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TIN: 36-2167755

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A F	r the	2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-3	30-2023		-		
B Che	ck if ap	plicable: C Name of organization INTERNATIONAL CITYCOUNTY MANAGEMENT			D Employer	identif	fication number
○ Ad	dress cl	hange ASSOCIATION			36-21677	755	
	me cha	Data de dans de					
	ial retu	Irn Doing Business as //terminated					
_		return Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite		E Telephone	number	
		n pending 777 NORTH CAPITOL STREET NE 500	uico		(202) 962	2-3680	
		City or town, state or province, country, and ZIP or foreign postal code					
		WASHINGTON, DC 200024201			G Gross rece	eipts \$ 3	8,244,029
		F Name and address of principal officer:	H(a)	Is this	a group retu	ırn for	
		MARC OTT 777 NORTH CAPITOL STREET NE 500			dinates?		☐Yes ✓No
		WASHINGTON, DC 200024201	H(b)	Are all	subordinates	S	☐ Yes ☐No
I Tax	-exem	pt status: ☑ 501(c)(3) □ 501(c)() ◄ (insert no.) □ 4947(a)(1) or □ 527		include	ea? ." attach a lis	t See	
1 W	aheite	⇒ WWW.ICMA.ORG		,	exemption n		
J 11	EDSILE	www.icha.ord					
K Forn	of ora	ganization: 🗸 Corporation 🗌 Trust 🗍 Association 🗍 Other 🕨	L Year o	f forma	tion: 1914	M State	of legal domicile: IL
1 10111	i or org	anization. Corporation C must C Association C others					
Pa	rt I	Summary	•		•		
		riefly describe the organization's mission or most significant activities:					
e Ce	10	O ADVANCE PROFESSIONAL LOCAL GOVERNMENT THROUGH LEADERSHIP, MANAG	EMENI, I	NNOVA	ATTON, AND E	THICS	<u>· </u>
æ	_						-
Activities & Governance	_						
Š.	_	Check this box				١.,	
×		Number of voting members of the governing body (Part VI, line 1a)				3	21
Se		Number of independent voting members of the governing body (Part VI, line 1b)		•	•	4	21
Ě		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			•	5	104
Œ		Total number of volunteers (estimate if necessary)			•	6	875
4		Total unrelated business revenue from Part VIII, column (C), line 12				7a	333,811
	b N	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · ·			7b	25,804
				Prio	r Year		Current Year
9	8 (Contributions and grants (Part VIII, line 1h)			12,095,55	6	10,943,920
Ē	9 F	Program service revenue (Part VIII, line 2g)			11,146,32	9	13,250,459
Revenue	10 I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			886,36	6	1,090,479
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,404,97	5	2,198,341
	12 7	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			26,533,22	6	27,483,199
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1–3)			1,765,56	5	1,238,071
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)				0	0
88	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			11,932,77	6	11,978,449
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			42,80	0	46,242
ре	bπ	Total fundraising expenses (Part IX, column (D), line 25) ▶272,061					
ă	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			11,247,56	7	13,755,508
	18 7	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			24,988,70	8	27,018,270
	19 F	Revenue less expenses. Subtract line 18 from line 12			1,544,51	8	464,929
e of		·	Begi	nning c	of Current Yea		End of Year
Net Assets or Fund Balances							
Bal	20 7	Total assets (Part X, line 16)			27,369,95	1	33,668,757
nd A	21	Total liabilities (Part X, line 26)			9,033,10	0	14,203,616
žĪ	22 1	Net assets or fund halances. Subtract line 21 from line 20			18 336 85	1	19 465 141

	I.				2024-05-14	
Sigr	Si	gnature of officer			Date	_
Her	_	ABINA AGARUNOVA CHIEF FINANCIAL (OFFICER			
		pe or print name and title	01110211			
Pai	d	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN P00288314
	parer	Firm's name FGELMAN ROSENB		Firm's EIN 🕨 5	2-1392008	
Use	Only	Firm's address > 4550 MONTGOME	RY AVE SUITE 800N		Phone no. (301) 951-9090
		BETHESDA, MD 2				
May	the IRS disc	cuss this return with the preparer	shown above? See Instructions			. 🗸 Yes 🗌 No
For I	Paperwork	Reduction Act Notice, see the	separate instructions.	Cat	. No. 11282Y	Form 990 (2022)
			Page 2			
_	000 (2022					_
	990 (2022	,				Page 2
Pa		atement of Program Service	•			
		eck if Schedule O contains a respo	onse or note to any line in this	Part III		<u> </u>
1	•	scribe the organization's mission:				
MANA PROF	AGEMENT C FESSIONALI PROFESSIO	DNAL CITY/COUNTY MANAGEMEN' RGANIZATION. FOUNDED IN 191 SM AND TRANSPARENCY TO LOC, NAL MANAGEMENT OF LOCAL GO' E OF ETHICS AND COMMITMENT'	4 BY VISIONARY`REFOŔMERS N AL GOVERNANCE; ICMA STRIVI VERNMENTS WORLDWIDE. ICM	VHO SOUGHT TO END ES TO BUILD BETTER, A'S CORE VALUES CO	MUNICIPAL COR MORE LIVABLE	RRUPTION AND BRING COMMUNITIES BY ADVANCING
2	Did the or	ganization undertake any significa	ant program services during the	year which were not	listed on	
	the prior I	Form 990 or 990-EZ?				🗆 Yes 💟 No
	If "Yes," d	escribe these new services on Sch	hedule O.			
3	Did the or	ganization cease conducting, or n	nake significant changes in how	it conducts, any prog	ram	
	services?					. 🗌 Yes 🛂 No
	If "Yes," d	escribe these changes on Schedu	le O.			
4	Section 50	he organization's program service 01(c)(3) and 501(c)(4) organization ue, if any, for each program servi	ons are required to report the a			
4a	(Code:) (Expenses \$	7,599,691 including grants	s of \$ 1,238,0	71) (Revenue \$	1,480,598)
	•	TO LOCAL GOVERNMENTS:GLOBAL PRO	· · · · · · · · · · · · · · · · · · ·		, ,	

(ERAT) PROJECT HAS FACILITATED THE ESTABLISHMENT OF 37 INNOVATIONS TO ENHANCE THE QUALITY OF POLICY IMPLEMENTATION AND SERVICE DELIVERY, AND HAS PROVIDED TRAINING TO 1,110 INDIVIDUALS TO STRENGTHEN LOCAL GOVERNANCE AND FISCAL MANAGEMENT WITHIN 30 DISTRICT GOVERNMENTS ACROSS INDONESIA. - THE USAID PHILIPPINES CITIES FOR ENHANCED GOVERNANCE AND ENGAGEMENT (CHANGE) PROJECT DEVELOPED THE CAPACITIES OF OVER 3,000 LOCAL GOVERNMENT AND CIVIL SOCIETY MEMBERS TO ADVANCE COMMON AGENDAS IN 9 CITIES IN THE PHILIPPINES AND FURTHER ENGAGED PARTICIPANTS FROM 68 OTHER CITIES, 447 MUNICIPALITIES, AND 42 PROVINCES IN CONFERENCES AND WEBINARS. - AS A SUBCONTRACTOR TO TETRA TECH, PROVIDED USAID'S CLEAN CITIES, BLUE OCEAN (CCBO) PROGRAM WITH GOVERNANCE AND CAPACITY BUILDING TOOLS AND TECHNICAL ASSISTANCE THAT HELPED OVER 20 CITIES IN 10 COUNTRIES TO PREVENT OCEAN PLASTIC POLLUTION BY IMPROVING THEIR LAND-BASED SOLID WASTE MANAGEMENT SYSTEMS. IN 2023, ICMA HOSTED 75 YOUNG PROFESSIONALS FROM 11 COUNTRIES WORKING IN SUSTAINABLE DEVELOPMENT AND THE ENVIRONMENT AS A PART OF THE YOUNG SOUTHEAST ASIAN LEADERS INITIATIVE PROFESSIONAL FELLOWS PROGRAM FUNDED BY THE U.S. DEPARTMENT OF STATE. - THE USAID CENTRAL TIBETAN ADMINISTRATION CAPACITY BUILDING AND SUSTAINABILITY INITIATIVE (CTA-CBSI) PROJECT HAS WORKED TO DEVELOP INSTITUTIONAL DEVELOPMENT INDEX ASSESSMENT TOOLKITS TAILORED TO DATA MANAGEMENT, HUMAN RESOURCES, AND DEPARTMENT LEVEL CAPACITY ASSESSMENT AND IMPROVEMENT. ICMA ALSO COMPLETED A COOPERATIVE ASSESSMENT TOOL FOR ECONOMIC DEVELOPMENT, COLLABORATING WITH 18 TIBETAN COOPERATIVES. ICMA'S SUB-AWARDEE, UMC, ALSO CONDUCTED GIS MAPPING EXERCISES OF 9 TIBETAN SETTLEMENTS ACROSS INDIA. - THE U.S. DEPARTMENT OF ENERGY FUNDED SOLSMART PROGRAM DESIGNATED 24 COMMUNITIES IN 2023, RECOGNIZING THEM FOR IMPLEMENTING BEST PRACTICES IN SOLAR PLANNING, POLICY, AND MARKET DEVELOPMENT. THE PROGRAM ALSO TRAINED MORE THAN 450 LOCAL LEADERS IN SOLAR PERMITTING, INSPECTION, PLANNING, ZONING, AND RELATED TOPICS. - SOLAR@SCALE HOSTED SEVERAL WORKSHOPS IN 2023, INCLUDING IN SOUTHWEST NEW HAMPSHIRE; LARIMER COUNTY, COLORADO; NORTH CENTRAL TEXAS; AND ROANOKE, VIRGINIA. THE 2ND EDITION OF THE SOLAR@SCALE GUIDEBOOK WAS RELEASED IN MARCH 2023. THE PROJECT IS FUNDED BY THE U.S. DEPARTMENT OF ENERGY. - IN COORDINATION WITH NEW YORK UNIVERSITY LANGONE HEALTH, ICMA PRESENTED CITY HEALTH DASHBOARD SESSIONS AT THE ICMA ANNUAL CONFERENCE AND THE NATIONAL LEAGUE OF CITIES SUMMIT. - IN PARTNERSHIP WITH THE U.S. ENVIRONMENTAL PROTECTION AGENCY, ICMA ADMINISTERS THE TECHNICAL ASSISTANCE TO BROWNFIELDS COMMUNITIES PROGRAM FOR EPA REGION 4 (KENTUCKY, TENNESSEE, NORTH CAROLINA, SOUTH CAROLINA, GEORGIA, FLORIDA, ALABAMA, AND MISSISSIPPI) PROVIDING TECHNICAL ASSISTANCE TÒ LOCAL, RÉGIONAL, AND STATE GOVERNMENTS; NONPROFIT ORGANIZATIONS; AND OTHER ENTITIES TO HELP PUT LAND INTO PRODUCTIVE USE. ACTIVITIES INCLUDED WORKSHOPS FOR NEW EPA GRANTEES, ENGAGING IN DIRECT TECHNICAL ASSISTANCE WITH DOZENS OF COMMUNITIES, AND WORKSHOPS AT THE NATIONAL BROWNFIELDS TRAINING CONFERENCE. - WITH SUPPORT FROM THE BILL & MELINDA GATES FOUNDATION, ICMA PROVIDED FUNDING, TRAINING, AND INFORMATION RESOURCES TO LOCAL GOVERNMENT LEADERS ON BOOSTING UPWARD ECONOMIC MOBILITY FOR THEIR RESIDENTS. ACTIVITIES INCLUDED WORKING WITH A COHORT OF 10 COMMUNITIES, ONLINE WORKSHOPS AND WEBINARS, TRAINING AT ICMA'S ANNUAL CONFERENCE AND THE NATIONAL BROWNFIELDS TRAINING CONFERENCE, AND A NATIONAL SURVEY OF ECONOMIC MOBILITY POLICIES AND PROGRAMS. - ICMA IS A CONTRACTING PARTNER WITH THE INTERNATIONAL ECONOMIC DEVELOPMENT COUNCIL ON THE U.S. ECONOMIC DEVELOPMENT ADMINISTRATION-FUNDED ECONOMIC RECOVERY CORPS, WHICH PLACES MID-CAREER FELLOWS IN UNDER-RESOURCED COMMUNITIES NATIONWIDE TO TACKLE CRITICAL ECONOMIC RECOVERY ISSUES. OVER THE PAST YEAR, THE FELLOWS AND HOST COMMUNITIES WERE SELECTED THROUGH A COMPETITIVE PROCESS AND MATCHED TOGETHER. - ICMA WAS SELECTED BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY AS A NATIONAL THRIVING COMMUNITIES TECHNICAL ASSISTANCE CENTER. AS PART OF THE STARTUP, ICMA LAUNCHED A PROJECT WEBSITE AS WELL AS A TECHNICAL ASSISTANCE INTAKE FORM AND CONTINUED PROGRAM PROMOTION THROUGH ENGAGEMENT AT PARTNER CONVENINGS AND CONFERENCES GLOBAL ENGAGEMENT: - COMPLETED AND PRESENTED A DYNAMIC ROADMAP FOR THE IMPLEMENTATION OF ICMA'S GLOBAL ENGAGEMENT STRATEGY. THE ROADMAP INCLUDES CONTRIBUTIONS FROM ALL ICMA TEAMS AND ALIGNS WITH THE 4 GOALS AND 17 OBJECTIVES OF THE GLOBAL ENGAGEMENT STRATEGY. - COMPLETED INTERNATIONALIZATION TRAINING OF ALL ICMA STAFF, THE INTERNATIONAL COMMITTEE, AND THE ICMA EXECUTIVE BOARD. - ORGANIZED AND HELD THE ICMA EXECUTIVE BOARD MEETING AND THE INTERNATIONAL COMMITTEE MEETING AND STUDY TOUR IN THE PHILIPPINES IN MARCH 2023. - CONDUCTED RESEARCH AND HELD DISCUSSIONS WITH THE BOARD, INTERNATIONAL COMMITTEE, AND ICMA STAFF ON OPERATING MODEL OPTIONS FOR ICMA'S GLOBAL ENGAGEMENT JOURNEY AND PROVIDED STAFF RECOMMENDATIONS ON A PREFERRED OPERATING MODEL.FOR MORE INFORMATION AND TO VIEW ANNUAL REPORTS, PLEASE VISIT ICMA'S WEBSITE AT HTTPS://ICMA.ORG/ANNUAL-REPORTS,

4b (Code:) (Expenses \$ 5,215,441 including grants of \$) (Revenue \$ 3,767,494)

PROFESSIONAL DEVELOPMENT: LEADERSHIP AND PROFESSIONAL DEVELOPMENT ARE KEY TO BUILDING THE CAPACITY OF OUR MEMBERS AND THOSE HOPING TO LEAD LOCAL GOVERNMENTS THROUGHOUT THE WORLD. AMONG SIGNIFICANT PROGRAM ACCOMPLISHMENTS ARE: - INTEGRATED AND LAUNCHED A NEW LEARNING MANAGEMENT SYSTEM (LMS) THAT ENABLED ICMA TO MODERNIZE AND EXPAND THE DELIVERY OF ONLINE LEARNING. MAJOR PROGRAMS IN THE NEW LMS FOR FY 2023 INCLUDE: - 8 ICMA UNIVERSITY WEBINARS AND 13 STRATEGIC PARTINER-SPONSORED WEBINARS. - EFFECTIVE SUPERVISORY PRACTICES 6-PART WEBINAR SERIES WITH 747 PARTICIPANTS. - BUDGETING GUIDE 3-PART SERIES WITH 58 PARTICIPANTS. - FUNDAMENTALS IN LOCAL GOVERNMENT, A SERIES OF 10 E-COURSES DESIGNED FOR EARLY-CAREER PROFESSIONALS WITH 58 TOTAL PARTICIPANTS. - PROVIDED PROFESSIONAL DEVELOPMENT OFFERINGS CATERED TO VARIOUS CAREER STAGES, INCLUDING 6 ONLING COACHING WEBINARS, AND ONLINE AND IN-PERSON CERTIFICATE AND MICRO CERTIFICATE PROGRAMS. - PRODUCED AND DELIVERED 17 MICRO CERTIFICATES AT THE ANNUAL CONFERENCE TO MORE THAN 500 PARTICIPANTS. - ICMA UNIVERSITY DELIVERED A SUCCESSFUL ICMA GETTYSBURG LEADERSHIP INSTITUTE WITH 35 PARTICIPANTS, PLUS A SEPARATE ICMA GETTYSBURG LEADERSHIP INSTITUTE FOR TENNESSEE UNIVERSITY WITH 13 PARTICIPANTS. LEARNING AND NETWORKING POPORTUNITIES THROUGH CONFERENCES: TO SERVE THE LEADERSHIP AND PROFESSIONAL DEVELOPMENT NEEDS OF THE LOCAL GOVERNMENT COMMUNITY, ICMA HELD ITS 108TH ANNUAL CONFERENCE "ACHIEVING EXCELLENCE TOGETHER," SEPTEMBER 17-21, 2022, IN COLUMBUS, OHIO. THERE WAS AN IN-PERSON OPTION, AS WELL AS A DIGITAL COMPONENT, OF MORE THAN 203 LEARNING OPPORTUNITIES, INCLUDING ACCESS TO 17 LIVE-STREAMING SESSIONS (INCLUDING ALL FOUR GENERAL SESSIONS, AS WELL AS EDUCATION SESSIONS). THE CONFERENCE HAD 4,305 ATTENDEES FOR THE IN-PERSON AND DIGITAL COMPONENTS OF THIS EVENT. THE 2023 ICMA LOCAL GOVERNMENT RETIMAGING CONFERENCE HAD 4,305 ATTENDEES FOR THE IN-PERSON AND DIGITAL COMPONENTS OF THIS EVENT. THE 2023 ICMA LOCAL GOVERNMENT GETT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP

4c (Code:) (Expenses \$ 2,794,333 including grants of \$) (Revenue \$ 6,286,920)

MEMBERSHIP: ATTRACTING AND RETAINING MEMBERS REMAINS A CORE PRIORITY FOR ICMA. - THE ICMA EXECUTIVE BOARD APPROVED A NEW DUES STRUCTURE IN FEBRUARY 2022, WHICH LOWERED DUES FOR FULL MEMBERS AND ADDED A DISCOUNT FOR MANAGERS AND ASSISTANTS WORKING IN SMALL COMMUNITIES. THIS NEW DUES STRUCTURE WAS UNVEILED TO MEMBERS AND WENT INTO EFFECT IN OCTOBER 2022. - EFFORTS TO RECRUIT NEW MEMBERS CONTINUED BY WORKING IN PARTNERSHIP WITH STATE ASSOCIATIONS AND BY LEVERAGING ICMA EVENTS AND CONTENT WE ADDED 2,274 NEW MEMBERS IN FY 2023, INCLUDING 529 NEW FULL MEMBERS, 351 DEPARTMENT DIRECTOR AFFILIATE MEMBERS, 553 ENTRY- TO MID-LEVEL AFFILIATE MEMBERS AND 841 NEW MEMBERS IN VARIOUS OTHER MEMBERSHIP CATEGORIES SUCH AS AFFILIATE NIS, INTERNS, FELLOWS, PROFESSORS, HONORARY, AND RETIRED MEMBERS. WE BEGAN THE YEAR WITH 12,697 TOTAL MEMBERS AND ENDED WITH 13,092, AN INCREASE OF 3.11%. - SUPPORTING MEMBERS, WHO WERE RECOVERING FROM THE VEAR WITH 12,097 TOTAL MEMBERS AND ENDED WITH 13,092, AN INCLEASE OF 3.1170. * SUFFORTING MEMBERS, WITH WERE RECOVERING MOST THE LINGERING CHALLENGES OF MANAGING LOCAL GOVERNMENTS DURING THE TWIN PANDEMICS OF COVID AND SOCIAL UNREST, CONTINUED TO BE A CRITICAL FOCUS OF OUR EFFORTS IN FY 2023. * THE SENIOR ADVISOR PROGRAM CONTINUED TO PROVIDE INVALUABLE SUPPORT TO FIRST-TIME ADMINISTRATORS, MEMBERS IN TRANSITION, AND PROFESSIONALS SEEKING ADVICE. THE PROGRAM IS BASED IN 30 STATES, WITH 116 ADVISORS SERVING ALL MEMBERS, BUT WITH A FOCUS ON IN-SERVICE MEMBERS. - ICMA CONTINUED TO PROVIDE CAREER DEVELOPMENT SUPPORT TO MEMBERS AND THE PROFESSION AT LARGE BY ENGAGING STUDENTS IN MORE THAN 120 CHAPTERS WORLDWIDE, PLACING APPROXIMATELY 30 RECENT GRADUATES IN MANAGEMENT FELLOWSHIPS, LAUNCHING A NEW INTERNSHIP FOR HIGH SCHOOL STUDENTS TO GROW INTEREST IN LOCAL GOVERNMENT AS A CAREER, SUPPORTING A JOB PLATFORM THAT HOSTED MORE THAN 2,600 LOCAL GOVERNMENT RECRUITMENTS, AND MAINTAINING A ROSTER OF CAREER GUIDES TO HELP MEMBERS AND CAREER CHANGERS AT ALL CAREER STAGES. SUPPORTED MORE THAN 150 MEMBERS MONTHLY, WHO WERE TRANSITIONING BETWEEN MANAGEMENT APPOINTMENTS. - ICMA'S COACHING PROGRAM IS COMMITTED TO PROVIDING TOOLS THAT HELP MEMBERS ACHIEVE THEIR PROFESSIONAL CAREER GOALS. ICMA IS ABLE TO PROVIDE 2 PROFESSIONAL DEVELOPMENT TOOLS, THE COACHCONNECT AND COACHING WEBINAR PROGRAMS, FREE OF CHARGE THROUGH A PARTNERSHIP WITH STATE ASSOCIATIONS. IN FY 2023, 105 LEARNERS AND 14 COACHES JOINED THE COACHCONNECT PROGRAM, FOR A TOTAL OF 262 ACTIVE LEARNERS AND 331 ACTIVE COACHES. MEMBERS REMAINED ACTIVE ON THE PLATFORM, SCHEDULING 138 COACHING SESSIONS IN FY 2023. INDIVIDUAL COACHING WAS SUPPLEMENTED WITH 6 COMPLIMENTARY COACHING WEBINARS OFFERED BY LOCAL GOVERNMENT PRACTITIONERS ON A VARIETY OF TOPICS SELECTED IN COLLABORATION WITH OUR COACHING PARTNERS. - ICMA'S MILITARY PROGRAMS CONTINUE TO THRIVE WITH OVER 110 VLGMF HOST LOCATIONS AND 23 FELLOWS PLACED IN 2023, 9 OF WHOM ACCEPTED LOCAL GOVERNMENT POSITIONS. OUR PARTNERSHIP WITH THE ARMY NOW INCLUDES A ROUTINE INVITE TO SPEAK AT THEIR INSTITUTIONAL SCHOOL FOR INSTALLATION MANAGEMENT AND THE CONTINUING CITY MANAGEMENT SENIOR FELLOWSHIP, WHICH HAS 16 COHORT 23 FELLOWS. WE ARE ALSO FOCUSING ON BUILDING OUR RELATIONSHIP WITH COLLEGES AND UNIVERSITIES TO PROMOTE LOCAL GOVERNMENT CAREER OPPORTUNITIES TO STUDENTS WHO ARE USING THEIR GI BILL. THIS GROUP IS MAINLY VETERANS, BUT ALSO INCLUDES MANY FAMILY MEMBERS, ALL WHO FIND VALUE IN THEIR CAREERS IN PUBLIC SERVICE. - ICMA'S ETHICS PROGRAM FOCUSED ON PROVIDING ADVICE, TRAINING, AND CONTENT TO ADDRESS ISSUES FACED BY MEMBERS AT ALL LEVELS AND ASPECTS OF LOCAL GOVERNMENT. TO THAT END, THERE WERE 11 EDITIONS OF ETHICS MATTER, THE MONTHLY COLUMN IN ICMA'S PM MAGAZINE; UNIQUE CONTENT DEVELOPED FOR THE MARCH EDITION OF PM TO CELEBRATE ETHICS AWARENESS MONTH; PRESENTATIONS DEVELOPED AND DELIVERED AT STATE ASSOCIATION MEETINGS; 2 SESSIONS AT THE ICMA ANNUAL CONFERENCE: "REBUILDING PUBLIC TRUST WHEN AN ETHICS BREACH SHATTERS PUBLIC CONFIDENCE, AND "EXPLORING THE MANY FACETS OF ETHICS DILEMMAS ON POLITICAL ACTIVITY; AND TRAINING SESSIONS DEVELOPED FOR LOCAL GOVERNMENT LEADERSHIP AND STAFF. - ICMA CONTINUED TO RECOGNIZE MEMBERS FOR THEIR INDIVIDUAL ACCOMPLISHMENTS, CAREER MILESTONES, AND PROGRAMS THAT STRENGTHEN LOCAL GOVERNMENT. AWARDS ARE PROMOTED AND CELEBRATED IN THE SEPTEMBER EDITION OF ICMA'S PM MAGAZINE, AT THE ANNUAL CONFERENCE, ON THE WEBSITE, AND VIA SOCIAL MEDIA. - SHELEADSGOV EXPANDED ITS REACH BY INCLUDING A CIGNA-SPONSORED VIRTUAL DISCUSSION, HOSTING THE SHELEADSGOV LUNCHEON, AND INCREASING AUTHORS FOR THE WOMEN IN LEADERSHIP COLUMN IN PM MAGAZINE. ON INTERNATIONAL WOMEN'S DAY (MARCH 8), ICMA AND THE LEAGUE OF WOMEN IN GOVERNMENT HOSTED THE THIRD ANNUAL SHELEADSGOV VIRTUAL FORUM, INTERNATIONAL WOMEN'S DAT (MARCH 6), ICMA AND THE LLAGGE OF WOMEN IN GOVERNMENT HOSTED THE THIRD ANNUAL STRELEGISSOV VILLOGE COROLLA, WAS ALLEY OF THE DESTRUCTION OF THE BLUE. BE A LEADER IN YOUR PERSONAL AND PROFESSIONAL LIFE. CREATED WITH EVENT SPONSOR AND ICMA STRATEGIC PARTNER CIGNA, MORE THAN 500 INDIVIDUALS PARTICIPATED IN THE DAY OF INSPIRATION FILLED WITH THOUGHT-PROVOKING AND MOTIVATIONAL SPEAKERS AND PANELISTS. - THE ASSISTANT CHIEF ADMINISTRATIVE OFFICERS (ACAO) COMMITTEE COORDINATED THE "ART OF ASSISTANT LEADERSHIP" SESSION AT THE ICMA ANNUAL CONFERENCE AND AUTHORED A MONTHLY COLUMN IN PM MAGAZINE FOCUSED ON THE PERSONAL AND PROFESSIONAL APPROACH TO THE ROLE. THIS EFFORT IS PART OF ICMA'S OVERALL STRATEGY TO BUILD COHORTS AT THE FUNCTIONAL LEVEL TO SUPPORT PERSONAL AND PROFESSIONAL CAREER ADVANCEMENT. - THE COMMITTEE ON PROFESSIONAL CONDUCT (CPC) MEMBERS AND STAFF CONDUCTED PRESENTATIONS ON THE CODE OF ETHICS AT STATE AND AFFILIATE MEETINGS. A TOTAL OF 135 ETHICS INQUIRIES WERE SUBMITTED BY MEMBERS AND ADDRESSED BY STAFF. CODE OF ETHICS ENFORCEMENT ACTIVITIES ENTAILED ADDRESSING 79 FORMAL ETHICS COMPLAINTS ALLEGING THAT A MEMBER'S CONDUCT MAY HAVE VIOLATED THE CODE. - AS PART OF AN EXECUTIVE BOARD DIRECTIVE ISSUED IN JUNE 2020, ICMA CONTINUED ITS REVIEW OF THE CODE TO FOCUS ON BETTER INTEGRATING THE PROFESSION'S LONG-STANDING ETHICAL COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION INTO THE 12 TENETS. FEEDBACK FROM OVER 600 MEMBERS FROM 17 SESSIONS SHAPED A SURVEY SENT TO THE MEMBERSHIP IN JULY 2022. THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF GOVERNMENT CONSULTANT TEAM CONDUCTED THE SURVEY ANALYSIS AND PROVIDED INITIAL RECOMMENDATIONS TO THE CPC, WHICH THE CPC REFINED BEFORE MAKING ITS RECOMMENDATIONS TO THE ICMA EXECUTIVE BOARD. IN DECEMBER 2022, THE BOARD APPROVED THE CPC'S RECOMMENDATION TO PLACE FOUR CHANGES TO THE TENETS OF THE CODE BEFORE THE MEMBERS FOR CONSIDERATION. THE ELECTION TO REVISE LANGUAGE IN TENETS 1, 4, 9, AND 11 WAS OPEN TO VOTING MEMBERS MARCH 1-31, 2023. VIA THIS SPECIAL ELECTION BALLOT, 84% OF CORPORATE MEMBERS VOTING APPROVED THE PROPOSED CHANGES. NOTABLY, THIS SPECIAL ELECTION HOLDS THE DISTINCTION OF HAVING THE HIGHEST PARTICIPATION RATE (31%) IN ICMA'S ONLINE VOTING HISTORY. THE BOARD ALSO VOTED TO APPROVE THE CHANGES TO THE ASSOCIATED GUIDELINES AT ITS JUNE 2023 MEETING.

(Code:) (Expenses \$ 3,726,519 including grants of \$) (Revenue \$ 1,715,447)

RESEARCH AND PUBLICATIONS:ICMA DEVELOPS SIGNIFICANT RESEARCH-BASED CONTENT ON LOCAL GOVERNANCE. - PUBLISHED THE FOURTH EDITION OF OUR SEMINAL WORK, THE EFFECTIVE LOCAL GOVERNMENT MANAGER. - WITH SUPPORT FROM THE BILL & MELINDA GATES FOUNDATION, DEVELOPED KNOWLEDGE RESOURCES, INCLUDING WORKSHOPS, ARTICLES, AND VIDEOS ON ECONOMIC MOBILITY AND OPPORTUNITY FOR LOCAL GOVERNMENT LEADERS AND MANAGERS; HOSTED VIRTUAL AND IN-PERSON OPEN-ACCESS TRAININGS; AND FACILITATED A PEER LEARNING COHORT FOR A SELECT GROUP OF HIGHLY MOTIVATED LOCAL GOVERNMENT STAKEHOLDERS. - FINALIZED A NEW SURVEY DATA SET AND SUMMARY OF LOCAL GOVERNMENT CYBERSECURITY POLICIES AND PROGRAMS. -

CUNCLUDING SEVERAL NEW AND REVISED PUBLICATIONS, INCLUDING FULL-LENGTH BOURS ON TAX INCREMENT FINANCING, AND A NEW EDITION OF EFFECTIVE SUPERVISORY PRACTICES. - CREATED NEW CONTENT ON INNOVATION THROUGH ICMA'S LOCAL GOVERNMENT REIMAGINED INITIATIVE.OUTREACH:TO ACHIEVE OUR GOALS OF ENSURING FUTURE-READY LEADERS AND POSITIONING ICMA AS A THOUGHT LEADER, WE CONTINUED TO FOCUS ON CREATING MORE ENGAGING CONTENT TO ATTRACT MEMBERS AND THEIR STAFF AND EXPAND OUR OUTREACH ON PRIORITY TOPIC AREAS. EXAMPLES INCLUDE: - PUBLISHED 50 ISSUES OF LEADERSHIP MATTERS, WITH OPEN RATES OF 35% FOR THE MEMBER EDITION AND 19% FOR THE NONMEMBER EDITION, AND AVERAGE CLICK-THROUGH RATES OF 20% FOR THE MEMBER EDITION AND 9% FOR THE NONMEMBER EDITION. THE TOTAL NUMBER OF SUBSCRIBERS IS 30,560, A 20% INCREASE OVER PREVIOUS YEAR. - PUBLISHED 13 ISSUES OF THE PM MAGAZINE MONTHLY E-NEWSLETTER WITH OVER 22,000 SUBSCRIBERS, WITH AN OPEN RATE OF 34% AND A CLICK-THROUGH RATE OF 8%. - HAD 765 MEDIA PLACEMENTS, IN WHICH ICMA WAS EITHER THE PRIMARY FOCUS OF THE ARTICLE OR HAD A QUOTE OR MENTION, REACHING A TOTAL READERSHIP OF 16.5 BILLION. - THE ICMA WEBSITE HAD OVER 1,859,793 MILLION PAGE VIEWS AND 427,951 VISITORS. - THE SOCIAL MEDIA AUDIENCE GREW TO 100,197 WITH 104,011 ENGAGEMENTS AND 91,199 REFERRALS TO ICMA.ORG. CONTENT WAS VIEWED 3,270,373 TIMES ACROSS NETWORKS AND ENGAGEMENT INCREASED BY 19% OVER THE PREVIOUS YEAR. - ICMA'S MEDIA OUTREACH EFFORTS HAVE RESULTED IN SUCCESSFUL COVERAGE OF A BROAD SPECTRUM OF ISSUES. THOSE TOPICS WITH THE GREATEST REACH INCLUDE COMMENTARY FROM ICMA ON ISSUES OF MENTAL HEALTH, VALUE OF PROFESSIONAL MANAGEMENT, AND EXPERTISE ON FORMS OF LOCAL GOVERNMENT. - ICMA'S VOICES IN LOCAL GOVERNMENT PODCAST HAD 8,814 TOTAL DOWNLOADS AND 4,175 UNIQUE LISTENERS. EPISODES FOCUSED ON PROMOTING SUCH ICMA EVENTS AND PROGRAMS AS THE ANNUAL CONFERENCE, LGR CONFERENCES, BROWNFIELDS, SOLAR@SCALE, AND VLGMP. IT ALSO HIGHLIGHTED PRIORITY TOPICS, INCLUDING CAREER DEVELOPMENT, MENTAL HEALTH, INFRASTRUCTURE, COMMUNITY ENGAGEMENT, AND LEAD

4d	Other program services (Describe in Schedule O.) (Expenses \$ 3,726,519 including grants of \$) (Revenue \$ 1,715,	447)		
4e	Total program service expenses 19,335,984			
		F	orm 99	0 (2022)
	Dans 2			
	Page 3			
orm	990 (2022)			Page 3
Pa	rt IV Checklist of Required Schedules			
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	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		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 Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	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 2	11b		No
	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	Yes	
е	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 1980.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No

12b

13

14a

Yes

Yes

No

Was the organization included in consolidated, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 📽

				I
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	
		F	orm 99	0 (2022)
	Page 4 ———————————————————————————————————			
	990 (2022)			Page 4
Pai	tiv Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		res	NO
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		INO
30	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

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

No

No

32

33

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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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 114			
ь	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2022)
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	Page 5 ———————————————————————————————————			
Form	990 (2022)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	4a	Yes	
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
-	If "Yes," enter the name of the foreign country: ►RP 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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			

а	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:	<u> </u>			
а	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.				
а	Is the organization licensed to issue qualified health plans in more than one state? .		13a		
b	Note. See the instructions for additional information the organization must report on S. 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	chedule O.	134		
_	Enter the amount of reserves on hand				
		13c	-		No
	Did the organization receive any payments for indoor tanning services during the tax years.		14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation to the approximation publication to the approximation of the provided to the p		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000 parachute payment(s) during the year?		15		No
.6	Is the organization an educational institution subject to the section 4968 excise tax on If "Yes," complete Form 4720, Schedule O.	net investment income?	16		No
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person would result in the imposition of an excise tax under section 4951, 4952, or 4953? . If "Yes," complete Form 6069.	engage in any activities that	17		
	in too, complete to missour			orm 99	0 (2022)
orm	990 (2022)				Page 6
	990 (2022) Tyl Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	Schedule O. See instructions.			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	Schedule O. See instructions.			
Par	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Schedule O. See instructions.			
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	Schedule O. See instructions.			✓
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management	Schedule O. See instructions.			✓
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	Schedule O. See instructions.	21		✓
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	Schedule O. See instructions. 1a 1b 2a 2a 2b 2b 2c 2c 2c 2c 2c 2c 2c 2c	21		No
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	1a 1b 2 2 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	21 2		✓
Se 1a b 2 3	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	Schedule O. See instructions. 1a 1b 2ses relationship with any other 2st or under the direct supervisite person?	21 21 2 2 2		No No
Se 1a b 2 3 4	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	Schedule O. See instructions. 1a 1b ess relationship with any other ovy or under the direct supervisit person? e prior Form 990 was filed?	21 22 2000 3		No No No
Se 1a b 2 3 4 5 5	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	Schedule O. See instructions. 1a 1b 2a 2b 2b 2c 2c 2c 2c 2c 2c 2c 2c	21 2 2 2 3 4 5 5	Yes	No No
See 1a b 2 3 4 5 6 6	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	It a la l	21 2 2 2 3 4 5 6 e	Yes	No No No
See 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	Ita Ita Ita Ita Ita Ita Ita Ita	21 2 2 2 3 4 5 6	Yes	No No No
See 1a b 2 3 4 5 6 7a b	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	1a	21 2 2 3 4 5 6 6 7a 7b	Yes Yes Yes	No No No
See 1a b 2 3 4 5 6 7a b 8	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ta	21 2 2 3 4 5 6 6 7a 7b	Yes Yes Yes	No No No
See 1a b 2 3 4 5 6 7a b 8 a	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ta	200n 3 4 5 6 6 7a 7b	Yes Yes Yes Yes	No No No No
See 1a b 2 3 4 5 6 7a b 8 a b	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ta	200n 3 4 5 6 6 7a 7b 8a 8b	Yes Yes Yes Yes	No No No No
See 1a b 2 3 4 5 6 7a b 8 a b 9	Governance, Management, and Disclosure. For each "Yes" response to lines lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	Ta Ib Ib Person relationship with any other relationship with any other representations as sets? In to elect or appoint one or more relationship with any other relationship with a second relationship with a second relation	2 2 3 4 5 6 6 7a 7b 8a 8b 9	Yes Yes Yes Yes	No No No No
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	Describe on Schedule O the process, if any, u	used by the o	rganizat	tion to	revie	w this Fo	m 990				
12a	Did the organization have a written conflict o	of interest poli	cy? If "	No," g	o to I	ine 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key conflicts?							give rise to	12b	Yes	
С	Did the organization regularly and consistent Schedule O how this was done							describe on	12c	Yes	
13	Did the organization have a written whistlebl	lower policy?							13	Yes	
14	Did the organization have a written documen	nt retention ar	nd destr	ruction	polic	:y?			14	Yes	
15	Did the process for determining compensation persons, comparability data, and contemporations of the process for determining compensation persons, comparability data, and contemporations of the process for determining compensation persons, comparability data, and contemporations of the process for determining compensation persons, comparability data, and contemporation persons of the process for determining compensation persons, comparability data, and contemporation persons of the process for determining compensation persons, comparability data, and contemporation persons of the process for determining compensation persons of the pe							ndependent			
а	The organization's CEO, Executive Director, o	or top manage	ement o	fficial					15a	Yes	
b	Other officers or key employees of the organ	nization							15b		No
	If "Yes" to line 15a or 15b, describe the proce	ess on Sched	ule O. S	ee ins	tructi	ons.					
16a	Did the organization invest in, contribute ass taxable entity during the year?	sets to, or par	ticipate • •	in a jo	int v	enture or	similar arrangemen	t with a	16a		No
b	If "Yes," did the organization follow a written in joint venture arrangements under applicat status with respect to such arrangements?	ble federal tax	law, ar	nd tak	e ster	s to safed	guard the organizati		16b		
Se	ction C. Disclosure										
17		n 990 is requi	red to b	e filed	•						
						TN , UT	, HI , IL , MA , MI , , OR , WI		NC , N	ID , PA ,	SC,
18	Section 6104 requires an organization to ma 501(c)(3)s only) available for public inspection										
	Own website Another's website	✓ Upon req	uest	□ Ot	her (e	explain in	Schedule O)				
19	Describe in Schedule O whether (and if so, h policy, and financial statements available to t					overning (documents, conflict	of interest			
20	State the name, address, and telephone num	•	-			s the ora	anization's books an	d records:			
	SABINA AGARUNOVA 777 NORTH CAPITOL										
									F	orm 99	0 (2022)
				Page 7							
Form	990 (2022)										_
											Page 7
Par	Compensation of Officers, Dir	ectors,Tru	stees,	Key	Emp	loyees,	Highest Compe	nsated Emp	oloyee	es,	Page 7
Par	and Independent Contractors	•		-	Ī	-		_	-	•	
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Company Comp	. ,		Х	Х		0	0	0
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Company Comp			Х	Х		0	0	0
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	(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-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(18) JORGE M GONZALEZ	5.00	X		Х				0	0	0
REGIONAL VICE PRESIDENT				 ^						Ĭ
(10) DOVANNE MUDDUV					1					

(T3) LOVUMAT LIOULITI	5.00	x	x	- [1	l	l	l	0
REGIONAL VICE PRESIDENT		^		•			Ü	U	<u> </u>
(20) PAMELA WEAVER ANTIL	5.00	.,							
REGIONAL VICE PRESIDENT		X	×	•			0	0	0
(21) JESSI BON	5.00								
REGIONAL VICE PRESIDENT		X) ×				0	0	0
(22) MARC OTT	37.50								
CEO/EXECUTIVE DIRECTOR	2.00		×				587,829	0	53,939
(23) SABINA AGARUNOVA	37.50		Π,				244.075		44.000
CHIEF FINANCIAL OFFICER			×				214,275	0	41,879
(24) MARTHA PEREGO	37.50								
DIR. MBR SVCS & ETHICS (END 6/23)				X			203,334	0	37,666
(25) TAD MCGALLIARD	37.50								
DIR., RESEARCH AND TECH. ASST				X			181,905	0	25,504
(26) RAYMOND BARAY	37.50								
CHIEF OF STAFF					Х		236,400	0	42,358
(27) PRISCILLA WILSON	37.50								
CHIEF PEOPLE OFFICER					X		198,543	0	31,756
(28) ISABELLE BULLY-OMICTIN	37.50				Х		174 705	0	21 516
MANAGING DIR. OF GLO. DEV'L & ENG.					^		174,705		31,516
(29) JEREMY FIGOTEN	37.50				.,		102 122		4.005
DIRECTOR, CONFERENCES & EVENTS					Х		183,123	0	4,805
(30) HEMANT DESAI	37.50				x		170,029	0	15,751
CHIEF INFORMATION OFFICER					^		170,029	0	13,731
1b Sub-Total					1	•			
c Total from continuation sheets to Pa					1	-			
d Total (add lines 1b and 1c)					1	•	2,150,143	0	285,174

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 31

	_		res	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

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
ENCORE GROUP (USA) LLC	AUDIOVISUAL EQUIP. & EVENTS TECHNOLOGY	818,491
525 NEW JERSEY AVE NW WASHINGTON, DC 20001		
FERN EXPOSITION SERVICES LLC	EVENTS MANAGEMENT AND LOGISTIC SERVICES	280,234
645 LINN STREET CINCINNATI, OH 45203		
HBP MARKETING LLC	COMM. PRINTING & FULFILLMENT	163,378
952 FREDERICK STREET HAGERSTOWN, MD 21740		
FACTUM GLOBAL LLC	GLOBAL CONSULTING RESOURCES SERVICES	149,182
1775 I STREET NW SUITE 1150 WASHINGTON, DC 20006		
ABILA INC	FINANCIAL MANAGEMENT SOFTWARE SERVICES	141,805
9620 EXECUTIVE DRIVE N SUITE 200 ST PETERSBURG, FL 33702		
2 Total number of independent contractors (including but not limited to those I compensation from the organization ► 16	isted above) who received more than \$100,000 of	

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					. age
Part VIII Statement of Revenue					
Check if Schedule O contains of	a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
derated campaigns 1a					
standard campaigns 1a standard campaigns 1b					
indraising events 1c					
alated organizations 1d					
873,614 vernment grants (contributions) 1e 7,390,615 other contributions, gifts, grants,					
7,390,615					
An other contributions, gifts, grants, and similar amounts not included above					
2,679,691 g Noncash contributions included in					
lines 1a - 1f:\$					
h Total. Add lines 1a-1f	10,943,920				
	Business Code				
2a MEMBERSHIP DUES	900099	6,286,920	6,286,920		
PROFESSIONAL DEVELOPME : PROGRAM SERVICE REVENU MEMBER SERVICES	900099	3,767,494	3,767,494		
PROGRAM SERVICE REVENU	900099	1,480,598	1,480,598		
	900099	896,455	896,455		
RESEARCH/INFORMATION	900099	485,181	485,181		
f All other program service revenue.	_	333,811		333,811	
9 Total. Add lines 2a–2f	13,250,459				l
3 Investment income (including dividend similar amounts)	ds, interest, and other	1,079,003			1,079,003
4 Income from investment of tax-exemptors 5 Royalties 	t bond proceeds	2,611,463			2,611,463
6 Royalties	(ii) Personal	2,011,100			2,011,100
6a Gross rents 6a 11	4,741				
b Less: rental expenses 6b 65	9,863				
c Rental income or (loss) 6c -54	5,122				
d Net rental income or (loss)	-	-545,122			-545,122
7a Gross amount from sales of assets other than inventory (i) Securiti	. ,				
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) Cost income from fundraising events	0,967				
Gain or (loss) 7c 1 Met gain or (loss)	1,476	11,476			11,476
a Gross income from fundraising events		,			,

(not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising ever	ents				
9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activiti	es •				
10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of invent	ory ▶				
11aOTHER REVENUE	Business Code 900099	132,000			132,000
OtherRevenueMiscAmt					
d All other revenue e Total. Add lines 11a-11d	•	132,000			
12 Total revenue. See instructions	•	27,483,199	12,916,648	333,811	3,288,820 Form 990 (2022)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	All other organization	ans must complete col	lumn (A)
	•		ins must complete con	Tullili (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX		<u></u>	U
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	801,991	801,991		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	61,950	61,950		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	374,130	374,130		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,375,391	397,762	911,188	66,441
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	6,894,798	4,942,266	1,882,533	69,999
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	632,912	384,558	243,170	5,184
9 Other employee benefits	2,361,718	1,425,469	903,436	32,813
10 Payroll taxes	713,630	409,961	292,710	10,959
11 Fees for services (non-employees):				
a Management				
b Legal	175,288		175,288	
c Accounting	65,365		65,365	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	46,242			46,242

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,476,856	1,942,323	534,533	
	123,824	123,824		
12 Advertising and promotion	647,537	575,015	72,522	
13 Office expenses	533,620	181.497	352,123	
14 Information technology	22,991	22,991	352,123	
L5 Royalties	,	,	404.055	
16 Occupancy	1,481,752	976,775	481,955	23,02
17 Travel	1,333,450	1,011,053	305,085	17,31
Payments of travel or entertainment expenses for any federal, state, or local public officials .				
L9 Conferences, conventions, and meetings	3,287,570	3,156,072	131,498	
20 Interest	15		15	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	545,284	7,341	537,943	
23 Insurance	153,556	40,676	112,880	
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	40,355		40,355	
b FIELD OFFICE EXPENSES	2,417,447	2,417,447		
c CREDIT CARD FEES	221,901		221,901	
d DUES, SUBS. & LICENSES	100,731	70,399	30,332	
e All other expenses	100,842	12,484	88,269	8
Total functional expenses. Add lines 1 through 24e	27,018,270	19,335,984	7,410,225	272,06
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).				
			Fo	orm 990 (202
	Page 11 ————			
orm 990 (2022)	-			

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any line in t	his Part IX			\square
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			327	1	601
2	Savings and temporary cash investments .			8,877,383	2	7,472,643
3	Pledges and grants receivable, net			1,618,747	3	1,239,132
4	Accounts receivable, net			998,298	4	945,086
5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contribute			5	
6		nd other receivables from other disqualified persons (as defined under $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$				
7	Notes and loans receivable, net				7	
8 9	Inventories for sale or use		🗀		8	
9	Prepaid expenses and deferred charges			832,533	9	1,387,147
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,344,879			
b	Less: accumulated depreciation	10b	3,520,218	1,214,638	10c	824,661
11	Investments—publicly traded securities .			13,828,025	11	18,645,631
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		🗀	0	15	3,153,856

_	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,369,951	16		33	,668,757
	17	Accounts payable and accrued expenses	2,782,288	17		3	,613,339
	18	Grants payable		18			
	19	Deferred revenue	5,987,593	19		6	,477,637
	20	Tax-exempt bond liabilities		20			
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
Ξ	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	263,219	25		4	,112,640
	26	Total liabilities. Add lines 17 through 25	9,033,100	26		14	,203,616
Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	44 520 504			45	407.540
Sala	27	Net assets without donor restrictions	14,530,504	27			,427,518
d E	28	Net assets with donor restrictions	3,806,347	28		4	,037,623
or Fun	29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		29			
ts	30	Paid-in or capital surplus, or land, building or equipment fund		30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31			
	32	Total net assets or fund balances	18,336,851	32		19	,465,141
e e	33	Total liabilities and net assets/fund balances	27,369,951	33		33	,668,757
Net					l	Form 99	^ / つへつつ\
Form		(2022) Page 12					0 (2022) Page 12
Form	n 990 art XI						
Form	art XI	(2022) Reconcilliation of Net Assets		. 1			Page 12
Form Pa	art XI Tota	(2022) Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				27	Page 12
Form Pa	Tota	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1		27	Page 12 ,483,199
1 2 3 4	Tota Tota Rev Net	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4		 27 27	Page 12 ,483,199 ,018,270 464,929 ,336,851
1 2 3 4 5	Tota Tota Rev Net	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5		 27 27	Page 12 ,483,199 ,018,270 464,929 ,336,851
1 2 3 4 5 6	Tota Tota Rev Net Net	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. all revenue (must equal Part VIII, column (A), line 12)		1 2 3 4 5		 27 27	Page 12 ,483,199 ,018,270 464,929 ,336,851
1 2 3 4 5 6 7	Tota Tota Rev Net Net Dor	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. all revenue (must equal Part VIII, column (A), line 12)		1 2 3 4 5 6 7		 27 27	Page 12 ,483,199 ,018,270 464,929 ,336,851
1 2 3 4 5 6 7 8	Tota Tota Rev Net Net Dor Inve	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8		 27 27	Page 12 ,483,199 ,018,270 464,929 ,336,851 663,361
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Net Dor Invo	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI al revenue (must equal Part VIII, column (A), line 12)		1 2 3 4 5 6 7 8			Page 12 ,483,199 ,018,270 464,929 ,336,851 663,361
1 2 3 4 5 6 7 8 9 10	Tota Tota Rev Net Dor Invo Prio Oth	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. all revenue (must equal Part VIII, column (A), line 12)		1 2 3 4 5 6 7 8			Page 12 ,483,199 ,018,270 464,929 ,336,851 663,361
1 2 3 4 5 6 7 8 9 10	Tota Tota Rev Net Net Dor Invo	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8			,483,199,018,270,464,929,336,851
1 2 3 4 5 6 7 8 9 10	Tota Tota Rev Net Dor Invo Prio Oth	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. all revenue (must equal Part VIII, column (A), line 12)		1 2 3 4 5 6 7 8			Page 12 ,483,199 ,018,270 464,929 ,336,851 663,361
1 2 3 4 5 6 7 8 9 10 Pe	Total Rev Net Net Dorr Involve Price Oth Net XIII	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8			,483,199 ,018,270 464,929 ,336,851 663,361
1 2 3 4 5 6 7 8 9 10 Per	Total Rev Net Net Dorr Involved Oth O Net Sch Sch Wei If 'Y	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8 9 10			Page 12 ,483,199 ,018,270 464,929 ,336,851 663,361
1 2 3 4 5 6 7 8 9 10 Per	Total Rev Net Net Dorr Involved Oth O Net Sch Sch Wei If 'Y	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI al revenue (must equal Part VIII, column (A), line 12)	Other er," explain on ccountant?	1 2 3 4 5 6 7 8 9 10			,483,199,018,270,464,929,336,851,663,361
1 2 3 4 5 6 7 8 9 10 Pa	Total Rev Net Net Dorr Invo Oth Net If the Sch	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI al revenue (must equal Part VIII, column (A), line 12)	Other er," explain on ccountant?	1 2 3 4 5 6 7 8 9 10			,483,199,018,270,464,929,336,851,663,361
1 2 3 4 5 6 7 8 9 10 Pa	Total Rev Net Net Dorr Invo Oth Net If the Sch Sch Sep Wei If 'Y sep Wei If 'Y sep Wei If 'Y sep Wei If 'Y	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI al revenue (must equal Part VIII, column (A), line 12) al expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 t assets or fund balances at beginning of year (must equal Part X, line 32, column (A) truncalized gains (losses) on investments	Other explain on ccountant? e compiled or reviewed	1 2 3 4 5 6 7 8 9 10 on a	2a		,483,199 ,018,270 464,929 ,336,851 663,361
1 2 3 4 5 6 7 8 9 10 Pa	Tota Rev Net Dor Inv Pric Oth Net Sch Sch If 'Y sep Wer If 'Y con	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Other explain on ccountant? e compiled or reviewed sparate basis	1 2 3 4 5 6 7 8 9 10 on a	2a		,483,199,018,270,464,929,336,851,663,361

•	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.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

TIN: 36-2167755

Page 2

OMB No. 1545-0047

SCHEDULE A Public Charity Status and Public Support (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

INTER		ne organization NAL CITYCOUNTY MANAGEMEI N	NT				36-2167755	ation number
	rt I	Reason for Public	Charity State	us (All organization	e must comple	ata this part) 9		
		ration is not a private four					bee mstructions.	
1		A church, convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school described in se	,			()()	(-)(-)	
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	·	_			•	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descri	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in secti	on 170(b)(1)(A	(v).	
7		An organization that not section 170(b)(1)(A)			s support from a	a governmental u	init or from the genera	al public described in
8		A community trust desc		•	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
10	✓	An organization that not from activities related to investment income and 30, 1975. See section !	mally receives: tis exempt fun unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le	of its support f	rom contribution and (2) no more	s, membership fees, a than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations of	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	e purposes of one or a)(3). Check the box
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I's	porting organiza	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the org	janization receiv	ved a written determin	nation from the I		pe I, Type II, Type III	functionally
f	Ento	integrated, or Type III n r the number of supported	•	integrated supporting	•			
g g		de the following informati	-				· · · · · · · —	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	ı							
For F	aperv	work Reduction Act Not or 990-EZ.	ice, see the In	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2022
				Pag	ge 2 ———			
Sched	dule A	(Form 990) 2022						Page 2

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

If the organization failed to qualify under the tests listed below, please complete Part III.)

Part II

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 5	Total. Add lines 1 through 3 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						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
	Section B. Total Support	4 > 2040	41.2040	() 0000	4 N 2004		40 = l
(о	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest.						
8	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						
12	10 Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	•	•	•			<u> </u>	ization, check
	this box and stop here	-			•	. , . ,	.zac.o., c.roc.
_	Section C. Computation of Public						
14	5 1 11		_	column (f))		14	
15	Public support percentage for 2021 Sch	nedule A, Part II, I	ine 14			15	
16	a 33 1/3% support test—2022. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this l	
	and stop here. The organization quali						
ŀ	33 1/3% support test—2021. If the box and stop here. The organization	•					
17	a 10%-facts-and-circumstances test and if the organization meets the "fact	:— 2022. If the org s-and-circumstand	ganization did not ces" test, check th	check a box on lir is box and stop h	ne 13, 16a, or 16b ere. Explain in Pa	, and line 14 is 10 rt VI how the orga	% or more, inization
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets the	t-2021. If the or	ganization did not	t check a box on li	ne 13, 16a, 16b,	or 17a, and line 15	is 10% or
18	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		_
	instructions						▶□
						Schedule A (I	orm 990) 2022
_			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
	Part III Support Schedule for (Complete only if you the organization fails to	checked the box	x on line 10 of F	Part I or if the o	rganization faile		er Part II. If
_	Section A. Public Support	to quality under	the tests listed	below, please c	ompiete Part II.	.)	
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 1	r fiscal year beginning in) F Gifts, grants, contributions, and						
_	membership fees received. (Do not	10,884,722	13,900,469	12,451,236	12,095,556	10,943,920	60,275,903
2	include any "unusual grants.") . Gross receipts from admissions,						
_	merchandise sold or services	11 054 441	12.074.010	0.221.020	10.040.336	12.016.640	E7 01E 272
	performed, or facilities furnished in any activity that is related to the	11,954,441	12,974,919	9,221,028	10,848,236	12,916,648	57,915,272
_	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4							

	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	22,839,163	26,875,388	21,672,264	22,943,792	23,860,568	118,	,191,175
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,655	5,220	5,580	5,227	4,644	ļ.	26,326
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the							0
	greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b	5,655	5,220	5,580	5,227	4,644		26,326
8	Public support. (Subtract line 7c						118,	,164,849
Se	from line 6.) ection B. Total Support						<u> </u>	
Cale	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
(or 1	fiscal year beginning in) Amounts from line 6	22,839,163		21,672,264	22,943,792	23,860,568		,191,175
10a	Gross income from interest,	22,039,103	20,073,300	21,072,204	22,543,732	23,000,300	110,	,191,173
	dividends, payments received on securities loans, rents, royalties	4,450,209	3,846,838	3,508,335	3,625,512	3,805,207	, 10	,236,101
	and income from similar sources	4,430,209	3,040,030	3,300,333	3,023,312	3,003,207	19,	,230,101
b	 Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
С	Add lines 10a and 10b.	4,450,209	3,846,838	3,508,335	3,625,512	3,805,207	19,	,236,101
11	Net income from unrelated business activities not included on							
	line 10b, whether or not the	80,734	72,338	60,513	96,730	25,804	ł	336,119
12	business is regularly carried on. Other income. Do not include gain							
12	or loss from the sale of capital	132,212	132,657	132,034	132,066	132,000		660,969
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	27.502.240	20.027.224	25 272 446	26 700 400	27 022 57	120	424.264
	11, and 12.)	27,502,318		25,373,146				,424,364
14	First 5 years. If the Form 990 is for	_			-			_
Se	this box and stop here							
15	Public support percentage for 2022 (I			, column (f))		15	85	.360 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16		.140 %
Se	ection D. Computation of Inves							
17	Investment income percentage for 20	•	umn (f) divided by			17	13	.900 %
18	Investment income percentage from							
19a						18		.090 %
	33 1/3% support tests-2022. If the	e organization did	not check the box	on line 14, and li	ne 15 is more tha	n 33 1/3%, and lir	e 17 is not	.090 %
b	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar	e organization did d stop here. The	not check the box e organization qual	on line 14, and li ifies as a publicly	ne 15 is more tha supported organiz	n 33 _{1/3} %, and lir	e 17 is not	
b	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests—2021. If the	e organization did d stop here. The ne organization di	not check the box e organization qual d not check a box	on line 14, and li ifies as a publicly on line 14 or line	ne 15 is more tha supported organiz 19a, and line 16 is	n 33 1/3%, and ling ration	ie 17 is not ► ✓ 3% and line	
b 20	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	e organization did d stop here. The ne organization di x and stop here .	not check the box e organization qual d not check a box . The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and lir ration s more than 33 1/ ganization	ne 17 is not ▶	
	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the	e organization did d stop here. The ne organization di x and stop here .	not check the box e organization qual d not check a box . The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and lir ration s more than 33 1/ ganization	ne 17 is not • • 3% and line • •	18 is
	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	e organization did d stop here. The ne organization di x and stop here .	not check the box e organization qual d not check a box . The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and ling sation	ne 17 is not • • 3% and line • •	18 is
	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	e organization did d stop here. The ne organization di x and stop here .	not check the box e organization qual d not check a box . The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and ling sation	ne 17 is not • • 3% and line • •	18 is
	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	e organization did d stop here. The ne organization di x and stop here .	not check the box e organization qual d not check a box . The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and ling sation	ne 17 is not • • 3% and line • •	18 is
20	33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	e organization did d stop here. The ne organization di x and stop here .	not check the box e organization qual d not check a box . The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and ling sation	e 17 is not	18 is
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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 apported organizations, or (iii) other supporting organizations or (iii) other supporting organizations or (iii) other supporting organizations as upported organizations as one of the filling organizations as upported organizations as organizations as upported organizations organizations as organizations		•			
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19 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? If "Yes," competer Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 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. b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization and in interest? If "Yes," provide detail in Part VI. c Did a disqualified person (as defined on 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. 9b Did Was the organization businet to the excess business holdings rules of section 4943 Section 4943 (f) (regarding cartain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations?) If "Yes," answer line II bib below. b Did the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Did 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 per	0	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			
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The state organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the officers, 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 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. 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		,			age 3
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b A family member of a person described on 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the officers, 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 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(s) that operated, supervised or controlled the supporting 2 Did the purposes of the supported organization(s) that operated, supervised or controlled the supporting	11	Has the organization accepted a gift or contribution from any of the following persons?			
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VI. Section B. Type I Supporting Organizations Yes 1 Did the officers, 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 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		· · · · · · · · · · · · · · · · · · ·			
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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	1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		163	NO
applied to such powers during the tax year. 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	=	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			
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	2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	1		
			2		

1	Were a majority of the organization's directors or trustees during the tax year also a r	maiorit	v of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to	v contr	ol or management of the	1		├
	, ,	ne sup	ported organization(3).			
36	ection D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during	ng 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 documents in effect on the date of notification, to the extent not previously provided?		ganization's governing	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el	lected	by the supported	<u> </u>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support			2		
3	By reason of the relationship described in line 2 above, did the organization's support					
	voice in the organization's investment policies and in directing the use of the organizaduring the tax year? If "Yes," describe in Part VI the role the organization's supporte			3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations				1	
1	Check the box next to the method that the organization used to satisfy the Integral Po	art Tes	t during the year (see instruct	ions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
c	The organization supported a governmental entity. Describe in Part VI how yo	ou sup	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part l	/I identify those supported how the organization was			
	substantially all of its activities.	at the	se delivities constituted	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t	" expla	in in Part VI the reasons for			
	organization's position that its supported organization(s) would have engaged in to	nese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1		
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, progr	ams a	nd activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b		
			Schedule A	(Forn	n 990)	202
	Dage 6					
	Page 6					
Sche	dule A (Form 990) 2022					Page (
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	izations		'	age
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on	Nov. 20, 1970 (explain in Part I		e	
	instructions. All other Type III non-functionally integrated supporting organization	ations			rant Vac	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curi (opti	onal)	II
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) Curi (opti	rent Yea onal)	ır
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				
а	Average monthly value of securities	1a				
ь	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				

d Total (add lines 1a 1b and 1s)

u	I ULAI (auu IIIICS 1a, 1b, aliu 1c)		Iu			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
6	Multiply line 5 by 0.035		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, lin	ne 8 Column A)	1			
	Enter 85% of line 1	ic o, column A)	2			
	Minimum asset amount for prior year (from Section B	line 8 Column A)	3			
4	Enter greater of line 2 or line 3	, line o, column A)	4			
	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization	on's first as a non-functionally-in	ntegrate	ed Type III sup	portina	organization (see
	instructions)	-				
					50	hedule A (Form 990) 2022
		D 7				
		Page 7				
	dule A (Form 990) 2022					Page 7
	rt V Type III Non-Functionally Integrated	1 509(a)(3) Supporting (Organi	zations (co	ntinued)
Sec	tion D - Distributions					Current Year
1 ,	Amounts paid to supported organizations to accomplish	exempt purposes			1	
2 /	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported of	organiz	ations, in	2	
	Administrative expenses paid to accomplish exempt pur	poses of supported organizatio	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6	Other distributions (<i>describe in Part VI</i>). See instruction	ins			6	
7 T	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respons	ive (<i>pro</i>	ovide	8	
	Distributable amount for 2022 from Section C, line 6				9	
9	Distributable amount for 2022 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) lerdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 D	Distributable amount for 2022 from Section C, line 6					
(1	Inderdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). ee instructions.					
	excess distributions carryover, if any, to 2022:					
	From 2017					
	From 2018					
С	From 2019				Ţ	
	From 2020					
	From 2021					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i (Carryover from 2017 not applied (see instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2022 from Section D, line 7:					

a Applied to underdistributions of prior years	1	ı	1
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI See instructions.	ī.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the ex Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9art IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Sectinstructions).	a, 9b, 9c, 11a, 11b, and 1 ction E, lines 1c, 2a, 2b, 3	1c; Part IV, Section B, lines 1 and a and 3b; Part V, line 1; Part V, Se	2; Part IV, Section C, line 1; ction B, line 1e; Part V
	Facts And Circumstanc	es Test	
Return Reference		Explanation	
		; 	Schedule A (Form 990) 2022

efile Public Visual Render ObjectId: 202431359349309223 - Submission: 2024-05-14 TIN: 36-2167755 Schedule B Schedule of Contributors (Form 990) Department of the Treasury Go to www.irs.gov/Form990 for the latest information.

(Form 990) Department of the Treasury Internal Revenue Service		2022						
Name of the organization INTERNATIONAL CITYCO ASSOCIATION			Employer io 36-2167755	dentification number				
Organization type (ch	eck one):		30-2107733					
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) org	ganization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	☐ 527 political organization							
Form 990-PF	501(c)(3) exempt private four	ndation						
	4947(a)(1) nonexempt charit	able trust treated as a private founda	tion					
	☐ 501(c)(3) taxable private four	ndation						
money or othe contributions. Special Rules For an organization and a general purposes, or for the contributions. For an organization of the year, purposes, or for the year, for an organization of the year, purposes, or for a year, year, year, year, year, year	exation filing Form 990, 990-EZ, or 990-PF er property) from any one contributor. Contribution described in section 501(c)(3) filing 509(a)(1) and 170(b)(1)(A)(vi), that check one contributor, during the year, total one 1h, or (ii) Form 990-EZ, line 1. Completion described in section 501(c)(7), (8), or total contributions of more than \$1,000 or the prevention of cruelty to children or a contributions exclusively for religious, of ecked, enter here the total contributions to complete any of the parts unless the Ger able, etc., contributions totaling \$5,000 or	Form 990 or 990-EZ that met the 33¹ ked Schedule A (Form 990 or 990-EZ contributions of the greater of (1) \$5, lete Parts I and II. or (10) filing Form 990 or 990-EZ that exclusively for religious, charitable, so animals. Complete Parts I, II, and III. or (10) filing Form 990 or 990-EZ that haritable, etc., purposes, but no such that were received during the year formeral Rule applies to this organization	s for determining a system of the system of	of the regulations 16a, or 16b, and that the amount on (i) Form by one contributor, or educational ony one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively				
Caution: An organizati 990-EZ, or 990-PF), bu or on its Form 990PF, F 990-EZ, or 990-PF).	on that isn't covered by the General Rule t it must answer "No" on Part IV, line 2, o Part I, line 2, to certify that it doesn't meet Act Notice, see the Instructions	e and/or the Special Rules doesn't file of its Form 990; or check the box on I	e Schedule B (For line H of its Form B (Form 990,	rm 990,				
		— Page 2						

Schedule B (Form 990) (2022)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		A DECTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		- -	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3 ———		
	i aye 5		
	(Form 990) (2022)	1 = 1	Page 3
Name of org INTERNATION ASSOCIATION	NAL CITYCOUNTY MANAGEMENT	Employer identification 36-2167755	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	1 30 210//33	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

_			
		\$	
(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$.	
(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$.	
(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
1			Schedule B (Form 990) (2022)
			, , ,
	Page 4		
B (Form 990) (2022)			Page 4
rganization		Employer ider	ntification number
TON		36-2167755	
than \$1,000 for the year from any one cont organizations completing Part III, enter the the year. (Enter this information once. See	ributor. Complete columns (a) to total of exclusively religious, clinstructions.) \(\)	hrough (e) and the follow	ing line entry. For
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4	Relationship of transferor to	o transferee
(b) Purpose of gift	(c) Hen of gift	(d) Doscri	ption of how gift is held
	(c) ose of grit	(4) Descri	passi or now gire to field
	(a) Transfer of gift		
Transferee's name, address, and 2		Relationship of transferor to	o transferee
	Description of noncash (b) Description of noncash (c) Description of noncash (b) Description of noncash (c) Description of noncash (b) Description of noncash (c) Description of noncash (c) Description of noncash (c) Description of noncash (d) Description of n	Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (c) Description of noncash property given (c) Description of noncash property given (d) Description of noncash property given (e) Description of noncash pr	(b) Description of noncash property given (c) Description of noncash property given (c) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (e) FMV (or estimate) (see instructions) (c) TMV (or estimate) (see instructions) (see instructions) (see instructions) (c) TMV (or estimate) (see instructions) (see instructions) (c) TMV (or estimate) (see instructions) (see instructions) (c) TMV (or estimate) (see instructions) (see instructions) (see instructions) (c) TMV (or estimate) (see instructions) (c) TMV (or estimate) (see instructions) (see instructions) (c) TMV (or es

No. trom Part I	(b) Purpose ot giπ		(c) Use of gift	(a) Description of now gift is neig		
. =						
<u> </u>	Transferee's name, address, and		r) Transfer of gift Relationshi I	p of transferor to transferee		
(a)						
No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
· <u> -</u>	Transferee's name, address, and		e) Transfer of gift Relationshi	p of transferor to transferee		
=	mansieree s name, address, and		- Tretationshi	of transieror to transieree		
l		-		Schedule B (Form 990) (2022)		

Additional Data Return to Form

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ObjectId: 202431359349309223 - Submission: 2024-05-14

TIN: 36-2167755 OMB No. 1545-0047

SCHEDULE C (Form 990)

Internal Revenue Service

Department of the Treasury

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

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 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." Political campaign activity expenditures. See instructions 2 Volunteer hours for political campaign activities. See instructions 3 Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ No ☐ Yes 4a Was a correction made? ☐ No ☐ Yes If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part T-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 2 function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........ 3 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes □ No 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 (e) Amount of filing organization's political contributions funds. If none, enter received and promptly -0-. and directly delivered to a separate political organization. If none, enter -0-. 1 2 3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule C (Form 990) 2022 Cat. No. 50084S

Schedule C (Form 990) 2022 Page 2

Page 2 -

	36CUOH 301(H)).					
	Check if the filing organization belongs to an expenses, and share of excess lobbying	g expenditures).		filiated group me	mber's name,	, address, EIN,
В	Check	g Expenditures			a) Filing anization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)	1		0	
b	Total lobbying expenditures to influence a legislative	, ,,			82,844	
c	Total lobbying expenditures (add lines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,			82,844	
d	Other exempt purpose expenditures				26,842,915	
e	Total exempt purpose expenditures (add lines 1c and				26,925,759	
f	Lobbying nontaxable amount. Enter the amount from columns.		1,000,000			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$500,000	20% of the amount on line	1e.	\neg		
	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 \$1,000,00	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000).		
	Over \$17,000,000	\$1,000,000.		 		
		<u></u>				
a	Grassroots nontaxable amount (enter 25% of line 1f	·)			250,000	
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				0	
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
_	(Some organizations that made a columns below. See t		ctions for lines	2a through 2		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<u>2a</u>	Lobbying nontaxable amount		1,000,000	1,000,000	1,000,0	3,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
_с	Total lobbying expenditures		289,306	113,679	82,8	485,829
d	Grassroots nontaxable amount		250,000	250,000	250,0	750,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f	Grassroots lobbying expenditures		10,000	13,000		23,000
					Schedule C	(Form 990) 2022
		———— Page 3 -				
Sche	edule C (Form 990) 2022					Page 3
Pa	art II-B Complete if the organization is	exempt under section	on 501(c)(3) a	nd has NOT f	iled	
	Form 5768 (election under sect					
For	each "Yes" response on lines 1a through 1i below, pro	ovide in Part IV a detaile	d description of the	e lohhvina	(a)	(b)
activ	vity.		·	, -	Yes No	Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or					
а	Volunteers?					
b	Paid staff or management (include compensation in			?		\dashv
c	Media advertisements?					\dashv
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements	?				<u> </u>

Αd	ditional Data			Retur	n to	Form	
inst PART	ride the descriptions required for Paructions), and Part II-B, line 1. Also, Return Reference II-A, LINE 1, LOBBYING //ITIES: III-A, LINE 1,	Tt I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); For complete this part for any additional information. Explanation THE PRIMARY OBJECTIVE OF ICMA'S FORM OF GOVERNMENT ADVOCACY ACTIVE PROMOTE THE BENEFITS OF PROFESSIONAL LOCAL GOVERNMENT MANAGEMINANAGER FORM OF GOVERNMENT. TO ACHIEVE THIS GOAL, ICMA CREATES CACTIVITIES OF PROFESSIONAL MANAGERS IN ALL FORMS OF LOCAL GOVERNAND REPORTS OUT ON FINDINGS REGARDING ISSUES RELATED TO LOCAL GOAND HIGHLIGHTS EXAMPLES OF BEST PRACTICES DEMONSTRATED BY COMMINDER THE COUNCIL-MANAGER FORM OF GOVERNMENT OR PROFESSIONAL INFORMATION OF THE COUNCIL/MANAGEMENT; DEVELOPS AND DISSEMINATES RELATED EDUCATIONAL MATERIAL REQUESTS FOR LIMITED FINANCIAL ASSISTANCE FROM LEGITIMATE LOCAL NOT BE RECOUNCIL/MANAGER FORM OF GOALS, ICMA USED AVAILABLE STATISTICS, RESEARCH, AND DATA TO DEVELOW DIECES, EDITORIALS AND PRESENTATIONS THAT ADVOCATED FOR THE RETEING COUNCIL-MANAGER FORM OF GOVERNMENT OR THE CITY MANAGER'S AUTHOR URISDICTIONS INCLUDING PORTLAND, ME; BALTIMORE, MD; WAUKEGAN, ILMADISON, AL; ALBUQUERQUE, NM; TARRANT, AL; STURGIS, SD; SALEM, NH; L; BRISTOW, OK; ITHACA, NY; CALHOUN COUNTY, GA; HOMEWOOD, AL; CLY SUPPORTING COMMUNITIES SEEKING INFORMATION ABOUT VARIOUS FORMS PROVIDES RESOURCES AND GUIDANCE TO INTERNATIONAL DELEGATIONS, SCOMMUNITY GROUPS, AND LOCAL GOVERNMENT ORGANIZATIONS. STAFF ME ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROVIDE TECHNICAL GUIDANCE AND EXPERT TESTIMONY OF ORGANIZERS TO PROV	IVITIES ENT AN CONTEN MENT, DVERN UNITIE LOCAL RIALS; ION-PR DVERNI P A NU NTION RED B DE HILL S OF GO STATE A ET WITH IN THE IPAL M. GGATIO	S IS TO ND THE NT TO H CONDU MENT M ES THAT GOVER KOFIT G MENT. I JMBER (OR ADO AND PA SANK, N L, WA. OVERNI ASSOCI H COMIN VALUE ANAGEI	DOCU COUN IGHLI ICTS R IANAG OPER NMEN ESPOI ROUPS N FISC OF OPI OPTION MBER RK, IL J; EVA IN AD MENT, ATION MENT OF MENT I HUNG	IMENT CIL- GHT T ESEAF EMENT ATE T NDS TO CAL YE NION N OF T OF INSTOI DITIOI ICMA S, LOC Y GARY,	AND THE RCH TT, O TAR THE N, N TO
	rt IV Supplemental Info						
5_	, , ,	litical expenditures. See Instructions	5				
	expenditure next year?		4				
4		nt on line 2c exceeds the amount on line 3, what portion of the excess does r to the reasonable estimate of nondeductible lobbying and political					
3		ion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
b c	,		2b 2c				
а	expenses for which the section Current year	527(f) tax was paid).	2a				
1 2	,	ounts from members	1				
	answered "Yes."	TH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A,	, line 3	3, is		
Par		anization is exempt under section 501(c)(4), section 501(c)				01(c)(6)
3		over lobbying and political expenditures from the prior year?			3		
2	, .	house lobbying expenditures of \$2,000 or less?		+	2		
1	Were substantially all (90% or mor	re) dues received nondeductible by members?		Г	1	Yes	No
- 611	501(c)(6).		(5), 6	. 5000			
		anization is exempt under section 501(c)(4), section 501(c)	(5). o	r sect	ion		
c d	,	ax incurred by organization managers under section 4912section 4912 tax, did it file Form 4720 for this year?					
b	•	ax incurred under section 4912					
2a		e organization to be not described in section 501(c)(3)?					
j	Total. Add lines 1c through 1i						
i	·						
h	Rallies demonstrations seminars	conventions, speeches, lectures, or any similar means?					
g	Direct contact with legislators, their	r staffs, government officials, or a legislative body?					

Software ID: Software Version: **Return to Form**

efile Public Visual Render

ObjectId: 202431359349309223 - Submission: 2024-05-14

TIN: 36-2167755

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization ERNATIONAL CITYCOUNTY MANAGEMENT	Employer identification number
	OCIATION	36-2167755
Pa	rt 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 advorganization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose coprivate benefit?	
Pa	rt 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)	historically important land area
	Protection of natural habitat Preservation of a ce	ertified historic structure
		cremed historic structure
2	 Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the forn 	m of a concentration
_	easement on the last day of the tax year.	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, 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 tax year	he organization during the
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	f 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 cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserve	ation easements during the year
-) \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensional balance sheet, and include, if applicable, the text of the footnote to the organization's financial stater the organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furthe	
b	Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and	
D	historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	erance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1	▶\$
(i	i) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for finan following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2022 Page **2**

Dar	t III	Organizations M	aintaining Col	lections of	Art Histor	ical Tr	ASSUITAS (or Other	Similar Ac	cets (cont	inued)
3	Using	the organization's acq (check all that apply):	juisition, accession								
а		Public exhibition			d		Loan or excl	hange prog	grams		
b		Scholarly research			е		Other				
С		Preservation for future	e generations								
4	Provid Part X	de a description of the KIII.	organization's coll	ections and ex	xplain how th	ey furth	er the organ	ization's ex	xempt purpos	e in	
5		g the year, did the orga s to be sold to raise fur								Yes	□ No
Pai	t IV	Escrow and Cust Complete if the ord line 21.			n Form 990), Part :	IV, line 9, o	r reporte	d an amour	nt on Form	990, Part X,
1a		e organization an agent led on Form 990, Part I								☐ Yes	□ No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete	the following	table:			Ar	nount	
c		ning balance			-			1c			
d	-	ions during the year .						1d			<u> </u>
е		butions during the year						1e			
f		g balance						1f			
2a		ne organization include						account lia	ahility?	☐ Ves	□ No
b		s," explain the arrange		•					•		_ NO
	rt V	Endowment Fund		Check here ii	тие ехріана	LIOII IIas	been provide	eu III Fait /	AIII	0	
га	I C V	Complete if the or		ered "Yes" o	n Form 990). Part	[V. line 10.				
				(a) Current y		Prior year		years back	(d) Three yea	rs back (e)	Four years back
1a	Beginn	ing of year balance .									
b	Contrib	outions									
С	Net inv	estment earnings, gair	ns, and losses								
d	Grants	or scholarships									
		expenditures for facilition	es								
f	Admini	strative expenses .									
g	End of	year balance									
2 a		de the estimated perce I designated or quasi-e	-	ent year end ba	alance (line 1	lg, colur	nn (a)) held	as:		•	
a b		anent endowment									
С		endowment ercentages on lines 2a		d equal 100%							
За	Are th	nere endowment funds itization by:		•		at are he	eld and admi	nistered fo	r the		Yes No
	(i) Ur	nrelated organizations						·		3a(i)	
	(ii) R	elated organizations								3a(ii)	
b	If "Ye	s" on 3a(ii), are the re	lated organization	s listed as requ	uired on Sch	edule R?				3b	
4	Descr	ibe in Part XIII the inte	ended uses of the	organization's	endowment	funds.					
Pai	t VI	Land, Buildings,							205 -		_
	Descri	Complete if the orgonic ption of property	(a) Cost or oth (investme	er basis (b	n Form 990 Cost or othe			ccumulated of). ook value
1a	Land										
b	Buildin	gs									
		old improvements				23	3,300		181,211		52,089
		nent					7,067		3,266,518		770,549
							4,512		72,489		2,023
		lines 1a through 1e. (C	L Column (d) must e	qual Form 990), Part X, col		-		>		824,661

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV	line 11h See For	m QQA Dar	t V line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method	
(1) Financial derivatives				
(2) Closely-held equity interests				
(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,	Dart IV	line 11c. See For	rm 000 Pa	rt V lino 13
(a) Description of investment	raiciv,	(b) Book value	(c)	Method of valuation:
(1)			Cost or e	nd-of-year market value
(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, P	Part IV. I	ine 11d. See For	m 990. Par	t X. line 15.
(a) Description		220. 000.0	550, . u.	(b) Book value
(1) OPERATING LEASE (RIGHT OF USE ASSET) (1)				3,153,85
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
			. •	3,153,85
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	<u>ine 11</u> e or 11f.Se	ee Form 99	0, Part X, line 25.
1. (a) Description of liability	•			(b) Book value

(1) Federal income taxes	
SUBTENANT DEPOSITS	6,799
REFUNDABLE ADVANCES	951,985
OPERATING LEASE LIABILITY	3,153,856
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,112,640

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

Schedule D (Form 990) 2022

Page 4 Schedule D (Form 990) 2022 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
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
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 Total revenue, gains, and other support per audited financial statements
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments
b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 27,456,000 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 27,124 b Other (Describe in Part XIII.)
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 27,124 b Other (Describe in Part XIII.)
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 27,124 b Other (Describe in Part XIII.)
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
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.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
1 lotal expenses and losses per audited financial statements
• • · · · · · · · · · · · · · · · · · ·
Amounts included on line 1 but not on Form 990, Part IX, line 25:
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
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 27,124
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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			
PART X, LINE 2:	FOR THE YEAR ENDED JUNE 30, 2023, 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.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 659,863. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,PART VIII, LINE 6B.			
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 659,863. STATEMENTS AND			

INFLIED WONTING!	DEVENUE C	111 I U D I I I I	JJU.FARI	VIII, LINE OD.

Schedule D (Form 990) 2022

Additional Data Return to Form

Software ID:

efile Public Visual Render ObjectId: 202431359349309223 - Submission: 2024-05-14

TIN: 36-2167755

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury

Internal Revenue Service

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number

36-2167755

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

-	Tor 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?	, 🗆	N
_			

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

For grantmakers. Does the erganization maintain records to substantiate the amount of its grants and

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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	1	64	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	4,065,075
CENTRAL AMERICA AND THE CARIBBEAN	0		PROGRAM SERVICES	MUNICIPAL GOVERNANCE	92,616
SOUTH ASIA	0	5	PROGRAM SERVICES	MUNICIPAL GOVERNANCE	719,709
EAST ASIA AND THE PACIFIC	0		GRANTS TO RECIPIENTS LOCATED IN REGION		152,060
CENTRAL AMERICA AND THE CARIBBEAN	0	_	GRANTS TO RECIPIENTS LOCATED IN REGION		61,247
SOUTH ASIA	0	-	GRANTS TO RECIPIENTS LOCATED IN REGION		97,216
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		63,607
3a Sub-total	1	69			5,251,530
b Total from continuation sheets to Part I	0	0			0,202,000
c Totals (add lines 3a and 3b)	1	69			5,251,530

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

Cat. No. 50082W

Schedule F (Form 990) 2022

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Schedule F (Form 990) 2022

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			STRENGTHENING GOVERNMENT THROUGH CIVIL SOCIETY ENGAGEMENT (CARSI) PROGRAM- PHASE II	·	WIRE TRANSFER	0		
			CITIES FOR ENHANCED ENGAGEMENT AND GOVERNANCE (CHANGE) PROGRAM	·	WIRE TRANSFER	0		
			CTA-CAPACITY BUILDING AND SUSTAINABILITY INITIATIVE (CTA- CBSI) PROGRAM		WIRE TRANSFER	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ICMA EUROPE GRANT	63,607	WIRE TRANSFER	0		

					charities by the foreign 01(c)(3) equivalency let				1
3 E	inter total number of ot	her organizations or	entities		<u> </u>			. ▶ Sche	3 dule F (Form 990) 2022
					– Page 3 – – – – – – – – – – – – – – – – – – 				
Sche	dule F (Form 990) 2022				rage 3				Page 3
	t III Grants and C				ed States. Complete it	f the organizat	ion answ	ered "Yes" on Form 9	
(a) ⁻	Part III can be Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount	of	(g) Description	(h) Method of
			recipients	cash grant	disbursement	noncash assistance	9	of noncash assistance	valuation (book, FMV,
	FELLOWSHIP STIPENDS	EAST ASIA AND THE PACIFIC	116	99,003	CASH				appraisal, other)
	RESEARCH GRANTS	EAST ASIA AND THE PACIFIC	4	5,861	WIRE TRANSFER				
		TACH TC							
								Scheo	lule F (Form 990) 2022
					Page 4				
_	dule F (Form 990) 2022 t IV Foreign Forms	•					Page 4		
	Was the organization a U		ty to a foreign corr	oration during the tax	vear? If "Yes " the				
-	organization may be requ	uired to file Form 926, I	Return by a U.S. Tr	ansferor of Property to	a Foreign Corporation (see		□No		
2					organization may be require				
	Gifts, and/or Form 3520-	A, Annual Information	Return of Foreign T	rust With a U.S. Owne	nd Receipt of Certain Foreiger (see Instructions for Form	ns _	✓ No		
3	Did the organization have	e an ownership interest	in a foreign corpor	ation during the tax ye	ear? If "Yes," the organizati	on			
	may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)								
4	Was the organization a d	irect or indirect shareho	older of a passive for	oreign investment com	pany 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) .								
5	may be required to file F	orm 8865, Return of U.	S. Persons with Re	spect to Certain Foreig		_			
						. 🗆 Yes	✓ No		
6	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form						✓ No		
		/				☐ Yes		=	
						uie F (FOFIII 991	,, 2022		
					Page 5		_		
Sche	dule F (Form 990) 2022						Page 5		

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.

ReturnReference	Explanation
PART I, LINE 2:	FIELD OFFICES SEND REPORTS TO THE HOME OFFICE ON A MONTHLY BASIS. REPORTS ARE REVIEWED BY THE ICMA PROGRAM AND FINANCE TEAMS. FUNDS ARE ALSO MONITORED BY PROJECT MANAGERS.
PART III ACCOUNTING METHOD:	
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.
•	
-	
	1
	-

Schedule F (Form 990) 2022

Additional Data

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202431359349309223 - Submission: 2024-05-14

TIN: 36-2167755OMB No. 1545-0047

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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.

2022

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and Name of the organization INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOCIATION

Employer identification number 36-2167755

Part I	Fundraising Activi	· ·	_			orm 990, Part IV, line 1	7.
1 Indic	cate whether the organiza	ation raised funds thr	ough any	of the fo	llowing activities. Check	all that apply.	
a 🗸 M	1ail solicitations			е	✓ Solicitation of non-	government grants	
b 🗸 I	nternet and email solicita	tions		f	Solicitation of gove	ernment grants	
c	hone solicitations			g	Special fundraising	g events	
d 🗸 I	n-person solicitations						
	the organization have a wey employees listed in Fo						es 🗆 No
	es," list the 10 highest pa e compensated at least \$			draisers) p	oursuant to agreements (under which the fundraise	
	and address of individual entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(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
405 EA	IE R POTTER AST WINDSOR AVE	PROPOSAL DEVELOPMENT	Yes	No No	0	6,938	-6,938
	NDRIA, VA 22301 ' J REED	PROPOSAL					
930 AC		DEVELOPMENT		No	0	39,304	-39,304
Total				>		46,242	-46,242
licensir		_				een notified it is exempt f	rom registration or
	ork Reduction Act Notice						thedule G (Form 990) 2022

– Page 2 *–*

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. **(b)** Event #2 (a)Event #1 (c)Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts. 2 Less: Contributions. 3 Gross income (line 1 minus line 2) **4** Cash prizes 5 Noncash prizes Direct Expenses 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) 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. Revenue (d) Total gaming (add col. (b) Pull tabs/Instant (c) Other gaming (a) Bingo bingo/progressive bingo (a) through col.(c)) 1 Gross revenue . Expenses 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses . Yes % ☐ Yes % 6 Volunteer labor No ☐ No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? . ☐ Yes ☐ No If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain: .

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		——— Р	age 3 ———————————————————————————————————	
Sched	lule G (Form 990) 2022			Page
1		ct gaming activities with nonmembers	;?	· Yes No
2			member of a partnership or other entity	· · · Yes ONO
3	Indicate the percentage of ga	aming activity conducted in:	1	Tes ONO
а				13a
b	An outside facility			13b
4	Enter the name and address	of the person who prepares the organ	nization's gaming/special events books and reco	ords:
	Name			
.5a	Does the organization have a revenue?	contract with a third party from who		· · O Yes O No
b	If "Yes," enter the amount of	gaming revenue received by the organication state of the third party x \$	anization 🕨 \$ and the	
С	If "Yes," enter name and add	ress of the third party:		
	Name			
	Address •			
16	Gaming manager information			
	Name •			
	Gaming manager compensat	ion ▶ \$		
	Description of services provide	led		
	☐ Director/officer	☐ Employee	☐ Independent contractor	
.7 a		under state law to make charitable dis	stributions from the gaming proceeds to	· · · · · · · · · · · · · · · · · · ·
b		ions required under state law distribuent ions required under state law distribu	ited to other exempt organizations or spent	· · U Yes U No
Par			ions required by Part I, line 2b, columns (icable. Also provide any additional inform	
	Return Reference		Explanation	
		•	Schedule	e G (Form 990) 2022
Ad	ditional Data			Return to Form

Software ID:

TIN: 36-2167755

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the

(4) AMERICAN PLANNING

CHICAGO, IL 60601

ASSOCIATION 205 N MICHIGAN AVE STE

(5) COUNTY OF CHESTERFIELD 9901 LORI ROAD CHESTERFIELD, VA 23832

52-1134021

54-6001208

501(C)(3)

GOV'T

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.

OMB No. 1545-0047

Open to Public Inspection

DEVELOPMENT AND MADE IT EASIER FOR RESIDENTS TO INSTALL RESIDENTIAL SOLAR ENERGY SYSTEM. IMPLEMENTATION OF

THE SOLAR@SCALE PROGRAM AIMS TO REDUCE LARGE-SCALE

REDUCE LARGE-SCALE
SOLAR SOFT COSTS BY
BRINGING TOGETHER
PUBLIC- AND PRIVATESECTOR
STAKEHOLDERS TO
IDENTIFY BEST
PRACTICES FOR LOCAL
GOVERNMENTS,
SPECIAL DISTRICTS,
AND OTHER
AUTHORITIES THAT
HAVE JURISDICTION
TO INSTALL LARGESCALE SOLAR
PROJECTS.

DEVELOPMENT AND

PROJECTS.

DEVELOPMENT AND FACILITATION OF ECONOMIC MOBILITY AND OPPORTUNITIES BY ENGAGING WITH STAKEHOLDERS THROUGH EDUCATION AND LEARNING IN KEY FOCUS AREAS SUCH AS FINANCIAL LITERACY, WORKFORCE DEVELOPMENT,

DEVELOPMENT,
QUALITY CHILDCARE,
AND SAFE AND STABLE
HOUSING THROUGH
THE ICMA GATES
ECONOMIC MOBILITY

Treasury Internal Revenue Service			► Go to <u>www</u>	v.irs.gov/Form990 for		on.		Inspection
Name of the organization	0.1107777.0444	UA GEMENT					Employe	er identification number
INTERNATIONAL CITYCO ASSOCIATION	OUNTY MAI	NAGEMENT					36-216	7755
Part I General	Informa	tion on Grants	and Assistance				-	
				he grants or assistance, t		for the grants or assistance,	and	✓ Yes
2 Describe in Part I	IV the orga	nization's procedur	es for monitoring the use	e of grant funds in the Uni	ited States.			Tes U
Part II Grants an	d Other A	ssistance to Dom		nd Domestic Governme		ganization answered "Yes" o	n Form 990, Pa	art IV, line 21, for any recipient
(a) Name and addr organization or governmen		(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) Descript noncash assi	tion of istance (h) Purpose of grad or assistance
(1) THE CADMUS GRC 410 TOTTEN POND RC SUITE 400B WALTHAM, MA 02451	DAD	04-2793755	OTHER	359,834	0			IMPLEMENTATION OF THE SOLAR SCALE AND THE SOLAMAR (SOLSMAR (SOLSMAR 2.0) PROGRAMS DESIGN TO HELP LOCAL GOVERNMENTS TO REDUCE SOFT COST BARRIERS TO SOLA MARKET DEVELOPMENT AND MADE IT EASIER FOR RESIDENTS TO INSTALL RESIDENTS SOLAR ENERGY SYSTEM.
(2) NATIONAL LEAGUI CITIES 1301 PENNSYLVANIA WASHINGTON, DC 20	AVE NW	53-0226780	OTHER	103,252	0			TECHNICAL ASSISTANCE TO LO GOVERNMENTS ANI LEND EXPERTISE TI IMPLEMENTATION C THE SOLSMART PROGRAM MANAGEMENT (SOLSMART 2.0) DESIGNED TO HELP LOCAL GOVERNMEN TO REDUCE SOFT COST BARRIERS TO SOLAR MARKET DEVELOPMENT AND MADE IT EASIER FO RESIDENTS TO INSTALL RESIDENTI SOLAR ENERGY SYSTEM.
(3) WORLD RESOURC INSTITUTE 10 G STREET NE SUIT WASHINGTON, DC 20	TE 800	52-1257057	OTHER	52,256	0			IMPLEMENTATION OF THE SOLSMART PROGRAM MANAGEMENT (SOLSMART 2.0) DESIGNED TO HELP LOCAL GOVERNMENTO REDUCE SOFT COST BARRIERS TO SOLAR MARKET DEVELOPMENT AND MADE IT FACTOR TO THE SOLAR MARKET DEVELOPMENT AND MADE IT FACTOR TO THE SOLAR MARKET DEVELOPMENT AND MADE IT FACTOR TO THE SOLAR MARKET DEVELOPMENT AND MADE IT FACTOR TO THE SOLAR MARKET DEVELOPMENT AND THE FACTOR TO THE SOLAR MARKET THE FACTOR TO

40,150

25,000

					AND OPPORTUNITY PROGRAM.
(6) COUNTY OF EL PASO 800 EAST OVERLAND SUITE 406 EL PASO, TX 79901	74-6000762	GOV [*] T	25,000	0	DEVELOPMENT AND COLLABORATION WITH THE LOCAL WORKFORCE BOARD TO ENSURE THAT RELIABLE CHILDCARE PROVIDERS IN THE REGION ARE ABLE TO UPGRADE CHILDCARE ENVIRONMENTS TO EARLY CHILDHOOD EDUCATION CENTERS TO HELP MEET GROWING DEMANDS AND CERTIFICATIONS REQUIRED BY THE STATE OF TEXAS THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM.
(7) CITY OF GRESHAM 1333 NW EASTMAN PARKWAY GRESHAM, OR 97030	93-6002176	GOVT	25,000	0	DEVELOPMENT OF A POVERTY REDUCTION AND PREVENTION PLAN TO ADDRESS THE ROOT CAUSES OF POVERTY INCLUDING STRATEGIES FOCUSED ON UPWARD MOBILITY AND OPPORTUNITIES THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM.
(8) COUNTY OF SAN JUAN 117 S MAIN PO BOX 338 MONTICELLO, UT 84535	87-6000305	GOV'T	25,000	0	ENHANCEMENT OF DIVERSIFICATION SECTOR EMPLOYMENT IN THE GOVERNMENT THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM IN THE COUNTY OF SAN JUAN.
(9) CITY OF MORGAN HILL 17555 PEAK AVE MORGAN HILL, CA 95037	94-6000377	GOV'T	25,000	0	STRATEGY DEVELOPMENT TO CONNECT SPANISH- SPEAKING AND LOWER INCOME COMMUNITY MEMBERS TO JOBS AND HOUSING RESOURCES, WHILE ALSO INCREASING THEIR SENSE OF BELONGING TO THE GREATER COMMUNITY THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM.
(10) CITY OF GRAND ISLAND 100 E 1ST ST PO BOX 1968 GRAND ISLAND, NE 68802	47-6006205	GOV'T	25,000	0	PLAN DEVELOPMENT TO ADDRESS TRANSPORTATION BARRIERS TO WORKFORCE EDUCATIONAL OPPORTUNITIES AND MAJOR AREAS OF EMPLOYMENT WITHIN THE CITY OF GRAND ISLAND THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM.
(11) CITY OF MEADVILLE 894 DIAMOND PARK MEADVILLE, PA 16335	25-6000867	GOVT	25,000	0	CREATION OF HOUSING PLAN FOR THE CITY OF MEADVILLE THAT WILL DIRECT STAFF'S EFFORTS TO ADDRESS HOUSING NEEDS IN THE CITY THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM.
(12) CITY OF DUBUQUE 50 W 13TH STREET DUBUQUE, IA 52001	42-6004596	GOVT	25,000	0	IMPLEMENTATION OF EQUITABLE POVERTY REDUCTION AND PREVENTION PLAN THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM.
(13) CITY OF BELOIT 100 STATE STREET BELOIT, WI 53511	39-6005397	GOVT	25,000	0	POVERTY REDUCTION AND EMPLOYMENT ADVANCEMENT BY CONNECTING INDIVIDUALS WITH RESOURCES TO OVERCOME IDENTIFIED OBSTACLES OF TRANSPORTATION, CHILDCARE, AND SKILLS DEVELOPMENT, AND CREATE AN ECOSYSTEM OF SUPPORTIVE

										INSTITUTIONS, AND ALLIES WORKING COLLABORATIVELY TO REDUCE THE POVERTY RATE THROUGH THE ICMA GATES ECONOMIC MOBILITY AND OPPORTUNITY PROGRAM.
(14) HARVARD KENNEDY SCHOOL HSK EXEC EDUCATION 79 JFK ST CAMBRIDGE, MA 02318	04-210358	0 !	501(C)(3)	16,500		0				HARVARD KENNEDY SCHOLARSHIP.
2 Enter total number of section	n 501(c)(3) and	d government orga	anizations listed in the I	ine 1 table .				٠	▶	11
3 Enter total number of other	organizations li	isted in the line 1	table						≻	3
or Paperwork Reduction Act Notice	, see the Instru	ctions for Form 990).		Cat. No	50055	P		Scl	hedule I (Form 990) 2022
			— Page 2 ———					•		
Schedule I (Form 990) 2022										Page 2
Part III Grants and Other As				rganization a	answered "Yes" o	n Forr	n 990, Part IV, line 22.			
Part III can be duplicate (a) Type of grant or assista		(b) Number o		unt of	(d) Amount	of	(e) Method of valuation	(book	(f) Description	of noncash assistance
(a) Type of graffic of assista	lice	recipients	cash g		noncash assist		FMV, appraisal, oth		(I) Description	of Horicasti assistance
(1) SCHOLARSHIPS TO ATTEND : CONFERENCES	ICMA	46	36,20	00						
(2) HANSELL AWARD		1	5,00	00						
(3) JUDY KELSEY SCHOLARSHIP		2	10,00	00						
(4) KEANE AWARD		1	5,00	00						
(5) TRANTER LEONG FELLOW SC	HOLARSHIP	1	5,00							
(6) BABS ELWEL SCHOLARSHIP		1	75	50						
6)										
(7)										
Part IV Supplemental	Information	n. Provide the in	formation required in	n Part I, lir	ne 2; Part III,	colum	n (b); and any other	additior	nal information.	
Return Reference	Explanatio	on								
PART I, LINE 2:	ANNUAL CO COMPLIMEN PROGRAM P ALSO GRAN	NFERENCE IN AN I ITARY ANNUAL COI LACES A FELLOW TED COMPLIMENT.	EFFORT TO SUPPORT W NFERENCE REGISTRATI IN A FULL-TIME POSITI ARY REGISTRATION FO PPORTING MID-CAREEF	OMEN, DIVE ON FOR THE ON IN A LOC R THE ANNU R AND YOUN A STUDENT (ERSITY, AND THO E ICMA LOCAL G CAL GOVERNMEN JAL CONFERENC NG PROFESSION, CHAPTER PROGE	OSE WI OVERN IT. LOC E ALON ALS WI AM AL	HO WORK IN SMALLER L MENT MANAGEMENT FEI CAL GOVERNMENT MANA IG WITH A TRAVEL STIPI HO SEEK TO GAIN INTER SO RECEIVE COMPLIME!	OCAL GO LOWSH GERS AT END. THI NATION. NTARY RI	OVERNMENTS. ICMA IP PROGRAM (LGMF ND ASSISTANTS WH E ASSOCIATION ALS AL EXPERIENCE IN A EGISTRATION TO AT) ATTENDEES. THE LGMF IO EXPERIENCE JOB LOSS ARE SO OFFERS VARIOUS A MANAGEMENT PERSPECTIVE. TEND ICMA'S ANNUAL
	LASTLY, STU CONFERENC BEING ACHI SUBRECIPIE ICMA FINAN TECHNIQUE	IDENTS WHO ARE CE. THE ASSOCIAT EVED AND PROGRENTS ARE REQUIRI ICE AND PROGRAM S AND TOOLS INC	ION CLOSELY MONITOR LAMS ARE IMPLEMENTE ED TO SUBMIT PERIODI 1 TEAMS REVIEW REPO LUDING, BUT NOT LIMI	D IN ACCOR IC FINANCIA RTS FOR CO ITED TO, PRO	RDANCE WITH AG AL AND TECHNIC OMPLIANCE WITH OGRAM SITE VIS	GREEM AL REF THE T SITS TO	ENT REQUIREMENTS AN PORTS DESCRIBING PRO ERMS OF SUB-AWARD A	D APPLIO GRAM A GREEME ORDS AI	CABLE FEDERAL LAW CHIEVEMENTS DURI ENTS. ICMA UTILIZE ND COMPLIANCE WI ITS REVIEW.	

Additional Data Return to Form

efile Public Visual Render ObjectId: 202431359349309223 - Submission: 2024-05-14

TIN: 36-2167755

Schedule J

Compensation Information

OMB No. 1545-0047

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.

2022

Open to Public

Department of the Treasury Internal Revenue Service

	ne of the orga	anization TYCOUNTY MANAGEMENT			Employer identificat	ion nu	ımber	
	OCIATIONAL CI	TTCOUNTT MANAGEMENT			36-2167755			
Pa	rt I Oue	stions Regarding Compensation						
							Yes	No
1a	Check the a	ppropiate box(es) if the organization provided a	any of	the following to or for a person liste	d on Form			
	990, Part VI	I, Section A, line 1a. Complete Part III to provi	de an	y relevant information regarding the	se items.			
	☐ First-	class or charter travel		Housing allowance or residence for	personal use			
	Trave	for companions		Payments for business use of perso	nal residence			
	Tax id	lemnification and gross-up payments		Health or social club dues or initiati	on fees			
	Discre	etionary spending account		Personal services (e.g., maid, chau	feur, chef)			
	**			6.11 90 19 19				
ь		e boxes on Line 1a are checked, did the organizent or provision of all of the expenses described				1b	Yes	
2		anization require substantiation prior to reimbur						
	directors, tr	ustees, officers, including the CEO/Executive Di	recto	r, regarding the items checked on Lir	ne 1a?	2	Yes	
_								
3	Indicate wh organization	ich, if any, of the following the filing organizatio n's CEO/Executive Director. Check all that apply.	n use Do n	d to establish the compensation of the check any boxes for methods	ne			
		elated organization to establish compensation o			n Part III.			
	Comp	ensation committee	\Box	Written employment contract				
		endent compensation consultant	$\overline{\Box}$	Compensation survey or study				
		990 of other organizations		Approval by the board or compensa	tion committee			
		-						
4	During the y	year, did any person listed on Form 990, Part VI	I, Se	ction A, line 1a, with respect to the f	ling organization or a			
a		everance payment or change-of-control paymen				4a		No
b	-	n, or receive payment from, a supplemental no	-	·		4b 4c		No
С		 n, or receive payment from, an equity-based compy of lines 4a-c, list the persons and provide th 			· · · · ·	40		No
	11 103 10 0	my of fines 4d c, list the persons and provide th	Сирр	medale difficults for each teem in rai				
	Only 501(c	c)(3), 501(c)(4), and 501(c)(29) organizat	ions	must complete lines 5-9.				
5		listed on Form 990, Part VII, Section A, line 1a	, did	the organization pay or accrue any				
	compensation	on contingent on the revenues of:						
а	The organiz	ation?				5a		No
b		organization?				5b		No
		line 5a or 5b, describe in Part III.						
6		listed on Form 990, Part VII, Section A, line 1a on contingent on the net earnings of:	, did	the organization pay or accrue any				
	•	-						
а	The organiz		•			6a		No
b	-	organization?	٠			6b		No
		line 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Section A, line 1a ot described in lines 5 and 6? If "Yes," describe				7	Yes	
8		mounts reported on Form 990, Part VII, paid or			• •	Ľ	162	
6		nounts reported on Form 990, Part VII, paid or ne initial contract exception described in Regula			escribe			
						8		No
9	If "Yes" on I	ine 8, did the organization also follow the rebut	table	presumption procedure described in	Regulations section			
-	53.4958-6(9		
For F	aperwork R	leduction Act Notice, see the Instructions f	or Fo	orm 990. Cat. No. !	50053T Schedule J	(Form	990)	2022

– Page 2 *–*

Schedule J (Form 990) 2022 Page 2

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			of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 MARC OTT CEO/EXECUTIVE DIRECTOR	(i)	489,174	74,975	23,680	35,198	18,741	641,768	0
	(ii)	0	0	0		0	- 0	0
2 RAYMOND BARAY CHIEF OF STAFF	(i)	225,400	11,000	0	40,987	1,371	278,758	0
	(ii)	0	0	0	0	0	- - 0	0
3 SABINA AGARUNOVA CHIEF FINANCIAL OFFICER	(i)	204,075	10,200	0	22,874	19,005	256,154	0
	(ii)	0	0	0	0	0	- - 0	0
4 MARTHA PEREGO DIR. MBR SVCS & ETHICS (END 6/23)	(i)	193,834	9,500	0	29,997	7,669	241,000	0
	(ii)	0	0	0	0	0	- - 0	0

	(ii)	0	0	0	0	0	- 0	0
5 TAD MCGALLIARD DIR., RESEARCH AND TECH. ASST	(i)	172,995	8,910	0	6,607	18,897	207,409	0
	(ii)	0	0	0	0	0	-	0
ISABELLE BULLY-OMICTIN NNAGING DIR. OF GLO. DEV'L & ENG.	(i)	169,715	4,990	0	12,701	18,815	0 206,221	0
INVAGING DIR. OF GLO. DEV L & ENG.	(ii)	0						
JEREMY FIGOTEN	(i)	174,833	8,290	0	3,623	1,182	0 187,928	0
RECTOR, CONFERENCES & EVENTS	(ii)							
IEMANT DESAI	(i)	163,579	6,450	0	2,572	13,179	0 185,780	0
IEF INFORMATION OFFICER	(ii)							
		Ů	0	0	0	0	0	0
						S	chedule J (F	orm 990) 2022
		P	age 3 ———					
hedule J (Form 990) 2022								Page 3

(i) 189,043 9,500 0 29,825 1,931 230,299

Part III Supplemental Information ation, 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. ICMA'S CEO/EXECUTIVE DIRECTOR WAS PROVIDED COMPENSATION FOR COMPANION TRAVEL, WHICH WAS GROSSED UP AND INCLUDED IN TAXABLE WAGES, PER THE TERMS OF HIS EMPLOYMENT AGREEMENT.
SEE PART II FOR THE BONUSES LISTED ON PART VII. PART I, LINE 1A

Schedule J (Form 990) 2022

Additional Data Return to Form

Software TD:

5 PRISCILLA WILSON CHIEF PEOPLE OFFICER

PART I, LINE 7

ObjectId: 202431359349309223 - Submission: 2024-05-14

TIN: 36-2167755

SCHEDULE 0

(Form 990)

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT
ASSOCIATION

Employer identification number
36-2167755

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 ADMINISTRATIVE ASSISTANT, ASSISTANT CITY/COUNTY MANAGER, ASSISTANT DIRECTOR OF A COUNCIL OF GOVERNMENTS OR A STATE/PROVINCIAL ASSOCIATION OF LOCAL GOVERNMENT, OR ASSISTANT ADMINISTRATOR, HOWEVER DESIGNATED, HAVING SIGNIFICANT GENERAL ADMINISTRATIVE RESPONSIBILITY IN A LOCAL GOVERNMENT POSITION AND WAS APPOINTED TO THAT POSITION BY THE CITY OR COUNTY MANAGER OR CHIEF ADMINISTRATOR.
FORM 990, PART VI, SECTION A, LINE 7A	THE REGIONAL VICE PRESIDENTS ARE ELECTED BY A MAJORITY VOTE OF THE CORPORATE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B	THE CONSTITUTION AND THE CODE OF ETHICS MAY BE AMENDED BY A MAJORITY VOTE OF THE CORPORATE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.
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. A COPY OF THE RETURN WAS MADE AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING.
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 CHIEF PEOPLE OFFICER. 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.
FORM 990, PART VI, SECTION B, LINE 15A	THE CEO/EXECUTIVE DIRECTOR'S SALARY IS REVIEWED BY THE ICMA BOARD PERFORMANCE EVALUATION COMMITTEE ON AN ANNUAL BASIS. SALARY COMPARISONS OF CEO/EXECUTIVE DIRECTORS OF OTHER COMPARABLE ORGANIZATIONS ARE PROVIDED ANNUALLY TO THE EVALUATION COMMITTEE TO AID IN THEIR SALARY ADJUSTMENT RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS, WHICH VOTES ON THE RECOMMENDATIONS. THE RESULT IS THEN COMMUNICATED TO THE CHIEF PEOPLE OFFICER AND THE CHIEF FINANCIAL OFFICER FOR EXECUTION OF THE APPROVED ADJUSTMENTS. THE LAST COMPENSATION REVIEW WAS APPROVED IN SEPTEMBER 2022. FOR OTHER OFFICERS AND KEY EMPLOYEES, THE CHIEF PEOPLE OFFICER ENSURES THAT THE SALARIES OF ICMA STAFF ARE IN LINE WITH THE MARKETPLACE AND ADJUSTMENTS ARE MADE WHERE NEEDED. PERIODICALLY AN INDEPENDENT FIRM IS ASKED TO REVIEW THE JOB CLASSIFICATION AND SALARY STRUCTURES TO ENSURE THEY ARE MARKET COMPETITIVE. THE MOST RECENT COMPREHENSIVE COMPENSATION STUDY WAS CONDUCTED IN FY 2023, WITH SALARY AND GRADE ADJUSTMENTS MADE AS NECESSARY. ALL EMPLOYEE COMPENSATION COSTS ARE WITHIN THE FISCAL YEAR BUDGET APPROVED BY THE ICMA EXECUTIVE BOARD.
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.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202431359349309223 - Submission: 2024-05-14

TIN: 36-2167755 OMB No. 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
INTERNATIONAL CITYCOUNTY MANAGEMENT
ASSOCIATION

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

Employer identification number

ASSOCIATION								36	-2167755					
Part I Identification of Disregarded En	ntities. Complete	if the organ	ization answ	ered "Yes"	on For	m 990,	Part IV,	line 33.						
(a) Name, address, and EIN (if applicable) of disre	garded entity		(b) Primary ac	tivity	Legal do	(c) micile (sta gn country		(d) otal income	End-of-y	(e) /ear assets		(f) Direct conf entit		
Part II Identification of Related Tax-Exe	mnt Organizatio	ns Comple	te if the ora	anization a	newere	nd "Vos"	on Form	1990 Par	t IV line 3	84 hacaus	a it had	one or r	nore	
related tax-exempt organizations du					inswere			1 990, Pai		54 Decause		one or r		
(a) Name, address, and EIN of related organization		(b Primary		(c) Legal domicil or foreign co	le (state ountry)		(d) Code sectio		(e) harity status on 501(c)(3)		(f) rect contro entity	lling	Section (13) co ent	g) 512(b) introlled city?
(1)MISSIONSQUARE RETIREMENT 777 N CAPITOL ST NE 600 WASHINGTON, DC 20002		HELPING PUBL EMPLOYEES BI RETIREMENT S	JILD	DE		501(C)(3	3)	LINE 10			TIONAL CIT		Yes	No No
23-7268394 (2)ICMA EUROPE PESTOVATELSKA 2 821-04 BRATOSLAVA LO		ADVANCE ICM BY SERVING A PLATFORM FOI INT'L AFFILIAT	S A R ICMA'S	LO		FOREIGN	I	N/A			TIONAL CIT		Yes	
10		INT C AFFICIAL	E3											
For Paperwork Reduction Act Notice, see the Ins	tructions for Form	990		Cat	No. 501	35Y				Sch	nedule R	(Form 9	90) 20	122
	Pag			Cut.	. 140. 501					561	icauic it	(1011112	30, 2	
Schedule R (Form 990) 2022													Pag	e 2
Part III Identification of Related Organizations to one or more related organizations to					organiz	zation a	nswered	"Yes" on	Form 990	, Part IV, I	ine 34,	because	it had	
(a) Name, address, and EIN of related organization	(b) Primar activit		entity	(e) Predomir income(rel unrelate excluded fro under sec 512-51	lated, ed, om tax tions	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man par	(j) eral or naging tner?	Perce	k) entage ership
								Yes	No		Yes	No		
_														
Part IV Identification of Related Organiz	ations Taxable a	as a Corpor	ation or Tr	ust. Comp	lete if t	he orga	nization	answered	"Yes" on	Form 990	, Part IV	, line 34		
because it had one or more related of (a) Name, address, and EIN of related organization	organizations treat (b) Primary activity		(c) Legal domicile (state or foreign	Dire	(d) ect control entity	lling Typ	(e) be of entity C corp, S corp,	(f) Share of incom		(g) e of end-of- year assets	Perce	h) entage ership	Section (13) co ent	i) 512(b) ntrolled ity?
	Ī	1	country)				or trust)	1					Yes	

(4) CENTED FOR DURI IC ADMINISTRATION AND CERVICE INC	DETT HOLDING TH	- 1	MD		TNITEDNIA	TONAL L		2.40	. 0.64	0.175.440	22.220	0/	 	N-
(1)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC	REIT HOLDING TH HEADQUARTERS	IE .	MD		INTERNA CITYCOU	NTY	-	3,400	3,004	9,175,440	33.330	70		No
777 N CAPITOL ST NE STE 600 WASHINGTON, DC 20002					MANAGE! ASSOCIA									
52-1655825														
	<u> </u>	-			-									
								1		Sch	edule R	(Form (200) 2	022
		Page 3 -								-		(, _	
Cabadula D (Faura 2001) 2022		5												_
Schedule R (Form 990) 2022	elections Com	nloto if th		n 22240	rad "Vas"	an Farm	000 Part I	V line 24	25h a	~ 26			Pag	ge 3
Part V Transactions With Related Organ				on answe	rea Yes	on Form	990, Part 1	v, line 34,	350, 0	7 36.			Yes	No
Note. Complete line 1 if any entity is listed in F 1 During the tax year, did the organization engage				e or more	related or	,anizations	listed in Day	te II_I\/2					.03	
a Receipt of (i) interest, (ii) annuities, (iii) royal												1a	Yes	
b Gift, grant, or capital contribution to related or			-								•	1b	Yes	
c Gift, grant, or capital contribution from related											•	1c	Yes	
d Loans or loan guarantees to or for related orga	, ,								• •			1d		No
Loans or loan guarantees by related organization											•	1e		No
	(-)													
f Dividends from related organization(s)												1 f	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												1j		No
k Lease of facilities, equipment, or other assets f	rom related organ	nization(s)										1k	Yes	
I Performance of services or membership or fund	raising solicitation	s for relate	ed organization	(s)								11		No
m Performance of services or membership or fund	raising solicitation	ns by relate	ed organization	(s)								1m		No
n Sharing of facilities, equipment, mailing lists, or	other assets with	related or	rganization(s)									1n		No
o Sharing of paid employees with related organiz	ation(s)											10		No
p Reimbursement paid to related organization(s)	for expenses .											1р		No
q Reimbursement paid by related organization(s)	for expenses $\boldsymbol{.}$											1q	Yes	
r Other transfer of cash or property to related or	ganization(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	he instructions fo	r informati	ion on who mu	st complet	e this line,	including o	covered relat	ionships an	d transa	ction threshold	ds.			
(a) Name of related organization	n			(b) Transac	tion	Amoun	(c) t involved		Meth	d) od of determinir		nvolved		
(1)MISSIONSQUARE RETIREMENT			A	type (a	a-s)	3,6	511,463	FMV						
(2)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC			F				70,000	FMV						
(3)CENTER FOR PUBLIC ADMINISTRATION AND SERVICE INC			К				.11,144	FMV						
(4)ICMA EUROPE			В			6	3,607	FMV						
(5)MISSIONSQUARE RETIREMENT			С			87	73,614	FMV						
(6)MISSIONSQUARE RETIREMENT			Q			5	5,806	FMV						
			l.			ı		ı		Sch	edule R	(Form 9	990) 2	022
		Page 4 -												
Schedule R (Form 990) 2022													Pag	ge 4
Part VI Unrelated Organizations Taxab														
Provide the following information for each entity taxed was not a related organization. See instructions regar					nducted mo	re than fiv	e percent of	its activitie	s (meası	ured by total a	ssets or g	gross rev	venue)	that
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h)	(i)	C)		(k)
Name, address, and EIN of entity	Primary activity	Lègal domicile	Predominant income	Are all	(e) partners ction	Share of total	Share of end-of-year	Dispropr allocat	tionate	Code V-UBI amount in	Gene mana	ral or	Perce	entage ership
	decivity	(state or	(related,	501	(c)(3)	income	assets	unocat		box 20	part		0	ici sinip
		foreign country)	unrelated, excluded from	organi	izations?					of Schedule K-1				
			tax under sections 512-							(Form 1065)				
			514)	Yes	No	†		Yes	No	1	Yes	No	1	
						<u> </u>	1			+	 	 		

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		- Page 5 -											
Schedule R (Form 990) 2022													Page 5
Part VII Supplemental In	formation									_			
Provide additional info	ormation for responses to que	stions on Sch	edule R. See in	structions.									
Return Reference	Explanation												
											Schedu	le R (For	m 990) 2022

Additional Data Return to Form