHILIPPINES, CO MPLETED DESIGNS FOR THE CONSTRUCTION OF TRADING CENTERS IN MARAWI, PHILIPPINES, TO JUMPSTA RT ECONOMIC ACTIVITIES FOR RESIDENTS DISPLACED BY THE RECENT ARMED CONFLICT IN THE AREA. A T LEAST 3,938 INTERNALLY DISPLACED PERSONS AND DISPLACED ENTREPRENEURS AND FARMERS HAVE RE CEIVED ASSISTANCE FROM THE PROJECT, INCLUDING TECHNICAL AND ENTREPRENEURIAL TRAINING (BAKI NG AND BAKERY OPERATIONS, WEAVING), AND MARKET LINKAGES. PROJECT HAS WORKED IN PARTNERSHIP WITH THE PRIVATE SECTOR, INCLUDING PILMICO FOODS, EAST-WEST SEED CORPORATION, AND THE COC A-COLA FOUNDATION. - THROUGH SURGE, ICMA CONTINUES TO STREAMLINE AND IMPROVE THE BUSINESS ENABLING ENVIRONMENT IN CDI CITIES. IN LEGAZPI CITY, ICMA FACILITATED AN MOU BETWEEN THE C ITY GOVERNMENT AND THE BUREAU OF FIRE PROTECTION, WHICH ENABLES THE LOCAL GOVERNMENT UNIT TO BECOME A COLLECTING AGENT OF FIRE SAFETY INSPECTION FEES. THIS IS THE FIRST OF ITS KIND IN THE PHILIPPINES. THE AVERAGE GROWTH IN BUSINESS REGISTRATION IN SURGE-ASSISTED CITIES FROM 2016 TO 2018 JUMPED BY 10.40%. - DEPLOYED 4 PRO BONO VOLUNTEERS TO TANZANIA TO WORK W ITH VARIOUS MUNICIPALITIES TO ADDRESS GOVERNANCE CHALLENGES TO LOCAL ECONOMIC DEVELOPMENT ON THE TANZANIA ENABLING GROWTH THROUGH INVESTMENT AND ENTERPRISE PROJECT. - DESIGNED AND APPLIED A QUESTIONNAIRE FOR MEASURING MUNICIPAL CAPACITY TO PROMOTE LOCAL ECONOMIC DEVELOP MENT IN GUATEMALA TO SUPPORT INVESTMENT AND JOB CREATION IN STRATEGIC CORRIDORS AS PART OF A 5-YEAR CREATING ECONOMIC OPPORTUNITIES PROGRAM. QUESTIONNAIRE RESULTS ARE ENABLING MUNI CIPALITIES TO IDENTIFY KEY AREAS OF TECHNICAL ASSISTANCE IN LAND USE AND MUNICIPAL DEVELOP MENT PLANNING TO SUPPORT ECONOMIC GROWTH. - FACILITATED A CITYLINKS EXCHANGE BETWEEN LOUIS VILLE, KENTUCKY, AND SULA VALLEY REGION OF HONDURAS TO SHARE APPROACHES TO ADDRESSING CHAL LENGES IN LOCAL VIOLENCE PREVENTION WITH MEMBERS OF THE MUNICIPAL VIOLENCE PREVENTION COMM ITTEES AND HELP THEM PLAN AND PRIORITIZE ACTIVITIES FOR THE COMING YEAR. - ORGANIZED AND L ED A 2-WEEK STUDY TOUR FOR 18 UKRAINIAN MAYORS AND ECONOMIC DEVELOPMENT LEADERS THROUGHOUT THE UNITED STATES. - THE YOUNG SOUTHEAST ASIAN LEADERS INITIATIVE (YSEALI) PROFESSIONAL F ELLOWS PROGRAM PLACED 15 FELLOWS FROM SOUTHEAST ASIA WITH 11 LOCAL GOVERNMENTS IN 10 DIFFE RENT STATES. - EIGHT U.S. PARTICIPANTS REPRESENTING MIAMI BEACH, FL; PEARLAND, TX; SAGINAW , TX; MIDDLETON, WI; GOLDEN, CO; CHARLES COUNTY, MD; AND NORWOOD, MA, TRAVELED TO SOUTHEAS T ASIA FOR 2 WEEKS TO DELIVER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TECHNICAL ASSISTANCE TO YSEALI INTERNATIONAL FELLOWS ON THEIR POST-FELLOWSHIP ENVIRONMENTA L SUSTAINABILITY ACTION PLANS. FOR MORE INFORMATION, PLEASE REFER TO ICMA'S FY 2019 ANNUAL REPORTS, WHICH CAN BE FOUND HERE: HTTPS://ICMA.ORG/DOCUMENTS/ICMA-ANNUAL-REPORT-2019.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE FORM 990 WAS PROVIDED TO THE TO THE AUDIT, FINANCE, AND BUSINESS OPERATIONS COMMITTEE FOR REVIEW. THE DRAFT WAS DISCUSSED VIA CONFERENCE CALL OR AT THE BOARD MEETING. A COPY OF THE RETURN WAS MADE AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, EXECUTIVE BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. IN ACCORDANCE WITH ICMA'S CONFLICT OF INTEREST POLICY, ANY SUSPECTED INSTANCES OF CONFLICT OF INTEREST WILL BE THOROUGHLY INVESTIGATED BY ICMA'S DIRECTOR OF HUMAN RESOURCES. CONFIRMED VIOLATIONS OF THE POLICY WILL RESULT IN APPROPRIATE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. THIS POLICY APPLIES TO ALL EMPLOYEES AND BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED BY THE EVALUATION COMMITTEE. VARIOUS SALARY COMPARISONS OF EXECUTIVE DIRECTORS OF OTHER COMPARABLE ORGANIZATIONS IS PROVIDED ANNUALLY TO THE 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 THE CHIEF FINANCIAL OFFICER. THE LAST COMPENSATION REVIEW WAS ON SEPTEMBER 21, 2018. 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 2016 WITH ADJUSTMENTS MADE AS NECESSARY. ALL COMPENSATION PAID IS WITHIN THE BOARD'S APPROVED BUDGET.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 1,514,582. MANAGEMENT AND GENERAL EXPENSES 641,720. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,156,302. SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 938,335. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 938,335. PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 180,832. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 180,832. HONORARIUM FEES: PROGRAM SERVICE EXPENSES 55,750. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 55,750. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 43,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 43,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REVERSAL OF PROVISION FOR UNSUBSTANTIATED COSTS 877,827.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORP 777 N CAPITAL ST NE 600 WASHINGTON, DC 20002 23-7268394	HELPING PUBLIC SECTOR EMPLOYEES BUILD RETIREMENT SECURITY	DE	501(C)(3)	LINE 11	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION		No
(2)ICMA EUROPE PESTOVATELSKA 2 821-04 BRATOSLAVA LO	ADVANCE ICMA'S MISSION BY SERVING AS A PLATFORM FOR ICMA'S INT'L AFFILIATES	LO	FOREIGN	N/A	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC 777 N CAPITAL ST NE STE 600 WASHINGTON, DC 20002 52-1655825	REIT HOLDING THE HEADQUARTERS	MD	INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION	C	3,292,477	9,440,137	33.330 %		No

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

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

		Yes	No
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	Yes	
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	Yes	
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		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
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		No
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		No
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION	A	3,292,635	FMV
(2)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	F	570,000	FMV
(3)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	K	2,336,188	FMV
(4)ICMA EUROPE	B	42,514	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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 sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation