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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

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)

518 LINCOLN ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SAUK CENTRE, MN 56378

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 ▶

D Employer identification number

41-0327400

E Telephone number

(320) 352-6546

G Gross receipts \$ 38,209,311

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

Activities & Governance

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

0

9 Program service revenue (Part VIII, line 2g)

27,634,949

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

157,991

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

15,082,410

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

42,875,350

38,201,012

Expenses

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

Net Assets or Fund Balances

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

2018-11-09

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

2018-11-09

Check ☒ if self-employed

PTIN P00543034

Firm's name ▶ PBMARES LLP

Firm's EIN ▶ 54-0737372

Firm's address ▶ 12150 MONUMENT DRIVE SUITE 350

Phone no (703) 385-8577

FAIRFAX, VA 22033

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 (2017)

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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i> 🗑️	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part I</i> 🗑️	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️	9	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> 🗑️	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		
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> 🗑️	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	11b	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> 🗑️	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️	11d	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> 🗑️	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️	12a	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> 🗑️	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	77	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	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.	261	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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	
b	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?		
b	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 ☒

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	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	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:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	9	No

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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
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?	16a	No
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?	16b	

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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

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

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

Form **990** (2017)

[illegible]

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 ▶ 46

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION RESOURCES GROUP LLC 6050 S VALLEY BLVD LAS VEGAS, NV 89118	AUDIO VISUAL	904,775
TR RUPLI & ASSOCIATES INC 7311 LINGANORE COURT MCLEAN, VA 221022140	PROFESSIONAL CONSULTING	740,995
GLOBAL EXPERIENCE SPECIALISTS INC PO BOX 96174 CHICAGO, IL 60693	PROFESSIONAL CONSULTING	379,251
HOLLIER & ASSOCIATES 400 N CAPITOL ST NW STE 585 WASHINGTON, DC 200011502	PROFESSIONAL CONSULTING	228,000
DECHERT LLP PO BOX 7247-6643 PHILADELPHIA, PA 191706643	PROFESSIONAL CONSULTING	215,845

Form 990 (2017)

Part VIII **Statement of Revenue**

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

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	271,149
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶		9,913,419		282,468	9,630,951
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 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		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	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		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 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	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 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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 RAINEY 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

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization 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 (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?	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	15,822,598
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).	2a	6,470,736
a	Current year	2b	-640,397
b	Carryover from last year	2c	5,830,339
c	Total	3	5,709,824
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	120,515
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319006428	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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) <div><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</div>					
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2017	

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?

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

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 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

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF AMERICA

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

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)

<div>Schedule J</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</div> <div>▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
	<div>Name of the organization</div> <div>INDEPENDENT COMMUNITY BANKERS OF AMERICA</div>	<div>Employer identification number</div> <div>41-0327400</div>
	<div>Part I Questions Regarding Compensation</div>	

	Yes	No
<div>1a</div> <div>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.</div> <div> <div> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<div>b</div> <div>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.</div>	1b Yes	
<div>2</div> <div>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?</div>	2 Yes	
<div>3</div> <div>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.</div> <div> <div> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<div>4</div> <div>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:</div> <div> <div>a Receive a severance payment or change-of-control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> </div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4a 4b 4c	No No No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>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:</div> <div> <div>a The organization?</div> <div>b Any related organization?</div> </div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>	5a 5b	
<div>6</div> <div>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:</div> <div> <div>a The organization?</div> <div>b Any related organization?</div> </div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>	6a 6b	
<div>7</div> <div>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.</div>	7	
<div>8</div> <div>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.</div>	8	
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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.

See Additional Data Table

[illegible]

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

► 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.

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

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.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27, or Form 990-EZ, Part V, line 40c

(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
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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)

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.

OMB No 1545-0047

2017

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	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)

Department of the Treasury
Internal Revenue Service

Name of the organization
INDEPENDENT COMMUNITY BANKERS OF AMERICA

Related Organizations and Unrelated Partnerships

► 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.

OMB No 1545-0047

2017

Open to Public Inspection

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**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?

	Yes	No
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

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.

[illegible]

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