## Form **990**

132001 12-09-21

### **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.

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	2021 calendar year, or tax year beginning and	enaing					
<b>B</b> C	heck if pplicable	C Name of organization		D Employer identif	ication number			
	Addres	TIC COUNCIL AMERICAS INC.			0.4			
	Name change			54-1974394				
	Initial		Room/suite					
	Final return/ termin	2021 L STREET, NW, SUITE 101-268		240-762-				
_	ated  Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	152,602.			
느	return	WASHINGTON, DC 20036		H(a) Is this a group r				
	tion pendin	F Name and address of principal officer: KAKIN ATTANAS		for subordinate				
		SAME AS C ABOVE		H(b) Are all subordinates				
		empt status: 501(c)(3)X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) o	or 527		a list. See instructions			
		e: HTTPS://WWW.TIC-COUNCIL.ORG/		H(c) Group exemption				
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1999	M State of legal domicile: NY			
Pa	art I	Summary	OMORE	COMMON DIIC	TNECC			
ė	1	Briefly describe the organization's mission or most significant activities: TO PI	COMO.I.F	TOWNON BUS	TIMESS MITS A TITOMIC			
Governance		INTERESTS BETWEEN TESTING, INSPECTION & C						
ern	200,000	Check this box if the organization discontinued its operations or dispos		· · · · · · · · · · · · · · · · · · ·	1			
30	888 8			3				
۰ĕ	5/60	Number of independent voting members of the governing body (Part VI, line 1b)						
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			<del></del>			
ţi		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			^			
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11						
	Б	Net unrelated business taxable income noni i onn 990-1, Farti, line 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		0.				
ine		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		300,000.				
Revenue	P400000 20	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33.000.000.000	0.				
Re	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.				
	109/1995	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		300,000.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.				
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		205,203.	125,767.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.				
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,644.	112,113.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		227,847.				
		Revenue less expenses. Subtract line 18 from line 12		72,153.	-85,278.			
TO S				eginning of Current Year	End of Year			
sets or	20	Total assets (Part X, line 16)		100,209.	14,931.			
ASS	21	Total liabilities (Part X, line 26)		0.				
E.E.		Net assets or fund balances. Subtract line 21 from line 20		100,209.	14,931.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is			
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei		1			
		Jan Altha			bruary zozz			
Sigi	n	Signature of officer		Date	U			
Her	e	KARIN ATHANAS, EXECUTIVE DIRECTOR						
		Type or print name and title		Data La.	DTIN			
_		Print/Type preparer's name  Preparer's signature		Date Check	PTIN			
Paid		FRANK H. SMITH Frank H. Smith		02/18/22 self-empl				
	parer	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323			
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850			000 000 4000			
_		WASHINGTON, DC 20036		Phone no. ( 2	202) 227-4000			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PROMOTE COMMON BUSINESS INTERESTS BETWEEN INSPECTION AGENCIES	
	WORLDWIDE IN ORDER TO MAINTAIN AND ENHANCE THE QUALITY AND SERVICES	
	PROVIDED INCLUDING INSPECTION CERTIFICATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		s X No
	If "Yes," describe these new services on Schedule O.	
3	<u> </u>	s X 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, a	and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
	THE OBJECTIVES OF TIC COUNCIL AMERICAS INC. INCLUDE THE FOLLOWING: - TO OVERSEE DEPLOYMENT OF THE AGREED GLOBAL STRATEGY WITH FOCUS ON	
	AMERICAS REGION;	THE
	- TO ENSURE STRATEGIC RELATIONSHIPS AND ALLIANCES ARE NURTURED AND MAINTAINED WITH KEY STAKEHOLDERS;	
	- TO MONITOR ISSUES LIKELY TO IMPACT THE TIC INDUSTRY IN THE AMERICA	A C
	REGION AND ACT SWIFTLY ON THEM;	10
	- TO AGREE AND ALLOCATE RESOURCES AS RELEVANT;	
	- TO AGREE AND PRIORITISE ISSUES AND TOPICS TO BE ADDRESSED AS THEY	
	ARISE	
	AKIDD	
	IN 2021, TIC COUNCIL AMERICAS PUBLISHED FOUR PUBLIC COMMENTS AND SIX	<del></del>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
75	(Code:) (Expenses #	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ▶	000
	Form	990 (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
_	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х
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		х
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		х
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		х
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		x
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	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		$\vdash$
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		$\vdash$
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		$\vdash$
	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		Х
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? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			. v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<del></del>
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
Da	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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021) TIC COUNCIL AMERICAS INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) 54-1974394 Page 5 Form 990 (2021) Part V

				Yes	No			
<b>2</b> a	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		<u>1</u>	l				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			X				
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions		١ ـ		v			
					X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		1		X			
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial at If "Yes," enter the name of the foreign country	county?	4a					
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (ERAR)	-					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.				X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?							
b	<b>b</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 serv	ices provided to the payor	? <b>7a</b>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?		7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	3 7 7 7 7 7 7 7 1							
g	If the organization received a contribution of qualified intellectual property, did the organization file For		. <u>7g</u> 7h					
h	, , , , , , , , , , , , , , , , , , , ,							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
0			8					
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the control in a control in		- OI-					
10	Section 501(c)(7) organizations. Enter:		0.5					
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:							
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						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4					
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>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b						
c	Enter the amount of reserves on hand	13c						
14a		100	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule</i>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		·   · · · ·					
	excess parachute payment(s) during the year?		15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	ıny						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

TIC COUNCIL AMERICAS INC. 54-1974394 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records KARIN ATHANAS - 240-762-8069

2021 L STREET, NW, SUITE 101-268, WASHINGTON

## 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	I	orga	niza			nper	sate			
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more to			tion nore than one		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		l a		l	1711 43		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1000 NEO)	and related
	below	dual t	rtiona	L	l old m	st co	15	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) KARIN ATHANAS	40.00									
EXECUTIVE DIRECTOR				Х				113,021.	0.	3,956.
(2) LISA BATE	0.10									
CHAIR		Х		Х				0.	0.	0.
(3) BERT ZOETBROOD	0.10	1								
VICE CHAIR		Х		Х	<u> </u>			0.	0.	0.
(4) JAMES ARMSTRONG	0.10	1						_	_	_
TREASURER		Х		X				0.	0.	0.
(5) HANANE TAIDI	0.10	1						_	_	
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		4								
		1								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1	ı	I	l	1		I		

Fai	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C					<b></b> >	
	(A)	(B)			Pos	C) ition	,		(D)	(E)			(F)	
	Name and title	Average		not c	heck	more	than		Reportable	Reportable		l	timate	
		hours per week					is botl or/trus		compensation	compensatio		l	nount (	OŤ.
		(list any	or o					Ĺ	from the	from related organization		l	other pensa	tion
		hours for	direct				_		organization	(W-2/1099-MIS		I '	om the	
		related	e 0 r	stee			ısate		(W-2/1099-MISC/	1099-NEC)		l	anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	nd mc		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		_	d relate	
		below	idual	ntion	in the	Key employee	est co	er				orga	anizatio	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
												<u> </u>		
			1											
				_			_					<u> </u>		
			1											
				_			_					<u> </u>		
			1											
												<u> </u>		
			1											
							-					<u> </u>		
			4											
				┝			$\vdash$	-				<del></del>		
			-											
							-							
			-											
	0-14-4-1		l	<u> </u>			<u> </u>	$\vdash$	113,021.		0.	<del>                                     </del>	3,9!	5.6
	Subtotal								0.		0.	<del></del>	3,9	0.
	Total from continuation sheets to Part VI								113,021.		0.	<del>                                     </del>	3,9!	
	Total (add lines 1b and 1c)  Total number of individuals (including but n									000 of war and about			J, J.	<u> </u>
2	compensation from the organization	iot iimitea to tri	iose	liste	ual	oove	e) WI	io re	eceived more than \$100,	ooo or reportable	3			1
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer.	director trust	ا مم	(0)/ (	amal	OVA	Δ Or	r hio	thest compensated emp	lovee on	- 1			-110
3		•	,	,	•	,	1	_		,		3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											Ů		
7	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a											_		
J	rendered to the organization? If "Yes." com	•				•			•	dai ioi scivices		5		Х
Sec	etion B. Independent Contractors	ipiete Scrieduli	<del>-</del> J /	UI SL	<u>ICII I</u>	JEIS	OH							
1	Complete this table for your five highest co	mpensated inc	dene	nde	nt cr	ontr	acto	rs th	nat received more than \$	3100,000 of com	pensa	tion fro	m	
-	the organization. Report compensation for													
	(A)								(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	Comper		ก
2	Total number of independent contractors (i		ot lir	nited	d to		se lis )	sted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🚩					,						000	

#### TIC COUNCIL AMERICAS INC. 54-1974394 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... 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 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** 152,602. 900099 152,602. 2 a PROGRAM REVENUE Program Service f All other program service revenue ..... 152,602. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) \_\_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

152,602.

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions

152,602.

# Form 990 (2021) TIC COUNCIL A Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(6)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,	116,977.			
6	trustees, and key employees	110,577.			
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					
8	Other salaries and wages  Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	119.			
10	Payroll taxes	8,671.			
11	Fees for services (nonemployees):	0,0120			
	Management (Indiampleyees).				
b	Legal				
	Accounting	5,664.			
	Lobbying	,			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	92,020.			
12	Advertising and promotion				
13	Office expenses	2,551.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	402.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	418.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 700			
23	Insurance	4,793.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	4 0 4 1			
a	PAYROLL FEES MEMBERCHTR / CHRCCRTPHTON	4,041.			
b	MEMBERSHIP/SUBSCRIPTION	1,979. 245.			
C	TRAININGS	243.			
d	All others are a second				
	All other expenses Add lines 1 through 24s	237,880.			
25 26	Total functional expenses. Add lines 1 through 24e	451,000.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	

<u>Par</u>	τx	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		100,209.	1	14,931
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lir	ne 11		13	
	14	Intangible assets	1	14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		1 100 000	16	14,931
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	1	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ړ	22	Loans and other payables to any current or fo	ormer officer, director,			
1116		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons		22	
֓֞֜֞֜֞֜֞֜֞֜֞֜֞֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow FASB ASC 958, c	heck here ▶ X			
Ses		and complete lines 27, 28, 32, and 33.				
aŭ	27	Net assets without donor restrictions		100,209.	27	14,931
Bal	28	Net assets with donor restrictions			28	
밀		Organizations that do not follow FASB ASC				
로		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ds		29	
Set	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		100,209.	32	14,931
-	33	Total liabilities and net assets/fund balances		100,209.	33	14,931

Pai	t XI Reconciliation 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	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7 8	152 237 -85	,602. ,880. ,278. ,209.	<u>.</u>	
9	Other changes in net assets or fund balances (explain on 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 (B))	10	14	,931.	<u> </u>	
Par	t XII Financial Statements and Reporting				,	
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_</u>	
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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 separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis		2a	Yes 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:  Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on School As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	edule O.	2c	X		
b	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed audit	3a 3b	990 (2021		

132012 12-09-21

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	TIC COU	NCIL AMERICAS IN	C.		54-1974394
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	of If "Yes," describe in Part IV.				\(0\)
		anization is exempt und		<u> </u>	
	Enter the amount directly expended				
2	Enter the amount of the filing organ		•		
3	exempt function activities  Total exempt function expenditures				' <del></del>
Ŭ	line 17b		·		i <u> </u>
4					
5	Enter the names, addresses and en				
	made payments. For each organiza	·	0 0		•
	contributions received that were pro			•	e segregated fund or a
	political action committee (PAC). If		1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A   Complete if the org		npt under section			ection under
section 501(h)).	,		(-)(-)		
A Check ▶ ☐ if the filing organiza	tion belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share	re of excess lobbying e	expenditures).			
B Check ▶ if the filing organiza	tion checked box A ar	nd "limited control" pro	ovisions apply.		
	ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.)	,	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	~				
<b>d</b> Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Enter			ſ		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	` '	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
			-		
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
		nditures During 4-Yea			
		T STATE OF THE STA			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
•					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

# 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)).

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)?  bif "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).  Tyes  1 Were substantially all (80% or more) dues received nondeductible by members?  1 X  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  2 Expent III-A, lines answered "Yes."  1 Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  A gargegata amount reported in section 603(e)(1)(A) notices of nondeductible section 1		For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
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 under section 4912  d if the filling 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).  Vere substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  1 Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  A Gurrent year  b Carryover from last year  2 In totices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	4	of the labbying activity		No	Amount	
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### SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

TIC COUNCIL AMERICAS INC.

Employer identification number 54-1974394

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PAPERS AND PARTICIPATED IN THE ICPHSO NORTH AMERICA AND INTERNATIONAL

ICPHSO CONFERENCES. THE COUNCIL'S EXECUTIVE DIRECTOR PRESENTED ON THE

VALUE OF TIC STUDY AND VALUE OF STANDARDIZATION IN TIC ACTIVITIES AT

THE 2021 SES CONFERENCE, 2021 IACET CONFERENCE, AND 2021 GRMA

CONFERENCE. THE COUNCIL'S EXECUTIVE DIRECTOR ALSO PRESENTED IN PANELS

FOR NIST AND OECD.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS SHALL CONSIST OF ANY CORPORATION, FIRM, OR ANY OTHER LEGAL ENTITY

(A) WHO IS A MEMBER WITH FULL VOTING RIGHTS OF TIC COUNCIL (TIC), (B) WHO

IS IN GOOD STANDING, (C) WHO IS CURRENTLY MAINTAINING AN ACTIVE BUSINESS

PRESENCE IN THE AMERICAS, (D) WHO IS A MEMBER OF AN TIC SECTOR COMMITTEE'S

REGIONAL COMMITTEE ACTIVE IN THE AMERICAS, AND (E) WHO ELECTS TO

PARTICIPATE IN THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PROPERTY, AFFAIRS, ACTIVITIES, AND CONCERNS OF THE CORPORATION SHALL BE
VESTED IN A BOARD OF DIRECTORS. THIS SHALL CONSIST OF:

- TWO PERSONS DESIGNATED BY EACH REGIONAL COMMITTEE OF THE TIC SECTOR

  COMMITTEE WHICH IS ACTIVE IN THE AMERICAS FROM AMONG THE REPRESENTATIVES OF
  THE MEMBERS WHO ARE MEMBERS OF THE CORPORATION,
- ONE PERSON DESIGNATED BY THE TIC COUNCIL GLOBAL BOARD.

THERE SHALL BE A MINIMUM OF THREE DIRECTORS.

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization

TIC COUNCIL AMERICAS INC.

Employer identification number 54-1974394

THE MEMBERS OF THE BOARD SHALL UPON SELECTION, IMMEDIATELY ENTER UPON THE

PERFORMANCE OF THEIR DUTIES AND SHALL CONTINUE IN OFFICE UNTIL THEIR

SUCCESSORS SHALL BE DULY ELECTED AND QUALIFIED.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM, THE EXECUTIVE

DIRECTOR SUBMITS THE FORM TO ALL MEMBERS OF THE GOVERNING BODY VIA EMAIL

FOR REVIEW. IT IS REQUESTED THAT ANY QUESTIONS OR COMMENTS ARE RAISED BY A

STIPULATED DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE TIC COUNCIL AMERICAS ARE MEMBERS WITH FULL VOTING RIGHTS

OF THE TIC COUNCIL, AND MUST THEREFORE COMPLY WITH TIC COUNCIL COMPETITION

COMPLIANCE POLICY. THE COMPLIANCE PRINCIPLES ADDRESS TECHNICAL AND BUSINESS

PROFESSIONAL CONDUCT AND ETHICS IN RELATION TO THE FOLLOWING AREAS:

INTEGRITY, CONFLICTS OF INTEREST, CONFIDENTIALITY, ANTI-BRIBERY, AND FAIR

MARKETING. IT IS A CONDITION OF TIC MEMBERSHIP THAT MEMBERS IMPLEMENT AND

ABODE BY THE COMPLIANCE CODE.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR (ED) COMPENSATION IS REVIEWED ON AN ANNUAL BASIS AND MAY

BE ADJUSTED AT THE DISCRETION OF THE TIC DIRECTOR GENERAL (DG), EXCEPT THAT

EXECUTIVE WILL RECEIVE, AT A MINIMUM, AN ADJUSTMENT TO MATCH ANY CHANGE IN

THE COST OF LIVING IN THE PRECEDING YEAR. THE ED IS ELIGIBLE TO RECEIVE AN

ANNUAL BONUS OF UP TO 20% OF ANNUAL BASE SALARY, FOR SERVICES RENDERED

DURING EACH CALENDAR YEAR OR PART THEREOF WHILE EMPLOYED. BOTH THE FACT OF

PAYMENT, AS WELL AS AMOUNT OF PAYMENT, WILL BE AT THE SOLE DISCRETION OF

THE ASSOCIATION. IN THE EXERCISE OF ITS DISCRETION, IN DETERMINING WHETHER

<u>Schedule O (Form 990) 2021</u> Page **2** 

**Employer identification number** Name of the organization TIC COUNCIL AMERICAS INC. 54-1974394 TO PAY A BONUS AND THE AMOUNT OF THE BONUS, THE TIC DG WILL TAKE INTO THE ACCOUNT THE ACTIVITIES OF THE ED IN REACHING AND/OR EXCEEDING GOALS TO BE ESTABLISHED BY THE TIC DG. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS OF THE TIC COUNCIL AMERICAS INC ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANT 92,020. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 92,020.