

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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) Room/suite
518 LINCOLN ROAD

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 \$ 38,209,311

F Name and address of principal officer
PATRICIA HOPKINS
518 LINCOLN ROAD
SAUK CENTRE, MN 56378

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 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)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	261
6 Total number of volunteers (estimate if necessary)	228
7a Total unrelated business revenue from Part VIII, column (C), line 12	2,294,595
7b Net unrelated business taxable income from Form 990-T, line 34	989,049

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	27,634,949	27,679,401
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	157,991	277,586
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,082,410	10,244,025
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,875,350	38,201,012
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	65,000	113,590
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)	23,389,953	23,949,644
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)	17,461,635	13,583,445
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	40,916,588	37,646,679
19 Revenue less expenses Subtract line 18 from line 12	1,958,762	554,333

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	150,050,184	155,914,209
21 Total liabilities (Part X, line 26)	24,038,642	25,356,416
22 Net assets or fund balances Subtract line 21 from line 20	126,011,542	130,557,793

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
Date 2018-11-09

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 2018-11-09	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	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗳️		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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> 🗳️	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? <i>If "Yes," complete Schedule D, Part I</i> 🗳️		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗳️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗳️		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? <i>If "Yes," complete Schedule D, Part IV</i> 🗳️		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗳️		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗳️	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗳️	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗳️		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗳️		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗳️	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗳️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗳️	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗳️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-28c, 29-31, 32-34, 35a-35b, 36-37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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		
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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)?	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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MN, DC, CA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (PATRICIA HOPKINS 518 LINCOLN ROAD SAUK CENTRE, MN 56378 (320) 352-6546).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶						
Program Service Revenue			Business Code				
	2a MEMBERSHIP		900099	16,977,174	16,977,174		
	b CONVENTIONS/SEMINARS/INFO CTR		900099	8,732,037	8,732,037		
	c ADVERTISING		541800	1,702,535		1,702,535	
	d GOVERNMENT RELATIONS		900099	179,559	179,559		
	e BANK MARKETING SUPPORT		900099	88,096	88,096		
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			27,679,401				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			272,510		1,361	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶			9,913,419		282,468	
	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			13,375		
		c Gain or (loss)			8,299		
		d Net gain or (loss) ▶			5,076		5,076
	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	308,231		308,231		
b OTHER		900099	22,375	22,375			
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			330,606				
12 Total revenue. See Instructions ▶			38,201,012	25,999,241	2,294,595	9,907,176	

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.	113,590			
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.	4,906,060			
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.	13,456,851			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,230,006			
9 Other employee benefits.	2,404,782			
10 Payroll taxes.	951,945			
11 Fees for services (non-employees)				
a Management.				
b Legal.	28,341			
c Accounting.	46,350			
d Lobbying.	1,128,683			
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).	165,983			
12 Advertising and promotion.	778,593			
13 Office expenses.	646,122			
14 Information technology.	753,773			
15 Royalties.				
16 Occupancy.	1,410,959			
17 Travel.	832,135			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,702,087			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,145,773			
23 Insurance.	133,542			
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	435,681			
b EXP ALLOCATED TO SUBSID	-4,625,669			
c GOVERNMENT RELATIONS	1,432,720			
d PUBLICATIONS	1,029,114			
e All other expenses	2,539,258			
25 Total functional expenses. Add lines 1 through 24e.	37,646,679			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,814,740	1	5,197,692
	2 Savings and temporary cash investments	41,133,870	2	59,326,708
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,648,520	4	4,287,335
	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	7,051,190
	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	2,016,146	9	1,266,132
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 13,953,629		
	b Less accumulated depreciation	10b 11,740,001	3,171,798	10c 2,213,628
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	86,190,219	12	75,361,082
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,853,701	15	1,210,442
16 Total assets. Add lines 1 through 15 (must equal line 34)	150,050,184	16	155,914,209	
Liabilities	17 Accounts payable and accrued expenses	4,388,955	17	4,978,771
	18 Grants payable		18	
	19 Deferred revenue	18,750,473	19	19,562,250
	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	899,214	25	815,395
	26 Total liabilities. Add lines 17 through 25	24,038,642	26	25,356,416
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. 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	126,011,542	32	130,557,793
	33 Total net assets or fund balances	126,011,542	33	130,557,793
	34 Total liabilities and net assets/fund balances	150,050,184	34	155,914,209

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,201,012
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,646,679
3	Revenue less expenses Subtract line 2 from line 1	3	554,333
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,011,542
5	Net unrealized gains (losses) on investments	5	-5,001
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	3,996,919
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	130,557,793

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 41-0327400

Name: INDEPENDENT COMMUNITY BANKERS OF
AMERICA

Form 990 (2017)

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 ICBA'S ANNUAL CONVENTION IS THE BIGGEST EDUCATIONAL GATHERING FOR THE NATION'S COMMUNITY BANKERS THE VENDOR EXPO 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 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	Officer	Key employee	Highest compensated employee	Former			
JOHN H BUHRMASTER PAST CHAIRMAN	1 00 0 00	X						19,358	0	0
PRESTON KENNEDY VICE-CHAIRMAN	1 00 0 00	X		X				22,734	0	0
JOHN V EVANS JR DIRECTOR	1 00 0 00	X						3,508	0	0
STEVEN J HANDKE DIRECTOR	1 00 0 00	X						0	0	0
CAMDEN R FINE PRESIDENT/CEO	40 00 0 00	X		X				2,510,601	0	181,789
JEFFREY L GERHART PAST CHAIRMAN	1 00 1 00	X						1,963	0	0
JACK A HARTINGS PAST CHAIRMAN	1 00 1 00	X						20,053	2,614	0
WILLIAM A LOVING JR PAST CHAIRMAN	1 00 1 00	X						10,857	4,495	0
G SCOTT MCCOMB DIRECTOR	1 00 0 00	X						0	1,670	0
REBECA ROMERO RAINERY IMMEDIATE PAST CHAIRMAN	1 00 1 00	X		X				142,447	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEREK B WILLIAMS TREASURER	1 00 0 00	X		X				11,078	0	0
ROBERT L PAGE DIRECTOR	1 00 0 00	X						0	0	0
CHRISTOPHER JORDAN SECRETARY	1 00 0 00	X		X				2,820	0	0
MARTI TOMSON RODAMAKER DIRECTOR	1 00 0 00	X						0	0	0
KATHRYN UNDERWOOD DIRECTOR	1 00 0 00	X						2,893	2,236	0
TIMOTHY K ZIMMERMAN CHAIRMAN-ELECT	1 00 1 00	X		X				32,329	2,885	0
R SCOTT HEITKAMP CHAIRMAN	1 00 1 00	X		X				61,074	4,734	0
MARK HESSER DIRECTOR	1 00 0 00	X						2,556	0	0
LUCAS WHITE DIRECTOR	1 00 0 00	X						1,202	0	0
ROBERT FISHER DIRECTOR	1 00 0 00	X						2,189	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MARK A RAITOR SR EVP, CHIEF OPERATING OF	40 00 0 00				X				353,805	0	207,237
PATRICIA M HOPKINS SR EVP/CFO	20 00 20 00				X				358,370	358,370	229,920
KAREN M THOMAS SR EVP, GOVERNMENT RELATIO	40 00 0 00				X				553,919	0	242,920
TERRY JORDE SR EVP, CHIEF OF STAFF	40 00 0 00				X				597,424	0	108,014
LOUGHLIN CLEARY VP, NORTHEAST REGION	40 00 0 00					X			270,045	0	39,508
PAUL G MERSKI GROUP EVP, CONGRESSIONAL RELATIONS	40 00 0 00					X			358,790	0	217,963
DAVID HAITHCOCK EVP, WESTERN REGIONAL OFFICE	40 00 0 00					X			298,922	0	179,293
CHRIS LORENCE GROUP EVP, MEMBER ENGAGEMENT	40 00 0 00					X			285,450	0	266,620
VIVECA WARE GROUP EVP, REGULATORY POLICY	40 00 0 00					X			275,707	0	301,246

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
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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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

(a) Filing organization's totals

(b) Affiliated group totals

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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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?		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	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	15,822,598
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	6,470,736
b Carryover from last year	2b	-640,397
c Total	2c	5,830,339
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	5,709,824
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	120,515
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
PART 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF AMERICA

Employer identification number
41-0327400

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)

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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? Yes No

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,100		26,100
b Buildings		686,111	684,869	1,242
c Leasehold improvements		3,801,140	2,970,746	830,394
d Equipment		9,440,278	8,084,386	1,355,892
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,213,628

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	74,461,616	C
(3) Other _____ (A) PRINCIPAL FINANCIAL TRUST ACCOUNT	899,466	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	75,361,082	

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	815,395
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	815,395

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	37,456,326
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	37,456,326
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	744,686	
c	Add lines 4a and 4b		4c	744,686
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	38,201,012

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	36,901,993
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	36,901,993
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	744,686	
c	Add lines 4a and 4b		4c	744,686
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	37,646,679

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	

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 744,686

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFY INCOME NETTED WITH EXPENSES ON FINANCIAL STATEMENTS 744,686

**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.

OMB No 1545-0047

2017

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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) US CAPITOL HISTORICAL SOCIETY 200 MARYLAND AVENUE NE WASHINGTON, DC 20002	52-0796820	501 (C) (3)	29,255				GENERAL OPERATIONS OF THE ORGANIZATION, WHICH SUPPORTS THE PROMOTION OF THE HISTORY OF THE U S CAPITOL AND CONGRESS
(2) THE CREATIVE COALITION 105 MADISON AVE 11TH FLOOR NEW YORK, NY 100167418	13-3517803	501 (C) (3)	81,000				GENERAL OPERATIONS OF THE ORGANIZATION, WHICH HELPS THE CREATIVE COMMUNITY LEARN ABOUT PRESSING ISSUES SO THEY CAN BETTER INFORM THE PUBLIC AND THE NATION

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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)

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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF AMERICA

Employer identification number
41-0327400

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b Yes									
<p>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?</p>	2 Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a									
	5b									
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a									
	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>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</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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	200,000	510,601	159,200	22,589	2,692,390	0
	(ii)	0	0	0	0	0	0	0
1MARK A RAITOR SR EVP, CHIEF OPERATING OF	(i)	339,808	0	13,997	184,200	23,037	561,042	0
	(ii)	0	0	0	0	0	0	0
2PATRICIA M HOPKINS SR EVP/CFO	(i)	239,350	35,000	84,020	207,200	22,720	588,290	0
	(ii)	239,350	35,000	84,020	0	0	358,370	0
3KAREN M THOMAS SR EVP, GOVERNMENT RELATIO	(i)	465,000	55,000	33,919	220,200	22,720	796,839	0
	(ii)	0	0	0	0	0	0	0
4TERRY JORDE SR EVP, CHIEF OF STAFF	(i)	480,000	83,818	33,606	85,200	22,814	705,438	0
	(ii)	0	0	0	0	0	0	0
5LOUGHLIN CLEARY VP, NORTHEAST REGION	(i)	120,000	149,817	228	16,189	23,319	309,553	0
	(ii)	0	0	0	0	0	0	0
6PAUL G MERSKI GROUP EVP, CONGRESSIONAL RELATIONS	(i)	337,500	20,000	1,290	195,200	22,763	576,753	0
	(ii)	0	0	0	0	0	0	0
7DAVID HAITHCOCK EVP, WESTERN REGIONAL OFFICE	(i)	281,972	7,500	9,450	155,895	23,398	478,215	0
	(ii)	0	0	0	0	0	0	0
8CHRIS LORENCE GROUP EVP, MEMBER ENGAGEMENT	(i)	265,000	20,000	450	243,900	22,720	552,070	0
	(ii)	0	0	0	0	0	0	0
9VIVECA WARE GROUP EVP, REGULATORY POLICY	(i)	255,000	18,494	2,213	278,300	22,946	576,953	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF AMERICA

Employer identification number
41-0327400

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

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

(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?	
			To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table												

Part III Grants or Assistance Benefiting Interested Persons.
 Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27, 28, or 29

(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.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-0327400

Name: INDEPENDENT COMMUNITY BANKERS OF AMERICA

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(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?	
			To	From			Yes	No	Yes	No	Yes	No
CAMDEN FINE	PRESIDENT/CEO	2009 SPLIT DOLLAR INSURANCE PREMIUM		X	635,000	635,000		No	Yes		Yes	
CAMDEN FINE	PRESIDENT/CEO	2010 SPLIT DOLLAR INSURANCE PREMIUM		X	635,000	635,000		No	Yes		Yes	
CAMDEN FINE	PRESIDENT/CEO	2011 SPLIT DOLLAR INSURANCE PREMIUM		X	635,000	635,000		No	Yes		Yes	
CAMDEN FINE	PRESIDENT/CEO	2012 SPLIT DOLLAR INSURANCE PREMIUM		X	1,860,000	1,860,000		No	Yes		Yes	
CAMDEN FINE	PRESIDENT/CEO	2015 SPLIT DOLLAR INSURANCE PREMIUM		X	635,000	635,000		No	Yes		Yes	
PATRICIA HOPKINS	SR EVP/CFO	2015 SPLIT DOLLAR INSURANCE PREMIUM		X	1,821,190	1,821,190		No	Yes		Yes	
TERRY JORDE	SR EVP, CHIEF OF STAFF	2017 SPLIT DOLLAR INSURANCE PREMIUM		X	830,000	830,000		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF AMERICA

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	ICBA'S MANAGEMENT, WHICH INCLUDES CERTIFIED PUBLIC ACCOUNTANTS, PREPARED THE RETURN AND THEN CONDUCTED SEVERAL INTERNAL REVIEWS OF THE COMPLETED FORM 990 PRIOR TO FILING WITH THE IRS. A COPY OF THE FORM 990, INCLUDING ALL REQUIRED SCHEDULES, IS PROVIDED TO MEMBERS OF THE GOVERNING BODY UP ON REQUEST.

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 COMMITTEE 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 OF THE BOARD OF DIRECTORS AND STAFF OF ICBA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF SUBSIDIARY 3,996,919

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ICBA SERVICES NETWORK INC 1615 L STREET NW SUITE 900 WASHINGTON, DC 20036 54-1444840	HOLDING COMPANY	DE	ICBA CONSOLIDATED HOLDINGS INC	C	-970,861	62,763,634	100 000 %	Yes	
(2) ICBA SECURITIES CORPORATION 775 RIDGE LAKE BLVDSUITE 175 MEMPHIS, TN 38120 06-1253210	SECURITIES BROKER	DE	ICBA SERVICES NETWORK INC	C	-3,058	716,549	100 000 %	Yes	
(3) ICBA BANCARD INC 1615 L STREET NW SUITE 900 WASHINGTON, DC 20036 52-1439424	SERVICES	DE	ICBA SERVICES NETWORK INC	C	2,919,499	147,174,437	100 000 %	Yes	
(4) TCM BANK NA 2701 N ROCKY POINT DRIVE SUITE 600 TAMPA, FL 33607 59-3476606	BANKING	FL	ICBA BANCARD INC	C	1,678,483	336,171,617	100 000 %	Yes	
(5) ICBA REINSURANCE COMPANY LTD 1615 L STREET NW SUITE 900 WASHINGTON, DC 20036 98-0196531	SERVICES	AZ	ICBA SERVICES NETWORK INC	C	826,665	11,861,258	100 000 %	Yes	
(6) ICBA CONSOLIDATED HOLDINGS INC 1615 L STREET NW SUITE 900 WASHINGTON, DC 20036 27-4374508	HOLDING COMPANY	DE	INDEPENDENT COMMUNITY BANKERS OF AMERICA	C	286,782	227,404,407	100 000 %	Yes	

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

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

	Yes	No
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	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f Yes	
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

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
ICBA BANCARD INC	A	2,453,180	ACTUAL AMOUNT INCURRED
ICBA BANCARD INC	Q	6,257,526	ACTUAL AMOUNT INCURRED
ICBA BANCARD INC	N	439,647	ACTUAL AMOUNT INCURRED
ICBA BANCARD INC	J	337,904	ACTUAL AMOUNT INCURRED
ICBA CONSOLIDATED HOLDINGS INC	Q	1,927,186	ACTUAL AMOUNT INCURRED
ICBA CONSOLIDATED HOLDINGS INC	A	201,505	ACTUAL AMOUNT INCURRED
ICBA CONSOLIDATED HOLDINGS INC	F	15,000,000	ACTUAL AMOUNT INCURRED
ICBA REINSURANCE COMPANY LTD	Q	71,452	ACTUAL AMOUNT INCURRED
ICBA REINSURANCE COMPANY LTD	A	42,403	ACTUAL AMOUNT INCURRED
ICBA SECURITIES CORPORATION	A	86,576	ACTUAL AMOUNT INCURRED
ICBA SECURITIES CORPORATION	Q	403,482	ACTUAL AMOUNT INCURRED
ICBA SERVICES NETWORK INC	Q	6,350,864	ACTUAL AMOUNT INCURRED
ICBA SERVICES NETWORK INC	N	1,025,887	ACTUAL AMOUNT INCURRED
ICBA SERVICES NETWORK INC	O	3,954,400	ACTUAL AMOUNT INCURRED
ICBA SERVICES NETWORK INC	L	1,917,937	ACTUAL AMOUNT INCURRED
TCM BANK NA	A	1,022,861	ACTUAL AMOUNT INCURRED
TCM BANK NA	Q	8,339,007	ACTUAL AMOUNT INCURRED