

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NATIONAL LEAGUE OF CITIES. Doing business as: Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 660 NORTH CAPITOL STREET NW NO 4 City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20001

D Employer identification number: 53-0226780. E Telephone number: (202) 626-3063. G Gross receipts \$ 21,598,864

F Name and address of principal officer: CLARENCE E ANTHONY, 660 NORTH CAPITOL STREET NW NO 450, WASHINGTON, DC 20001

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) [checked], 501(c)(4) (insert no.), 4947(a)(1) or 527

J Website: WWW.NLC.ORG

K Form of organization: Corporation [checked], Trust, Association, Other

L Year of formation: 1933. M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: MEMBERSHIP ORGANIZATION FORMED TO FURNISH INFORMATION AND SERVICES TO ASSIST MUNICIPALITIES.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 58. 4 Number of independent voting members of the governing body (Part VI, line 1b) 58. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 116. 6 Total number of volunteers (estimate if necessary) 61. 7a Total unrelated business revenue from Part VIII, column (C), line 12 771,067. 7b Net unrelated business taxable income from Form 990-T, line 39 160,469.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 307,100 / 110,000. 9 Program service revenue (Part VIII, line 2g) 16,704,821 / 14,704,642. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 992,152 / 406,999. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,682 / 1,468,648. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,005,755 / 16,690,289.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 / 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 / 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,492,137 / 13,806,012. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 / 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 0 / 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,953,859 / 6,720,957. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,445,996 / 20,526,969. 19 Revenue less expenses. Subtract line 18 from line 12 -3,440,241 / -3,836,680.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 33,616,649 / 36,340,571. 21 Total liabilities (Part X, line 26) 11,951,548 / 15,854,539. 22 Net assets or fund balances. Subtract line 21 from line 20 21,665,101 / 20,486,032.

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

Sign Here: Signature of officer: CLARENCE E ANTHONY EXECUTIVE DIRECTOR. Date: 2022-08-15.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01365820, Firm's name MARCUM LLP, Firm's EIN 11-1986323, Firm's address 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036, Phone no. (202) 227-4000.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [checked] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE LARGEST AND OLDEST NATIONAL ORGANIZATION REPRESENTING AND PROMOTING CITIES AS CENTERS OF OPPORTUNITY, GOVERNANCE AND LEADERSHIP.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 10,565,285 including grants of \$) (Revenue \$ 13,710,625) MEMBERSHIP SERVICES - VARIOUS CONSULTATION SERVICES FOR MEMBER STATES AND LEAGUES, SPONSORING SEMINARS, REPORTS TO MEMBERS BASED ON RESEARCH PERFORMED BY NLC. PROVIDED PARTICIPATION FOR MEMBERS SELECTED TO SERVE ON SEVEN POLICY COMMITTEES WHO DEVELOP POLICY POSITIONS AND RESOLUTIONS OF THE LEAGUE, AND HOSTED NUMEROUS WEBINARS TO KEEP MEMBERS INFORMED ON ISSUES OF CURRENT INTEREST. MEMBERS ALSO SERVE ON STANDING MEMBERSHIP, FINANCE, ADVISORY, AUDIT AND INVESTMENT ADVISORY COMMITTEES. NLC HAS 2,610 CITIES, TOWNS, AND VILLAGES AND 49 STATE LEAGUES AS MEMBERS OF THE NATIONAL LEAGUE OF CITIES.CONFERENCES - HOSTED TWO VIRTUAL CONFERENCES FOR MEMBERS DUE TO THE PANDEMIC IN NOVEMBER 2020 (1,268 ATTENDEES) AND MARCH 2021 (1,261 ATTENDEES) IN ADDITION, NLC CONDUCTED A LEAST 30 WORKSHOPS AND 36 LEADERSHIP TRAINING SESSIONS FOR MEMBERS. ENTERPRISE PARTNERSHIPS - CONTINUED TO DELIVER A SUITE OF BUSINESS PARTNER PROGRAMS THAT SERVE CITIES AND TOWNS AND THEIR RESIDENTS WITH SAVINGS AND SOLUTIONS. MAJOR PROGRAMS INCLUDE BUILD AMERICA MUTUAL, NLC'S PREFERRED PROVIDER OF MUNICIPAL BOND INSURANCE; THE NLC SERVICE LINE WARRANTY PROGRAM, WHICH OFFERS RESIDENTS AFFORDABLE WARRANTY PROTECTION TO REPAIR BROKEN OR LEAKING WATER AND SEWER LINES; THE NLC PRESCRIPTION DISCOUNT CARD PROGRAM, A FREE PRESCRIPTION DISCOUNT PROGRAM FOR RESIDENTS OF NLC MEMBER CITIES; THE NLC COMMUNITY SHOWCASE VIDEO PROGRAM, WHICH PRODUCES VIDEO WEBSITES FOR CITIES AND TOWNS; AND THE PUBLIC FINANCE AUTHORITY, WHICH PROVIDES LOCAL COMMUNITY DEVELOPMENT FINANCING. NLC HAS ALSO ADDED TWO NEW PARTNERSHIPS TO PROVIDE SERVICES TO OUR MEMBER CITIES: ICMA-RC, A NON-PROFIT INDEPENDENT FINANCIAL SERVICES CORPORATION PROVIDING RETIREMENT PLANS AND RELATED SERVICES FOR MORE THAN A MILLION PUBLIC SECTOR PARTICIPANT ACCOUNTS, AND POLCO, A CITIZEN ENGAGEMENT AND SURVEY PLATFORM.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,565,285

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV 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, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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, Part I</i>		No
25b	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? <i>If "Yes," complete Schedule L, Part I</i>		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?		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, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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>		
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>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-h). Columns include question text, a grid for 'Yes/No' answers, and a grid for numerical values. Row 2a includes a value of 116. Row 16 includes a reference to Form 4720.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CLARENCE ANTHONY EXECUTIVE DIR 660 NORTH CAPITOL STREET NW NO 450 WASHINGTON,DC 20001 (202) 626-3063

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLARENCE E ANTHONY EXECUTIVE DIRECTOR, SEC./TREAS.	32.00 6.00			X				651,839	0	63,793
(2) STEPHANIE OSBORN SR. EXEC., FINANCE AND OPERATIONS	38.00 15.00				X			195,348	135,017	76,269
(3) IRMA ESPARZA DIGGS SR EXEC AND DIRECTOR OF FEDERAL RELATIONS	38.00					X		218,374	0	14,868
(4) BROOKS RAINWATER DIRECTOR, CSAR	25.00 13.00					X		183,157	0	45,406
(5) JANICE PAULINE DIR. OF CONFERENCES AND MEETINGS	38.00					X		174,193	0	44,207
(6) MEGAN COREY SR. EXEC., DIGITAL ENGAGEMENT	38.00					X		161,637	0	35,895
(7) SEANTAE BYERS SR EXEC DIR MEMBER AND PARTNER ENGAGE.	38.00					X		158,332	0	24,183
(8) HON KATHY MANESS FIRST VP UNTIL 11/2020, PRESIDENT	1.00 1.00	X		X				0	0	0
(9) HON JOE BUSCAINO PRESIDENT UNTIL 11/2020, PAST PRESIDENT	1.00 1.00	X		X				0	0	0
(10) HON VINCE R WILLIAMS SECOND VP UNTIL 11/2020, FIRST VP	1.00 1.00	X		X				0	0	0
(11) HON VICTORIA WOODARDS DIRECTOR UNTIL 11/2020, SECOND VP	1.00 1.00	X		X				0	0	0
(12) HON BRIAN J O'NEILL PAST PRESIDENT	1.00 1.00	X		X				0	0	0
(13) HON JAMES MITCHELL PAST PRESIDENT - UNTIL 01/2021	1.00 1.00	X		X				0	0	0
(14) MS DENISE ADAMS DIRECTOR	1.00 1.00	X						0	0	0
(15) MS CYNDY ANDRUS DIRECTOR	1.00 1.00	X						0	0	0
(16) HON ROBIN ARRENDONDO-SAVAGE DIRECTOR	1.00 1.00	X						0	0	0
(17) MR GEOFFREY BECKWITH DIRECTOR	1.00 1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) HON ANDY BERKE DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(19) HON CHRIS BROWN DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(20) HON ELIZABETH CARR-HURST DIRECTOR	1.00 1.00	X					0	0	
(21) HON TJ CAWLEY DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(22) HON BRAD COLE DIRECTOR	1.00 1.00	X					0	0	
(23) HON CAROLYN M COLEMAN DIRECTOR	1.00 1.00	X					0	0	
(24) VALERIE SCOTT COOPER DIRECTOR	1.00 1.00	X					0	0	
(25) HON DANIEL CORONA DIRECTOR	1.00 1.00	X					0	0	
(26) HON HARDIE DAVIS DIRECTOR	1.00 1.00	X					0	0	
(27) HON MARY DENNIS DIRECTOR	1.00 1.00	X					0	0	
(28) MR CAMERON DIEHL DIRECTOR	1.00 1.00	X					0	0	
(29) HON MARK DOUGLAS DIRECTOR	1.00 1.00	X					0	0	
(30) HON BRUCE DUKE DIRECTOR	1.00 1.00	X					0	0	
(31) HON BRANDON ELEFANTE DIRECTOR	1.00 1.00	X					0	0	
(32) HON GREG EVANS DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(33) HON MIKE FINA DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(34) HON JOHN FOGLE DIRECTOR	1.00 1.00	X					0	0	
(35) MR DAN FOWLER DIRECTOR	1.00 1.00	X					0	0	
(36) HON JOHN GALLAGHER DIRECTOR	1.00 1.00	X					0	0	
(37) MS TIFFANY GIBSON-PITTS DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(38) MR JOHN GOODHOUSE DIRECTOR	1.00 1.00	X					0	0	
(39) MR DEREK GREEN DIRECTOR	1.00 1.00	X					0	0	
(40) MS HEATHER HALL DIRECTOR	1.00 1.00	X					0	0	
(41) HON LARRY HANSON DIRECTOR	1.00 1.00	X					0	0	
(42) HON SHANNON HARDIN DIRECTOR	1.00 1.00	X					0	0	
(43) HON DAN HARDY DIRECTOR	1.00 1.00	X					0	0	
(44) HON JEANETTE HERRON DIRECTOR	1.00 1.00	X					0	0	
(45) HON DEANA HOLIDAY-INGRAHAM DIRECTOR	1.00 1.00	X					0	0	
(46) HON DAVID HOLT DIRECTOR	1.00 1.00	X					0	0	
(47) HON LINDSEY HORVATH DIRECTOR	1.00 1.00	X					0	0	
(48) HON TAMEIKA ISAAC DEVINE DIRECTOR	1.00 1.00	X					0	0	
(49) HON BRENT P JARAMILLO DIRECTOR	1.00 1.00	X					0	0	
(50) LEON JOHNSON DIRECTOR	1.00 1.00	X					0	0	
(51) HON CARLIE JONES DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(52) HON JOHN KINNAIRD DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(53) HON LEO LONGWORTH DIRECTOR	1.00 1.00	X					0	0	
(54) MS CORINA LOPEZ DIRECTOR	1.00 1.00	X					0	0	
(55) HON DAVID LUNA DIRECTOR	1.00 1.00	X					0	0	
(56) HON JESSE MATTHEWS DIRECTOR	1.00 1.00	X					0	0	
(57) HON ADAM MCGOUGH DIRECTOR	1.00 1.00	X					0	0	
(58) HON WAYNE MESSAM DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(59) MR PAUL MEYER DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(60) HON JOSH MOENNING DIRECTOR	1.00 1.00	X					0	0	
(61) HON RICHARD MONTGOMERY DIRECTOR	1.00 1.00	X					0	0	
(62) MS TARA MOSLEY-SAMPLES DIRECTOR	1.00 1.00	X					0	0	
(63) HON JOEL NAVARRO DIRECTOR	1.00 1.00	X					0	0	
(64) HON SALVATORE PANTO JR DIRECTOR	1.00 1.00	X					0	0	
(65) STEVE PATTERSON DIRECTOR	1.00 1.00	X					0	0	
(66) HON STEPHANIE PIKO DIRECTOR	1.00 1.00	X					0	0	
(67) MR SEAN POLSTER DIRECTOR	1.00 1.00	X					0	0	
(68) HON GARY RESNICK DIRECTOR	1.00 1.00	X					0	0	
(69) HON L LYNN REX DIRECTOR	1.00 1.00	X					0	0	
(70) MS MONICA RODRIGUEZ DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(71) HON ANDY RYDER DIRECTOR	1.00 1.00	X					0	0	
(72) HON DAVID SANDER DIRECTOR	1.00 1.00	X					0	0	
(73) HON LAURIE-ANNE SAYLES DIRECTOR	1.00 1.00	X					0	0	
(74) MR KENT SCARRETT DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(75) MR RICHARD SCHUETTLER DIRECTOR	1.00 1.00	X					0	0	
(76) HON ELLEN SMITH DIRECTOR	1.00 1.00	X					0	0	
(77) HON JAKE SPANO DIRECTOR	1.00 1.00	X					0	0	
(78) HON TY STOBER DIRECTOR	1.00 1.00	X					0	0	
(79) MR KEVIN THOMPSON DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(80) MR DAVE UNMACHT DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(81) HON REBECCA VIAGRAN DIRECTOR - UNTIL 11/2020	1.00 1.00	X					0	0	
(82) HON GILBERT VILLEGAS DIRECTOR	1.00 1.00	X					0	0	
(83) HON ALAN WAPNER DIRECTOR	1.00 1.00	X					0	0	
(84) HON ANGELIA WASHINGTON DIRECTOR	1.00 1.00	X					0	0	
(85) HON CHASITY WELLS-ARMSTRONG DIRECTOR - UNTIL 04/2021	1.00 1.00	X					0	0	
(86) HON STEVE WILLIAMS DIRECTOR	1.00 1.00	X					0	0	

1b Sub-Total
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c) 1,742,880 135,017 304,621

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 27**

	Yes	No
3 Did the organization list any former director, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEADING AUTHORITIES INC 1725 I STREET NW SUITE 200 WASHINGTON, DC 20006	AV SERVICES	237,363
DELCOR TECHNOLOGY SOLUTIONS INC 8380 COLESVILLE ROAD SUITE 550 SILVER SPRING, MD 20910	COMPUTER AND TECHNOLOGY SERVICES	176,169
CLS STRATEGIES PO BOX 356 ASHBURN, VA 20146	MEDIA RELATIONS	117,742
BROWNSTEIN HYATT FARBER SCHRECK LLP 410 17TH STREET SUITE 2200 DENVER, CO 80202	CONSULTING SERVICES	117,202
DIALOGCONCEPTS INCWDG 3100 CLARENDON BLVD SUITE 510 ARLINGTON, VA 22201	DATA SERVICES	110,180

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 5**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	110,000				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f			110,000				
Program Service Revenue	2a MEMBERSHIP DUES	Business Code					
		900099	6,524,793	6,524,793			
	b SERVICE FEES	900099	4,496,345	4,496,345			
	c CORP PARTNERS/SPONSORS	900099	3,063,183	2,292,116	771,067		
	d ANNUAL CONF./EXHIBITS	900099	594,507	371,557		222,950	
	e SEMINARS	900099	25,814	25,814			
	f All other program service revenue.						
g Total. Add lines 2a-2f.			14,704,642				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		665,211			665,211	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	4,650,363				
		(ii) Other					
	b Less: cost or other basis and sales expenses		4,908,575				
	c Gain or (loss)		-258,212				
d Net gain or (loss)		-258,212			-258,212		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	8a						
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a PARTNERSHIP INCOME	900099	1,468,648			1,468,648		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,468,648				
12 Total revenue. See instructions			16,690,289	13,710,625	771,067	2,098,597	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	872,258	629,577	242,681	
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	9,460,469	5,848,805	3,611,664	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	424,966	315,915	109,051	
9 Other employee benefits	2,315,116	1,394,816	920,300	
10 Payroll taxes	733,203	466,112	267,091	
11 Fees for services (non-employees):				
a Management				
b Legal	263,483		263,483	
c Accounting	100,239		100,239	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	42,573	2,315	40,258	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,489,838	627,129	862,709	
12 Advertising and promotion	31,013	15,456	15,557	
13 Office expenses	103,068	30,695	72,373	
14 Information technology	926,698	114,936	811,762	
15 Royalties				
16 Occupancy	1,773,283	164,593	1,608,690	
17 Travel	110,387	30,634	79,753	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	541,574	509,564	32,010	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	590,801		590,801	
23 Insurance	101,150	8,246	92,904	
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 OTHER	275,670	275,670		
b DUES AND SUBSCRIPTIONS	154,121	130,822	23,299	
c UBI TAXES	112,590		112,590	
d OTHER TAXES	104,469		104,469	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,526,969	10,565,285	9,961,684	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) and Net Assets or Fund Balances (34-39).

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,690,289
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,526,969
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,836,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,665,101
5	Net unrealized gains (losses) on investments	5	2,657,611
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	20,486,032

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

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Form 990, Special Condition Description:

Special Condition Description

Name of the organization NATIONAL LEAGUE OF CITIES	Employer identification number 53-0226780
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NATIONAL LEAGUE OF CITIES

Employer identification number
53-0226780

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 NATIONAL LEAGUE OF CITIES

Employer identification number
 53-0226780

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization NATIONAL LEAGUE OF CITIES	Employer identification number 53-0226780
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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 NATIONAL LEAGUE OF CITIES

Employer identification number

53-0226780

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Additional Data

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Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL LEAGUE OF CITIES

Employer identification number

53-0226780

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,709,543	1,518,812	3,190,731
d Equipment		1,972,512	1,614,501	358,011
e Other		1,665,005	986,182	678,823
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,227,565

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,921,509

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	THE LEAGUE PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

Additional Data

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Schedule J
(Form 990)

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.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL LEAGUE OF CITIES

Employer identification number

53-0226780

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	Yes	
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLARENCE E ANTHONY EXECUTIVE DIRECTOR, SEC./TREAS.	(i)	446,430	205,409	0	37,500	26,293	715,632	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 STEPHANIE OSBORN SR. EXEC., FINANCE AND OPERATIONS	(i)	195,348	0	0	19,966	21,260	236,574	0
	(ii)	----- 135,017	----- 0	----- 0	----- 12,346	----- 22,697	----- 170,060	----- 0
3 IRMA ESPARZA DIGGS SR EXEC AND DIRECTOR OF FEDERAL RELATIONS	(i)	218,374	0	0	14,868	0	233,242	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 BROOKS RAINWATER DIRECTOR, CSAR	(i)	183,157	0	0	19,113	26,293	228,563	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 JANICE PAULINE DIR. OF CONFERENCES AND MEETINGS	(i)	174,193	0	0	17,959	26,248	218,400	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 MEGAN COREY SR. EXEC., DIGITAL ENGAGEMENT	(i)	161,637	0	0	9,656	26,239	197,532	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 SEANTAE BYERS SR EXEC DIR MEMBER AND PARTNER ENGAGE.	(i)	158,332	0	0	13,130	11,053	182,515	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	AS A PART OF HIS EMPLOYEE CONTRACT, THE EXECUTIVE DIRECTOR IS A MEMBER OF CITY CLUB WHICH IS USED EXCLUSIVELY FOR BUSINESS LUNCHESES AND TREATED AS A NON-TAXABLE BENEFIT.

Additional Data

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SCHEDULE O
(Form 990 or 990-
EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

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Inspection**

Department of the Treasury

Name of the organization
NATIONAL LEAGUE OF CITIES

Employer identification number

53-0226780

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	DURING TAX YEAR 2020, WFK CONSULTING, AN UNRELATED MANAGEMENT COMPANY, PERFORMED CHIEF FINANCIAL OFFICER SERVICES FOR NLC.
FORM 990, PART VI, SECTION A, LINE 6	CITIES ARE THE MEMBERS OF NLC AND LOCALLY ELECTED OFFICIALS- MAYORS AND COUNCIL MEMBERS AND THEIR STAFF ARE THE DIRECT BENEFICIARIES OF THE SERVICES PROVIDED.
FORM 990, PART VI, SECTION A, LINE 7A	THERE SHALL BE A BOARD OF DIRECTORS CONSISTING OF 40 MEMBERS AND THE NATIONAL LEAGUE PRESIDENT, FIRST VICE PRESIDENT, AND SECOND VICE PRESIDENT, PLUS ALL NATIONAL LEAGUE PAST PRESIDENTS IN ELECTIVE OFFICE IN A CITY, WHICH SHALL CONDUCT THE AFFAIRS OF THE NATIONAL LEAGUE WHEN REPRESENTATIVES OF THE MEMBERSHIP ARE NOT ASSEMBLED, INCLUDING, BY A MAJORITY VOTE OF BOARD OF DIRECTORS' MEMBERS, DETERMINATION OR MODIFICATION OF NATIONAL MUNICIPAL POLICIES ON NATIONAL LEGISLATION AFFECTING CITIES. THE BOARD OF DIRECTORS MAY REFER TO THE MEMBERSHIP BY LETTER BALLOT ANY MATTER WHICH IS NOT OTHERWISE PROVIDED FOR IN THESE BYLAWS, THE VOTING THEREON TO BE AS PROVIDED IN SECTION 5 OF ARTICLE IV. TWENTY MEMBERS OF THE BOARD OF DIRECTORS SHALL BE ELECTED EACH YEAR TO SERVE FOR A TERM OF TWO YEARS OF UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED. THE TERM OF OFFICE OF ALL NEWLY-ELECTED BOARD MEMBERS SHALL COMMENCE IMMEDIATELY ON ADJOURNMENT OF THE ANNUAL BUSINESS MEETING. THE PRESIDENT AND FIRST VICE PRESIDENT SHALL BE CHAIRMAN AND VICE CHAIRMAN RESPECTIVELY OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B	THE FEDERAL FORM 990 IS PREPARED BY NLC'S INDEPENDENT ACCOUNTING FIRM. ONCE IT IS PREPARED, THE DRAFT FORM 990 IS REVIEWED BY NLC'S SENIOR STAFF. THE DRAFT FEDERAL FORM 990 IS THEN PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND REVISION, IF NEEDED, BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12	THE CONFLICT OF INTEREST POLICY IS SIGNED BY EACH MEMBER OF THE BOARD OF DIRECTORS. THE BOARD MEMBERS ARE REQUIRED NOT TO ENGAGE IN ANY ACTIVITY THAT IS CONSIDERED TO CONFLICT WITH THE OPERATIONS OF NLC.
FORM 990, PART VI, SECTION B, LINE 15A	FOR THE EXECUTIVE DIRECTOR, A SEARCH COMMITTEE IS ASSEMBLED, AND SALARY IS DETERMINED BY BENCHMARKING SURVEY, COMPENSATION REPORTS AND INPUT FROM THE HR DIRECTOR. ALL OTHER STAFF ARE HIRED THROUGH THE HUMAN RESOURCE DEPARTMENT AS GOVERNED BY THE HUMAN RESOURCE POLICY MANUAL.
FORM 990, PART VI, SECTION C, LINE 19	NLC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

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Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL LEAGUE OF CITIES

Employer identification number

53-0226780

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL LEAGUE OF CITIES INSTITUTE INC 660 NORTH CAPITOL STREET NW SUITE 4 WASHINGTON, DC 20001 52-6055762	RESEARCH AND ANALYSIS OF LOCAL GOVERNMENTS	DE	501(C)(3)	LINE 11A, I	NATIONAL LEAGUE OF CITIES	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NATIONAL LEAGUE OF CITIES SERVICES INC 660 NORTH CAPITOL STREET NW SUITE 4 WASHINGTON, DC 20001 52-2185034	PAYROLL SERVICES	DE	NATIONAL LEAGUE OF CITIES	C		1,865,991	100.000 %	Yes	

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

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

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
 - b** Gift, grant, or capital contribution to related organization(s)
 - c** Gift, grant, or capital contribution from related organization(s)
 - d** Loans or loan guarantees to or for related organization(s)
 - e** Loans or loan guarantees by related organization(s)
 - f** Dividends from related organization(s)
 - g** Sale of assets to related organization(s)
 - h** Purchase of assets from related organization(s)
 - i** Exchange of assets with related organization(s)
 - j** Lease of facilities, equipment, or other assets to related organization(s)
 - k** Lease of facilities, equipment, or other assets from related organization(s)
 - l** Performance of services or membership or fundraising solicitations for related organization(s)
 - m** Performance of services or membership or fundraising solicitations by related organization(s)
 - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o** Sharing of paid employees with related organization(s)
 - p** Reimbursement paid to related organization(s) for expenses
 - q** Reimbursement paid by related organization(s) for expenses
 - r** Other transfer of cash or property to related organization(s)
 - s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL LEAGUE OF CITIES SERVICES INC	0	13,750,659	COST

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2020

Additional Data[Return to Form](#)**Software ID:****Software Version:**