

Form 990
2016Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final
- Return/terminated
- Amended return
- Application pending

C Name of organization INDEPENDENT COMMUNITY BANKERS OF AMERICA	
Doing business as	
Number and street (or P O box if mail is not delivered to street address) 518 LINCOLN ROAD	Room/suite
City or town, state or province, country, and ZIP or foreign postal code SAUK CENTRE, MN 56378	

D Employer identification number 41-0327400	
E Telephone number (320) 352-6546	
G Gross receipts \$ 42,875,350	

F Name and address of principal officer PATRICIA HOPKINS 518 LINCOLN ROAD SAUK CENTRE, MN 56378	
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H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527

J Website: ► WWW ICBA ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1930

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities CREATE AND PROMOTE AN ENVIRONMENT WHERE COMMUNITY BANKS FLOURISH	
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 243
6 Total number of volunteers (estimate if necessary)	6 252
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,336,247
b Net unrelated business taxable income from Form 990-T, line 34	7b 933,499

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	26,359,301	27,634,949
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161,042	157,991
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,551,909	15,082,410
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,072,252	42,875,350

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	26,359,301	27,634,949
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161,042	157,991
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,551,909	15,082,410
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,072,252	42,875,350
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,415	65,000
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)	22,796,971	23,389,953
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,944,706	17,461,635
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	39,752,092	40,916,588
19 Revenue less expenses Subtract line 18 from line 12	1,320,160	1,958,762

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	142,794,286	150,050,184
21 Total liabilities (Part X, line 26)	23,226,088	24,038,642
22 Net assets or fund balances Subtract line 21 from line 20	119,568,198	126,011,542

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	2017-11-09 Date
	PATRICIA HOPKINS SEVP/CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KEVIN F REILLY	Preparer's signature KEVIN F REILLY	Date 2017-11-09	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00543034
	Firm's name ► PBMARES LLP			Firm's EIN ► 54-0737372	
	Firm's address ► 12150 MONUMENT DRIVE SUITE 350 FAIRFAX, VA 22033			Phone no (703) 385-8577	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

CREATE AND PROMOTE AN ENVIRONMENT WHERE COMMUNITY BANKS FLOURISH

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 \$ including grants of \$) (Revenue \$)
See Additional Data**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 ►

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	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI 	11a	Yes
	11b	Yes
	11c	No
	11d	No
	11e	Yes
	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes
12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b 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	No
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	No
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	No
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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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
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
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

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d 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? If "Yes," complete Schedule L, Part I
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
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
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
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	No
20a		No
20b		
21	Yes	
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		
25b		
26	Yes	
27		No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34	Yes	
35a	Yes	
35b	Yes	
36		
37		No
38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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



		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	88	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	243	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b If "Yes," enter the name of the foreign country ►TK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7 Organizations that may receive deductible contributions under section 170(c).	7a		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	No	

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	20	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a The governing body?	8b	Yes	
b Each committee with authority to act on behalf of the governing body?	9		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	Yes
13 Did the organization have a written whistleblower policy?	14	Yes
14 Did the organization have a written document retention and destruction policy?	15a	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	Yes
a The organization's CEO, Executive Director, or top management official	16a	No
b Other officers or key employees of the organization	16b	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed►	MN , DC , CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 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	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	►PATRICIA HOPKINS 518 LINCOLN ROAD SAUK CENTRE, MN 56378 (320) 352-6546

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

Check if Schedule Q 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 persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

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

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	6,120,588	1,010,051	1,475,244

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 ► 53

	Yes	No
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3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

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
TR RUPRI & ASSOCIATES INC	PROFESSIONAL CONSULTING	740,987
7311 LINGANORE COURT MCLEAN, VA 221022140		
PRODUCTION RESOURCES GROUP LLC	AUDIO VISUAL	591,120
6050 S VALLEY BLVD LAS VEGAS, NV 89118		
DECHERT LLP	PROFESSIONAL CONSULTING	384,281
1900 K STREET NW WASHINGTON, DC 20006		
GRAVITATE SOLUTIONS LLC (FORMERLY OLD T	SOFTWARE DEVELOPMENT	272,954
625 WASHINGTON ST STE 310 ALEXANDRIA, VA 223141936		
MOTIVACTION LLC	PROFESSIONAL CONSULTING	245,219
16355 36TH AVE N STE 100 MINNEAPOLIS, MN 55446		

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 ► 12

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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				
g Noncash contributions included in lines 1a-1f \$ _____					
h Total. Add lines 1a-1f					
Program Service Revenue		Business Code			
2a MEMBERSHIP		900099	16,771,537	16,771,537	
b CONVENTIONS/SEMINARS/INFO CTR		900099	9,053,042	9,053,042	
c ADVERTISING		541800	1,741,996		1,741,996
d BANK MARKETING SUPPORT		900099	68,374	68,374	
e					
f All other program service revenue					
g Total. Add lines 2a-2f			27,634,949		
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)			157,481		1,352
4 Income from investment of tax-exempt bond proceeds					
5 Royalties			10,019,155		282,701
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	(ii) Other			
b Less cost or other basis and sales expenses			510		
c Gain or (loss)			0		
d Net gain or (loss)			510		510
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a ISN SERVICE CONTRACT		900099	4,813,998		310,198
b OTHER		900099	249,257	249,257	
c					
d All other revenue					
e Total. Add lines 11a-11d			5,063,255		
12 Total revenue. See Instructions			42,875,350	26,142,210	2,336,247
					14,396,893

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	65,000			
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,937,442			
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	12,915,075			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,226,991			
9 Other employee benefits	2,385,438			
10 Payroll taxes	925,007			
11 Fees for services (non-employees)				
a Management				
b Legal	2,531			
c Accounting	44,000			
d Lobbying	1,096,655			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	405,208			
12 Advertising and promotion				
13 Office expenses	501,685			
14 Information technology	52,835			
15 Royalties	337,191			
16 Occupancy	1,607,859			
17 Travel	754,834			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,879,091			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,098,158			
23 Insurance	144,245			
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 TAXES - UBI TAX	413,796			
b GOVERNMENT RELATIONS	1,396,899			
c PUBLICATIONS EXPENSE	974,720			
d EQUIPMENT REPAIR MAINT	764,109			
e All other expenses	1,987,819			
25 Total functional expenses. Add lines 1 through 24e	40,916,588			
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	77,050	1	3,814,740	
	2 Savings and temporary cash investments	41,258,453	2	41,133,870	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	5,353,266	4	5,648,520	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	6,221,190	5	6,221,190	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,070,840			
	b Less accumulated depreciation	10b 10,899,042	3,943,194	10c	3,171,798
	11 Investments—publicly traded securities		11		
	12 Investments—other securities See Part IV, line 11	81,588,845	12	86,190,219	
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	4,352,288	15	3,869,847	
	16 Total assets Add lines 1 through 15 (must equal line 34)	142,794,286	16	150,050,184	
Liabilities	17 Accounts payable and accrued expenses	3,160,672	17	4,388,955	
	18 Grants payable		18		
	19 Deferred revenue	19,264,496	19	18,750,473	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	800,920	25	899,214	
	26 Total liabilities Add lines 17 through 25	23,226,088	26	24,038,642	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds	0	30	0	
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0	
	32 Retained earnings, endowment, accumulated income, or other funds	119,568,198	32	126,011,542	
	33 Total net assets or fund balances	119,568,198	33	126,011,542	
	34 Total liabilities and net assets/fund balances	142,794,286	34	150,050,184	

Part XI Reconciliation of Net AssetsCheck 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	42,875,350
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,916,588
3	Revenue less expenses Subtract line 2 from line 1	3	1,958,762
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,568,198
5	Net unrealized gains (losses) on investments	5	-30,084
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	4,514,666
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	126,011,542

Part XII Financial Statements and ReportingCheck 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	
2b 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 type="checkbox"/> Consolidated basis	<input checked="" type="checkbox"/> Both consolidated and separate basis	
2c 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			
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?			
3b 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

Software ID:

Software Version:

EIN: 41-0327400

Name: INDEPENDENT COMMUNITY BANKERS OF AMERICA

Form 990 (2016)

Form 990, Part III, Line 4a:

PROFESSIONAL DEVELOPMENT PUBLICATIONS-ICBA'S MANY PUBLICATIONS INFORM MEMBERS ABOUT THE TRENDS AND ISSUES AFFECTING THE COMMUNITY BANKING INDUSTRY, INCLUDING AWARD-WINNING INDEPENDENT BANKER MAGAZINE, ICBA NEWSWATCH TODAY AND ICBA MEMBER ACCESS COMMUNITY BANKER UNIVERSITY-ICBA PROVIDES COMMUNITY BANKERS WITH EDUCATION TO MEET THEIR TECHNOLOGY, OPERATIONS AND COMPLIANCE NEEDS ICBA OFFERS SUPERIOR SEMINARS, PRODUCTS, AND ONLINE TRAINING THAT BRINGS TOP INDUSTRY KNOWLEDGE TO MEMBERS ALL COURSES ARE REVIEWED AND APPROVED BY A COMMITTEE OF COMMUNITY BANKERS BEFORE THEY BECOME AVAILABLE COMMUNITY BANKING LIVE (NATIONAL CONVENTION) AND TECHWORLD-ICBA'S ANNUAL COMMUNITY BANKING LIVE (NATIONAL CONVENTION) AND TECHWORLD IS THE BIGGEST EDUCATIONAL GATHERING FOR THE NATION'S COMMUNITY BANKERS TECHWORLD IS A CENTERPIECE OF THE CONVENTION'S LEARNING EXPERIENCE, BRINGING THE MOST INNOVATIVE AND SUCCESSFUL COMMUNITY BANK PRODUCT SERVICES TO COMMUNITY BANKERS' FINGERTIPS BANK DIRECTOR PROGRAM-ICBA'S BANK DIRECTOR PROGRAM OFFERS DIRECTORS ESSENTIAL INFORMATION, IN-DEPTH EDUCATIONAL PROGRAMS AND CONVENIENCE OVER 16,000 PARTICIPANTS NETWORK WITH OTHER COMMUNITY BANK DIRECTORS FROM ACROSS THE COUNTRY TO KEEP "COMMUNITY" IN THEIR COMMUNITY BANKS MARKETING RESOURCES-ICBA OFFERS MARKETING RESOURCE PROGRAMS DESIGNED TO HELP MEMBERS FIND COST-EFFECTIVE AND TIME-SAVING WAYS TO PROMOTE THEMSELVES CONSUMER EDUCATION AND RESOURCES-ICBA HAS FORMED ALLIANCES WITH VARIOUS ORGANIZATIONS TO PROVIDE EDUCATION AND RESOURCES FOR MEMBERS AND THEIR COMMUNITIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional trustee	Official	Key employee	Highest compensated employee		
SALVATORE MARRANCA	1 00						0	0
DIRECTOR	0 00	X					0	0
ALICE P FRAIZER	1 00						0	0
DIRECTOR	0 00	X					0	0
JOHN V EVANS JR	1 00						1,684	0
DIRECTOR	0 00	X					0	0
CHUCK JOHNSTON	1 00						0	0
DIRECTOR	0 00	X					0	0
CAMDEN R FINE	40 00						2,468,670	0
PRESIDENT/CEO	0 00	X	X				0	126,768
JEFFREY L GERHART	1 00						10,509	3,061
DIRECTOR	1 00	X					0	0
JACK A HARTINGS	1 00						25,928	2,680
IMMEDIATE PAST CHAIRMAN	1 00	X	X				0	0
PAST CHAIRMAN	1 00						19,808	7,748
WILLIAM A LOVING JR	1 00						0	0
PAST CHAIRMAN	1 00	X	X				0	0
JOHN H BUHMASTER	1 00						16,624	0
PAST CHAIRMAN	0 00	X	X				0	0
REBECA ROMERO RAINNEY	1 00						50,834	3,134
CHAIRMAN	1 00	X	X				0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee Or Director	Institutional Trustee	Official	Key employee	Highest compensated employee	Former		
DEREK B WILLIAMS	1 00							6,926	0
TREASURER	0 00	X		X					0
ROBERT L PAGE	1 00							1,724	0
DIRECTOR	0 00	X							0
CHRISTOPHER JORDAN	1 00							0	0
DIRECTOR	0 00	X							0
MARTI TOMSON RODAMAKER	1 00							2,273	0
DIRECTOR	0 00	X							0
KATHRYN UNDERWOOD	1 00							0	0
DIRECTOR	0 00	X							0
TIMOTHY K ZIMMERMAN	1 00							19,585	1,755
VICE CHAIRMAN	1 00	X		X					0
R SCOTT HEITKAMP	1 00							44,109	3,991
CHAIRMAN-ELECT	1 00	X		X					0
MARK HESSER	1 00							1,294	0
DIRECTOR	0 00	X							0
ROBERT FISHER	1 00							0	0
DIRECTOR	0 00	X							0
JAMES MICHAEL ELLENBURG	1 00							11,231	0
SECRETARY	0 00	X		X					0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C)			(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	Official key employee	Highest compensated employee	Former	
MARK A RAITOR	40 00			X		532,683	0
SR EVP, CHIEF OPERATING OF	0 00						144,810
PATRICIA M HOPKINS	20 00			X		360,297	360,297
SR EVP/CEO	20 00						161,877
GARY C TEAGNO	4 00			X		69,709	627,385
SPECIAL ADVISOR TO CEO-SER	36 00						141,877
KAREN M THOMAS	40 00			X		526,884	0
SR EVP, GOVERNMENT RELATIO	0 00						144,877
TERRY JORDE	40 00			X		546,111	0
SR EVP, CHIEF OF STAFF	0 00						91,350
PAUL C MCGUIRE	40 00			X		291,717	0
SVP, NATIONAL SALES GROUP	0 00						131,569
PAUL G MERSKI	40 00			X		353,190	0
SVP, CHIEF ECONOMIST	0 00						146,696
DAVID HAITHCOCK	40 00			X		264,774	0
EVP, WESTERN REGION	0 00						110,360
BRIAN COONEY	40 00			X		245,980	0
SVP, LEG COUNSEL	0 00						89,650
VIVECA WARE	40 00			X		248,044	0
EVP REGULATORY COUNSEL	0 00						185,410

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2016****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.
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

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

INDEPENDENT COMMUNITY BANKERS OF

AMERICA

Employer identification number

41-0327400

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
- 2 Political expenditures
- 3 Volunteer hours

► \$ _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

► \$ _____

► \$ _____

 Yes No

- 4a Was a correction made?

 Yes No

- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file **Form 1120-POL** for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

► \$ _____

► \$ _____

 Yes No

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	No
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	Yes

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	15,412,524
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	4,926,229
b Carryover from last year	2b	-22,406
c Total	2c	4,903,823
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	5,544,220
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	-640,397

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-B, lines 1 and 2 (see instructions), and Part II-C, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	ICBA WORKS IN WASHINGTON TO PROTECT THE INTERESTS OF COMMUNITY BANKS BY MONITORING AND INFLUENCING NUMEROUS FEDERAL ACTIVITIES THAT WILL AFFECT COMMUNITY BANKS AND THEIR CUSTOMERS. THERE IS A BROAD REACH WITH LAWMAKERS, REGULATORS, AND POLICY-SETTING BOARDS AND WORKING WITH THESE BODIES ENSURES THAT THE NEEDS OF THE COMMUNITY BANKERS ARE HEARD AND MET

2016

Open to Public
InspectionSCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization INDEPENDENT COMMUNITY BANKERS OF AMERICA	Employer identification number 41-0327400
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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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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 8/17/06, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	► \$
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$
(i) Revenue included on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► \$
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

- a Board designated or quasi-endowment ►
- b Permanent endowment ►
- c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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		26,100		26,100
b Buildings		1,008,318	796,258	212,060
c Leasehold improvements		3,773,429	2,860,544	912,885
d Equipment		3,711,524	3,206,111	505,413
e Other		5,551,469	4,036,129	1,515,340
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				3,171,798

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	85,469,698	C
(3) Other		
(A) PRINCIPAL FINANCIAL TRUST ACCOUNT	720,521	C
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►	86,190,219	

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

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

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
DEFERRED LEASE INCENTIVE	899,214	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	899,214	

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	37,506,078
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	0
3	Subtract line 2e from line 1	3	37,506,078
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	5,369,272
c	Add lines 4a and 4b	4c	5,369,272
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	42,875,350

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	35,547,316
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	0
3	Subtract line 2e from line 1	3	35,547,316
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	5,369,272
c	Add lines 4a and 4b	4c	5,369,272
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	40,916,588

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:**Software Version:**

EIN: 41-0327400

Name: INDEPENDENT COMMUNITY BANKERS OF AMERICA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC), WITH THE EXCEPTION OF CERTAIN UNRELATED BUSINESS INCOME, WHICH IS SUBJECT TO TAX UNDER THE CURRENT PROVISIONS OF IRC SECTION 512(B), UNRELATED BUSINESS TAXABLE INCOME, PAYMENTS RECEIVED FROM CONTROLLED SUBSIDIARIES ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX ONLY TO THE EXTENT THEY ARE IN EXCESS OF THE FAIR MARKET VALUE OF THE PAYMENT. MANAGEMENT HAS CONDUCTED A 482 TRANSFER PRICING STUDY AND AS A RESULT OF THAT STUDY DETERMINED THAT THE ROYALTIES DO NOT EXCEED FAIR MARKET VALUE AND ARE THEREFORE, NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX. FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, "INCOME TAXES", PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ASSOCIATION'S MANAGEMENT HAS EVALUATED THE IMPACT OF THIS GUIDANCE TO ITS FINANCIAL STATEMENTS. THE ASSOCIATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILED. THE ASSOCIATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES IN INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFY INCOME NETTED WITH EXPENSES ON FINANCIAL STATEMENTS 5,369,272

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFY INCOME NETTED WITH EXPENSES ON FINANCIAL STATEMENTS 5,369,272

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2016****Open to Public
Inspection**

Name of the organization

INDEPENDENT COMMUNITY BANKERS OF
AMERICA

Employer identification number

41-0327400

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

 Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMITTEE ON CAPITAL MARKETS REGULATION 125 MOUNT AUBURN STREET 3RD FLOOR CAMBRIDGE, MA 02138	30-0406260	501 (C) (3)	50,000				TO SUPPORT RESEARCH FOR IMPROVING THE REGULATION OF U S CAPITAL MARKETS
(2) US CAPITOL HISTORICAL SOCIETY 200 MARYLAND AVENUE NE WASHINGTON, DC 20002	52-0796820	501 (C) (3)	15,000				TO SUPPORT THE PROMOTION OF THE HISTORY OF THE U S CAPITOL AND CONGRESS

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

3 Enter total number of other organizations listed in the line 1 table ► 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	ICBA DOES NOT MONITOR THE USE OF THE ASSISTANCE (CHARITABLE CONTRIBUTION)

2015

Open to Public
Inspection**Schedule J**
(Form 990)Department of the
Treasury
Internal Revenue
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

► Attach to Form 990.

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

Name of the organization

INDEPENDENT COMMUNITY BANKERS OF
AMERICA

Employer identification number

41-0327400

Part I Questions Regarding Compensation**Yes****No****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 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 indemnification and gross-up payments	<input 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**1b** Yes**2** Yes**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input 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?**4a** No**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**4b** No**c** Participate in, or receive payment from, an equity-based compensation arrangement?**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**5a****5b****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**6a****6b****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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**7****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**8****9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9**

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(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				
See Additional Data Table							

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
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Additional Data

Software ID:

Software Version:

EIN: 41-0327400

Name: INDEPENDENT COMMUNITY BANKERS OF AMERICA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1CAMDEN R FINE PRESIDENT/CEO	(i) 1,800,000 0	200,000 0	468,670 0	108,900 0	17,868 0	2,595,438 0	0
2MARK A RAITOR SR EVP, CHIEF OPERATING OF	(i) 436,000 0	54,606 0	42,077 0	116,900 0	27,910 0	677,493 0	0
3PATRICIA M HOPKINS SR EVP/CFO	(i) 233,500 233,500	44,803 44,803	81,994 81,994	143,900 0	17,977 0	522,174 360,297	0
4GARY C TEAGNO SPECIAL ADVISOR TO CEO-SER	(i) 48,000 432,000	9,000 81,000	12,709 114,385	123,900 0	17,977 0	211,586 627,385	0
5KAREN M THOMAS SR EVP, GOVERNMENT RELATIO	(i) 453,000 0	45,000 0	28,884 0	126,900 0	17,977 0	671,761 0	0
6TERRY JORDE SR EVP, CHIEF OF STAFF	(i) 451,000 0	73,448 0	21,663 0	65,900 0	25,450 0	637,461 0	0
7PAUL C MCGUIRE SVP, NATIONAL SALES GROUP	(i) 153,705 0	42,466 0	95,546 0	103,770 0	27,799 0	423,286 0	0
8PAUL G MERSKI SVP, CHIEF ECONOMIST	(i) 327,500 0	25,000 0	690 0	127,900 0	18,796 0	499,886 0	0
9DAVID HATHCOCK EVP, WESTERN REGION	(i) 245,000 0	10,000 0	9,774 0	82,450 0	27,910 0	375,134 0	0
10BRIAN COONEY SVP, LEG COUNSEL	(i) 229,000 0	15,000 0	1,980 0	61,740 0	27,910 0	335,630 0	0
11VIVECA WARE EVP REGULATORY COUNSEL	(i) 225,000 0	20,000 0	3,044 0	157,500 0	27,910 0	433,454 0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF
AMERICA

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Reported an amount on Form 990, Part X, line 6, or 12								
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?	(h) Approved by board or committee?	(i) Written agreement?
						Yes	No	Yes
Total			► \$	6,221,190				No

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

INDEPENDENT COMMUNITY BANKERS OF
AMERICA**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.

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

2016**Open to Public
Inspection****Employer identification number**

41-0327400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4A	A SUBSIDIARY OF THE ORGANIZATION FILED THE REQUIRED FINCEN FORM 114

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IN THE ASSOCIATION IS EITHER "ACTIVE OR "HONORARY" ACTIVE MEMBERS ARE A COMMUNITY BANK OR OTHER COMMUNITY FINANCIAL INSTITUTION WHICH SUPPORTS AND ADHERES TO THE PRINCIPLES AND PURPOSES OF THIS ASSOCIATION HONORARY MEMBER MAY BE CONFERRED ON ANY INDIVIDUALS OR ORGANIZATION BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CHAIRMAN-ELECT, VICE CHAIRMAN, SECRETARY AND TREASURER SHALL BE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS AT THE BOARD OF DIRECTORS MEETING HELD IN CONJUNCTION WITH THE GENERAL CONVENTION. TO BE ELIGIBLE FOR ELECTION, CANDIDATES MUST BE EXECUTIVE OFFICERS OF AN ACTIVE MEMBER OR THE PARENT OF AN ACTIVE MEMBER. THE NOMINATING COMMITTEE SHALL EACH YEAR REVIEW ELIGIBLE CANDIDATES AND PROPOSE TO THE BOARD OF DIRECTORS ONE QUALIFIED NOMINEE FOR EACH ELECTIVE OFFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE EXECUTIVE COMMITTEE SELECTS THE TIME AND PLACE FOR THE GENERAL CONVENTION OF THE ASSOCIATION THE EXECUTIVE COMMITTEE IS VESTED WITH THE MANAGEMENT OF THE ASSOCIATION BETWEEN GENERAL CONVENTIONS ITS SOVEREIGNTY IS SECOND ONLY TO THAT OF THE GENERAL CONVENTIONS IT SHALL HAVE THE POWER TO FILL ANY VACANCIES THAT MAY OCCUR IN ANY OF THE OFFICES OF THE ASSOCIATION AND IN THE MEMBERSHIP OF THE COMMITTEE IT SHALL PROVIDE THE RULES AND REGULATIONS FOR THE CONDUCT OF THE ASSOCIATION'S AFFAIRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE RETURN IS KEPT IN A CENTRAL INFORMATION CENTER, WHERE IT IS AVAILABLE FOR INSPECTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ELECTED DIRECTORS ARE ASKED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ICBA PERIODICALLY ENGAGES AN INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY OF ALL ASSOCIATION POSITIONS, INCLUDING EXECUTIVE STAFF. THIS STUDY INCLUDES A COMPREHENSIVE MARKET ANALYSIS OF DATA FROM SEVERAL SOURCES TO ENSURE THAT THE COMPENSATION LEVELS ARE COMPETITIVE WITH THE EXTERNAL MARKET. THE MOST RECENT STUDY WAS CONDUCTED IN JULY 2015. FOR THE CEO POSITION, COMPENSATION DATA IS REVIEWED FOR CHIEF EXECUTIVES AT COMPARABLE ORGANIZATIONS (AS REPORTED ON FORM 990) AS AN ADDITIONAL DATA SOURCE. AS A FINAL STEP, THE ASSOCIATION'S EXECUTIVE COUNCIL REVIEWS AND APPROVES COMPENSATION RECOMMENDATIONS FOR ALL OFFICERS AND KEY EMPLOYEES ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT ARE NOT AVAILABLE TO THE PUBLIC, HOWEVER, THEY ARE MADE AVAILABLE TO THE MEMBERS AND STAFF OF ICB A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF SUBSIDIARY 4,514,666

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	AUDIT COMMITTEE - THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT SELECTS THE INDEPENDENT ACCOUNTANT

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART X, LINE 5 AND LINE 15	ON THE BALANCE SHEET ON THE PRIOR YEAR RETURN LOANS AND OTHER RECEIVABLES FROM INTERESTED PARTIES WAS INCLUDED IN OTHER ASSETS ON LINE 15. ON THIS RETURN THE AMOUNT FOR 2015 AND 2016 IS CORRECTLY SHOWN ON LINE 5 AND THEREFORE REMOVED FROM LINE 15.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► **Information about Schedule R (Form 990) and its instructions is at www.irs.gov**

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF
AMERICA

Employer identification number

41-0327400

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.

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.

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.

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	Yes	
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	Yes	
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:

EIN: 41-0327400

Name: INDEPENDENT COMMUNITY BANKERS OF
AMERICA

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ICBA BANCARD INC	A	2,500,254	ACTUAL AMOUNT INCURRED
(1)	ICBA BANCARD INC	Q	6,228,947	ACTUAL AMOUNT INCURRED
(2)	ICBA BANCARD INC	N	445,818	ACTUAL AMOUNT INCURRED
(3)	ICBA CONSOLIDATED HOLDINGS INC	Q	1,954,766	ACTUAL AMOUNT INCURRED
(4)	ICBA CONSOLIDATED HOLDINGS INC	A	204,607	ACTUAL AMOUNT INCURRED
(5)	ICBA REINSURANCE COMPANY LTD	Q	78,803	ACTUAL AMOUNT INCURRED
(6)	ICBA REINSURANCE COMPANY LTD	A	47,690	ACTUAL AMOUNT INCURRED
(7)	ICBA SECURITIES CORPORATION	A	145,028	ACTUAL AMOUNT INCURRED
(8)	ICBA SECURITIES CORPORATION	Q	571,129	ACTUAL AMOUNT INCURRED
(9)	ICBA SERVICES NETWORK INC	Q	5,800,806	ACTUAL AMOUNT INCURRED
(10)	ICBA SERVICES NETWORK INC	N	1,003,813	ACTUAL AMOUNT INCURRED
(11)	ICBA SERVICES NETWORK INC	O	3,814,800	ACTUAL AMOUNT INCURRED
(12)	TCM BANK NA	A	844,603	ACTUAL AMOUNT INCURRED
(13)	TCM BANK NA	Q	6,519,904	ACTUAL AMOUNT INCURRED