

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018

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

C Name of organization
AMERICAN BANKERS ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1120 Connecticut Ave NW

City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20036

D Employer identification number
52-1001304

E Telephone number
(202) 663-5054

G Gross receipts \$ 161,650,600

F Name and address of principal officer
ROBERT S NICHOLS
1120 CONNECTICUT AVE NW
WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.aba.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1875

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE AMERICAN BANKERS ASSOCIATION IS A BUSINESS LEAGUE THAT PURSUES ADVOCACY, PROVIDES EDUCATION, PRODUCTS AND SOLUTIONS TO ITS MEMBERSHIP AND THE FINANCIAL SERVICES INDUSTRY GENERALLY

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)	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	26
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	426
6 Total number of volunteers (estimate if necessary)	1,200
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,528,873
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	662,300
9 Program service revenue (Part VIII, line 2g)	78,099,499	79,460,302
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,831,855	10,240,077
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,954,604	30,879,598
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,885,958	121,242,277
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,187	365,645
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)	66,172,565	66,023,100
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)	42,102,270	44,128,644
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	108,304,022	110,517,389
19 Revenue less expenses Subtract line 18 from line 12	3,581,936	10,724,888
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	204,161,238	218,048,967
21 Total liabilities (Part X, line 26)	163,715,642	139,711,719
22 Net assets or fund balances Subtract line 21 from line 20	40,445,596	78,337,248

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2019-07-10
Robert Eady, Chief Financial Officer
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name _____ Preparer's signature _____ Date _____
Check if self-employed PTIN _____
Firm's name ▶ _____ Firm's EIN ▶ _____
Firm's address ▶ _____ Phone no _____

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

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

The ABA's mission is to be a member-focused organization that provides advocacy, education, business solutions, and forums for an exchange of views and information that assists our members in providing financial services to their communities in compliance with the complex and challenging regulatory and statutory environment that governs their operations

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 \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 0

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
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> 	Yes	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

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

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

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

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

● List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	9,753,128	0	1,857,590

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 ▶ 183

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Wiley Rein LLP 1776 K St NW Washington, DC 20006	Consulting	1,755,807
Amedia LLC 4948 St Elmo Ave Bethesda, MD 20814	Consulting	949,753
Covington & Burling LLP 850 10th St NW Washington, DC 20001	Consulting	900,965
The Glover Park Group 1025 F Street NW 9th Floor Washington, DC 20004	Consulting	438,460
Product Resource Group 901 7th Street NW 4th Floor Washington, DC 20001	Consulting	405,313

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 35

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0		
	b Membership dues	1b	0		
	c Fundraising events	1c	0		
	d Related organizations	1d	0		
	e Government grants (contributions)	1e	0		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	662,300		
	g Noncash contributions included in lines 1a-1f \$ _____		0		
	h Total. Add lines 1a-1f		662,300		

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		813910	39,805,775	39,805,775	0	0
b CONFERENCE AND CONVENTION		813910	13,300,287	7,963,015	368,488	4,968,784	0
c DUES & FEES ARRANGEMENTS		813910	5,760,232	5,760,232	0	0	0
d SCHOOL & IN-BANK TRAINING		813910	15,616,639	15,591,862	0	24,777	0
e PUBLICATIONS & SUBSCRIPTIONS		813910	997,838	571,915	107,490	318,433	0
f All other program service revenue			3,979,531	3,885,179	94,352	0	0
g Total. Add lines 2a-2f			79,460,302				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,833,911	0	0	1,833,911
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0
	5 Royalties			29,822,803	0	958,543	28,864,260
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	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	48,634,316	0				
	c Gain or (loss)	40,228,150	0				
	d Net gain or (loss)	8,406,166	0	8,406,166	0	0	8,406,166
	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	1,236,968					
b Less cost of goods sold	b	180,173					
c Net income or (loss) from sales of inventory			1,056,795	1,056,795	0	0	
11a Miscellaneous Revenue	Business Code						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			121,242,277	74,634,773	1,528,873	44,416,331	

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.	365,645			
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.	7,446,015			
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.	43,126,522			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,699,193			
9 Other employee benefits.	3,632,080			
10 Payroll taxes.	3,119,290			
11 Fees for services (non-employees)				
a Management.				
b Legal.	1,153,259			
c Accounting.	132,700			
d Lobbying.	1,734,505			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	510,931			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,304,590			
12 Advertising and promotion.	2,219,679			
13 Office expenses.	3,472,849			
14 Information technology.	1,703,819			
15 Royalties.	801,726			
16 Occupancy.	6,761,128			
17 Travel.	4,448,481			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	6,788,503			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,208,189			
23 Insurance.	790,437			
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 UBIT AND DC FRANCHISE TAX	20,627			
b OVERHEAD ALLOCATED TO SUBSIDIARIES	-5,122,254			
c PRINTING AND PUBLICATIONS	1,367,677			
d SPONSORSHIP, MEMBERSHIP AND DUES	559,583			
e All other expenses	1,272,215			
25 Total functional expenses. Add lines 1 through 24e.	110,517,389	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	30,381,719	2	16,908,092
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,451,314	4	11,185,140
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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	61,149	8	45,958
	9 Prepaid expenses and deferred charges	2,994,976	9	2,922,485
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	21,628,904		
	b Less accumulated depreciation	16,457,346		
	11 Investments—publicly traded securities	121,157,253	11	149,507,945
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	31,728,020	15	32,307,789
16 Total assets. Add lines 1 through 15 (must equal line 34)	204,161,238	16	218,048,967	
Liabilities	17 Accounts payable and accrued expenses	9,763,349	17	9,696,576
	18 Grants payable		18	
	19 Deferred revenue	44,684,690	19	46,936,469
	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	109,267,603	25	83,078,674
	26 Total liabilities. Add lines 17 through 25	163,715,642	26	139,711,719
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	40,445,596	27	78,337,248
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	40,445,596	33	78,337,248
	34 Total liabilities and net assets/fund balances	204,161,238	34	218,048,967

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	121,242,277
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,517,389
3	Revenue less expenses Subtract line 2 from line 1	3	10,724,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,445,596
5	Net unrealized gains (losses) on investments	5	4,450,599
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	22,716,165
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,337,248

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID: 17005980

Software Version: v1.00

EIN: 52-1001304

Name: AMERICAN BANKERS ASSOCIATION

Form 990 (2017)

Form 990, Part III, Line 4a:

Convention, conferences, schools and remote learning opportunities The financial services industry is a highly regulated industry that requires constant education on the changing rules including new or enhanced regulation, supervision and oversight ABA offers opportunities for gaining insight and greater understanding through in-person meetings, onsite schools and at-the-desk offerings including telephone briefings, webinars and internet classes

Form 990, Part III, Line 4b:

Publications, products and services The ABA offers books, toolkits, several magazines, e-bulletins, and a variety of products and services in an effort to educate and facilitate the continued compliance and competitiveness of the industry it serves

Form 990, Part III, Line 4c:

Membership Relations and Communications ABA outreaches to its membership through a number of communication tools including daily email news, weekly summaries, its website, and briefings on the changing advocacy and regulatory issues. These efforts facilitate the development of ABA's policy positions and provide the membership and others with the background and tools for further use in their local 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			
A Scott Anderson Board Member	1 0	X						0	0	0
Stacey J Bentley Board Member	1 0	X						0	0	0
Rheo A Brouillard Board Member	1 0	X						0	0	0
Jill Castilla Board Member	1 0	X						0	0	0
Dr Deborah A Cole Board Member	1 0	X						0	0	0
Luther Deaton Jr Board Member	1 0	X						0	0	0
James J Edwards Jr Board Member	1 0	X						0	0	0
W Wesley Hoskins Board Member	1 0	X						0	0	0
Patricia A Husic Board Member	1 0	X						0	0	0
D Bryan Jordan Board Member	1 0	X						0	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			
Douglas B Petno Board Member	1 0	X						0	0	0
Daniel J Schnider Board Member	1 0	X						0	0	0
Andrea B Smith Board Member	1 0	X						0	0	0
Julieann M Thurlow Board Member	1 0	X						0	0	0
Louise Walker Board Member	1 0	X						0	0	0
E Philip Wenger Board Member	1 0	X						0	0	0
H McCall Wilson Jr Board Member	1 0	X						0	0	0
Paul V Woolway Board Member	1 0	X						0	0	0
Dorothy A Savarese Chairman, Nominating Committee	1 0	X						0	0	0
Jeffrey K Ball Chair, Government Relations Council	1 0	X						0	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			
James A Reuter Vice Chair, Government Relations Council	1 0	X						0	0	0
Scott E Latham ABA/State Association Alliance	1 0	X						0	0	0
Kenneth L Burgess Jr Chairman	1 0	X		X				0	0	0
Jeffrey M Szyperski Chairman Elect	1 0	X		X				0	0	0
Laurie Stewart Vice Chairman	1 0	X		X				0	0	0
George W Hermann Treasurer	1 0	X		X				0	0	0
Robert S Nichols President and CEO	36.5 1	X		X				2,520,593	0	264,787
Robert G Eady Chief Financial Officer	34.75 2.75			X				698,279	0	97,161
Jeffrey Owen Chief Operating Officer	37.5 0				X			870,358	0	485,235
Naomi G Camper Chief Policy Officer (started 6/18/2018)	37.5 0				X			0	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			
Wayne Abernathy Executive Vice President	37 5 0				X			884,449	0	125,393
James G Edrington Executive Vice President	37 5 0				X			577,310	0	139,011
Robert Schermund Executive Vice President	37 5 0				X			503,069	0	29,184
Peter C Cook Chief Communication Officer	37 25 0 25				X			361,032	0	51,063
Alethia Baggett Chief HR Officer	37 5 0				X			319,783	0	39,532
Christine Walika Executive Vice President	37 5 0				X			370,308	0	34,774
Dawn Causey General Counsel	37 5 0					X		626,581	0	135,849
Robert R Davis Executive Vice President	37 5 0					X		614,155	0	40,556
Kenneth Clayton Executive Vice President	37 5 0					X		505,655	0	71,061
James Ballentine Executive Vice President	37 5 0					X		461,325	0	192,887

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			
Paul C Katz Executive Vice President	37 5 0					X		440,231	0	151,097

TY 2017 Reasonable Cause Explanation

Name: AMERICAN BANKERS ASSOCIATION

EIN: 52-1001304

Software ID: 17005980

Software Version: v1.00

Explanation: Form 8868 Extension Application is approved. New due date is July 15, 2019.

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 AMERICAN BANKERS ASSOCIATION	Employer identification number 52-1001304
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ 650,000
- 3 Volunteer hours for political campaign activities (see instructions) 0

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 ▶ \$ 650,000
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 650,000
- 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 1j 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 1j)?			
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 1j			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	43,310,034
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	10,099,199
b Carryover from last year	2b	402,302
c Total	2c	10,501,501
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	12,503,553
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	-2,002,052
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

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
Schedule C, Part I-A, Line 1	The organization's political campaign activities during the tax year consisted of independent advertising campaigns in support of various candidates for public office
Schedule C, Part III-B, Line 1	For lobby reporting we added an additional \$1,060,654 of Service Memberships which is included in "Dues & fees arrangements" of Part VIII, Line 2c, and an additional \$2,443,605 of non-deductible special assessments for specific campaigns which is included in Part VIII, Line 2f "All other program service revenue", in addition to the \$39,805,775 in regular membership dues

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
AMERICAN BANKERS ASSOCIATION

Employer identification number
52-1001304

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	11,033,530	7,990,966	3,042,564
d Equipment	0	5,166,343	4,483,539	682,804
e Other	0	5,429,031	3,982,841	1,446,190
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,171,558

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(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) Receivables from related organization	3,976,039
(2) Life Insurance Policies	26,847,582
(3) Courseware Development	1,272,897
(4) Security Deposit	57,800
(5) Cash Advances	60,335
(6) Metrocheck	18,136
(7) Miscellaneous Assets	75,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	32,307,789

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Accrued Pension Liability	69,141,297
Deferred Rent and Lease Incentives	7,530,352
Deferred Compensation	5,605,417
Payables to related organization	801,608
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	83,078,674

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	125,873,049
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	4,450,599
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	4,450,599
3	Subtract line 2e from line 1	3	121,422,450
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	0
b	Other (Describe in Part XIII)	4b	-180,173
c	Add lines 4a and 4b	4c	-180,173
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	121,242,277

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	89,418,666
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII)	2d	-21,098,723
e	Add lines 2a through 2d	2e	-21,098,723
3	Subtract line 2e from line 1	3	110,517,389
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	0
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	110,517,389

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: 17005980

Software Version: v1.00

EIN: 52-1001304

Name: AMERICAN BANKERS ASSOCIATION

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	Note 1 Nature Of Activities And Significant Accounting Policies Income Taxes American Bankers Association is classified for tax purposes as tax-exempt business league under Section 501(c)(6) of the Internal Revenue Code (IRC) Therefore, no provision for income taxes has been provided for this entity in the accompanying consolidated financial statements, except for that resulting from the Association's unrelated business income Unrelated business income tax expense was \$23,750 for the year ended August 31,2018 Management evaluated the Association's tax positions and concluded that the Association has taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance Generally, the Association is no longer subject to income tax examinations by the U S federal, state, or local tax authorities for years before 2015

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4b	Cost of Goods Sold \$180,173 reported on Form 990 Part VIII, Line 10b

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2d	Cost of Goods Sold \$180,173 reported on Form 990 Part VIII, Line 10b Pension & Post-retirement Medical Related Changes Other than Net Periodic Pension Cost due to changes in actuarial assumptions and unrealized gain on pension and post-retirement medical trust fund investments \$(21,278,896) Total for Line 2d $\$180,173 + \$(21,278,896) = \$(21,098,723)$

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization AMERICAN BANKERS ASSOCIATION

Employer identification number 52-1001304

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 7
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
Schedule I, Part I, Line 2	ABA maintains records to substantiate the amount of the charitable contributions as shown on Part II. The recipients are Section 501(c)(3) entities and are thus eligible for charitable contributions.

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 52-1001304
Name: AMERICAN BANKERS ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital Foundation 111 Michigan Ave NW Washington, DC 20010	52-1640402	501(c)(3)	9,250	0			Hoops Madness 2018
National Multiple Sclerosis Society 1800 M Street NW Suite 750 South Washington, DC 20006	13-5661935	501(c)(3)	6,420	0			MS Walk 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tax Foundation 1325 G St NW Suite 950 Washington, DC 20005	52-1703065	501(c)(3)	10,000	0			2018 Annual Contribution
NCSL Foundation for State Legislatures 7700 East First Place Denver, CO 80230	74-2232576	501(c)(3)	9,813	0			2018 Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Bankers Foundation 203 W 10th St Austin, TX 78701	74-2602147	501(c)(3)	122,256	0			Hurricane Harvey Relief Fund
Volunteer Florida Foundation PO Box 1360 Tallahassee, FL 32303	01-0973168	501(c)(3)	103,973	0			Hurricane Irma Relief Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United for Puerto Rico PO Box 9146 San Juan, PR 00908	66-0886334	501(c)(3)	103,933	0			Hurricane Maria Relief Fund

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BANKERS ASSOCIATION

Employer identification number
52-1001304

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	5b								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	First-class travel & Travel for companions Certain officers of the organization (five in total) are allowed to fly first class and may bring a companion at their discretion Tax indemnification and gross-up payments Certain members of Executive leadership involved in SERP's (described in 4b below) have vested but unpaid amounts included in compensation A gross up of 12 25% of the taxable amount is paid to the executive Social club dues Social club dues are provided for business use only Personal Services Financial planning with tax preparation is provided to the President & CEO, Robert S Nichols and is taxable income included in his reported compensation
Schedule J, Part I, Line 4	The Association provides non-qualified retirement benefits to the executive leadership designed as benefit restoration for the qualified Defined Benefit and Defined Contribution Plans sponsored by the Association The following officers, key employees, and highest compensated employees participated in a nonqualified Supplemental Employee Retirement Plan and/or a Supplemental Life Insurance Plan with accrued present value estimated benefits for the year Robert S Nichols \$208,200 Robert G Eady \$120,400 Wayne Abernathy \$182,500 James Edrington \$142,500 Robert Schmermund \$16,600 Dawn Causey \$153,700 Robert R Davis \$30,000 Paul C Katz \$32,900 Kenneth Clayton \$82,300 James Ballentine \$121,000

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 52-1001304
Name: AMERICAN BANKERS ASSOCIATION

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				
1 Robert S Nichols President and CEO	(i)	1,656,780	825,000	38,813	232,500	32,287	2,785,380	0
	(ii)	0	0	0	0	0	0	0
1 Robert G Eady Chief Financial Officer	(i)	438,894	65,800	193,585	81,822	15,339	795,440	0
	(ii)	0	0	0	0	0	0	0
2 Jeffrey Owen Chief Operating Officer	(i)	621,709	218,700	29,949	466,774	18,461	1,355,593	0
	(ii)	0	0	0	0	0	0	0
3 Wayne Abernathy Executive Vice President	(i)	571,854	115,000	197,595	91,368	34,025	1,009,842	0
	(ii)	0	0	0	0	0	0	0
4 James G Edrington Executive Vice President	(i)	365,640	86,800	124,870	105,938	33,073	716,321	0
	(ii)	0	0	0	0	0	0	0
5 Robert Schmermund Executive Vice President	(i)	343,211	69,700	90,158	6,358	22,826	532,253	0
	(ii)	0	0	0	0	0	0	0
6 Peter C Cook Chief Communication Officer	(i)	278,101	30,400	52,531	22,949	28,114	412,095	0
	(ii)	0	0	0	0	0	0	0
7 Alethia Baggett Chief HR Officer	(i)	273,879	33,000	12,904	13,285	26,247	359,315	0
	(ii)	0	0	0	0	0	0	0
8 Christine Walika Executive Vice President	(i)	317,601	48,800	3,907	13,763	21,011	405,082	0
	(ii)	0	0	0	0	0	0	0
9 Dawn Causey General Counsel	(i)	397,810	60,100	168,671	112,725	23,124	762,430	0
	(ii)	0	0	0	0	0	0	0
10 Robert R Davis Executive Vice President	(i)	474,466	95,700	43,989	10,571	29,985	654,711	0
	(ii)	0	0	0	0	0	0	0
11 Kenneth Clayton Executive Vice President	(i)	316,938	49,500	139,217	41,760	29,301	576,716	0
	(ii)	0	0	0	0	0	0	0
12 James Ballentine Executive Vice President	(i)	381,430	76,200	3,695	164,651	28,236	654,212	0
	(ii)	0	0	0	0	0	0	0
13 Paul C Katz Executive Vice President	(i)	305,060	31,000	104,171	135,696	15,401	591,328	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
AMERICAN BANKERS ASSOCIATION**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

52-1001304

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	The American Bankers Association (ABA) is a 501(c)(6) nonprofit business league incorporated in the District of Columbia. Its membership is composed of national banks, state-chartered banks, savings banks, savings and loan associations, trust companies, and other banking entities situated within the United States and its dependencies, that have filed an application for Federal Deposit Insurance Corporation insurance of accounts ("Regular Members")

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	Members of the ABA annually elect the organization's Officers and Board of Directors, which acts as the Association's governing body

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	In addition to the annual elections, members vote on major corporate actions such as a merger or acquisition and in the event of a possible dissolution

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	ABA's management, which includes certified public accountants, prepared the return and then conducted several internal reviews of the completed Form 990. A copy of the Form 990 including all required schedules was provided to the Audit Committee of the ABA in electronic form prior to its filing with the IRS. Per ABA Board adopted policy, the Audit Committee was delegated the responsibility for reviewing the tax return in advance of its filing. The Audit Committee reports to the Association's governing body and is comprised of Board of Director members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	ABA monitors and enforces its Conflicts of Interest Policy by, at least annually, having each officer, member of the Board of Directors, and all employees attest by signature that they have read, understand, and are in compliance with the policy. On an annual basis, the Board is provided a copy of the policy, offered an opportunity to discuss its requirements, and have any questions answered. Staff attends the meetings of the board in order to monitor compliance with the requirements and that the minutes of the meetings fairly represent the discussions of the Board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	<p>ABA's Compensation Committee, comprised of Board of Director members, is responsible for reviewing the compensation of the Association's CEO, its other officers and its key employees and makes the final compensation recommendation to the Board of Directors, which has final approval. The process used by the Compensation Committee is made in conjunction with an outside independent consulting firm that conducted a comprehensive compensation study for the Association. The methodology used included the following:</p> <ul style="list-style-type: none">* Utilizing salary surveys, including those from Mercer, Watson Wyatt, PRM Consulting, Quatt Associates and ASAE, jobs were benchmarked to comparable positions.* The outside compensation consulting firm reviewed applicable market data and the benchmarked position information and developed a market-based pay structure.* Additional factors considered were position requirements, organizational impact, and job complexity.* Minutes are kept of the compensation committee's deliberations and decisions regarding compensation arrangements.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	ABA does not make its governing documents, conflict of interest policy, or its financial statements available to the public. The organization's Form 990 is available for public inspection upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g	\$7,756,602 Consultant Expenses \$5,547,988 Other Outside Services \$13,304,590 Total

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Pension & Post-retirement Medical Related Changes Other than Net Periodic Pension Cost due to changes in actuarial assumptions and unrealized gain on pension and post-retirement medical trust fund investments \$21,278,896 \$1,437,269 cash transferred from terminated subsidiary FUND FOR ECONOMIC GROWTH (61-1579521) $\$21,278,896 + \$1,437,269 = \$22,716,165$

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BANKERS ASSOCIATION

Employer identification number

52-1001304

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
(1) Corporation for American Banking 1120 CONNECTICUT AVE NW Washington, DC 20036 84-1724126	Marketing	DE	2,818,773	9,496,537	AMERICAN BANKERS ASSOCIATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) American Bankers Association Community Engagement Foundation 1120 CONNECTICUT AVE NW Washington, DC 20036 83-0397856	Education	DC	501c3	12a	American Bankers Association	Yes	
(2) ABA Securities Association 1120 Connecticut Ave NW Washington, DC 20036 52-1935145	Education & Membership	DE	501c6	N/A	American Bankers Association	Yes	
(3) BAFT Inc 1120 Connecticut Ave NW Washington, DC 20036 11-3642835	Financial Services and Membership	DE	501c6	N/A	American Bankers Association	Yes	
(4) International Monetary Conference 1120 Connecticut Ave NW Washington, DC 20036 23-7244320	International Banking Membership	DC	501c6	N/A	N/A		No
(5) The Fund for Economic Growth 1120 Connecticut Ave NW Washington, DC 20036 61-1579521	Education, Advocacy	VA	501c4	N/A	American Bankers Association	Yes	
(6) ABA VEBA 1120 Connecticut Ave NW Washington, DC 20036 52-1767808	Retired Employees Benefit Association	DC	501c9	N/A	American Bankers Association	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Community Bank Mortgage LLC 1120 Connecticut Ave NW Washington, DC 20036 84-1717504	Secondary Mortgages	DE	Corporation for American Banking	Unrelated	-75,421	128,511		No	-75,421		No	50 %

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) ABA Card Solutions Inc 1120 Connecticut Ave NW Washington, DC 20036 36-3515025	Business Services and Marketing	DE	Corporation for American Banking	C	1,521,628	8,029,709	100 %	Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
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	No
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	No
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	No
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	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 52-1001304
Name: AMERICAN BANKERS ASSOCIATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1120 CONNECTICUT AVE NW Washington, DC 20036 83-0397856	Education	DC	501c3	12a	American Bankers Association	Yes	
1120 Connecticut Ave NW Washington, DC 20036 52-1935145	Education & Membership	DE	501c6	N/A	American Bankers Association	Yes	
1120 Connecticut Ave NW Washington, DC 20036 11-3642835	Financial Services and Membership	DE	501c6	N/A	American Bankers Association	Yes	
1120 Connecticut Ave NW Washington, DC 20036 23-7244320	International Banking Membership	DC	501c6	N/A	N/A		No
1120 Connecticut Ave NW Washington, DC 20036 61-1579521	Education, Advocacy	VA	501c4	N/A	American Bankers Association	Yes	
1120 Connecticut Ave NW Washington, DC 20036 52-1767808	Retired Employees Benefit Association	DC	501c9	N/A	American Bankers Association	Yes	

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
American Bankers Association Community Engagement Foundation	n	75,744	Allocation
American Bankers Association Community Engagement Foundation	o	351,188	Allocation
American Bankers Association Community Engagement Foundation	q	675,872	Actual/Cash
ABA Securities Association	n	29,132	Allocation
ABA Securities Association	o	295,836	Allocation
ABA Securities Association	q	492,905	Actual/Cash
ABA Securities Association	s	460,000	Actual/Cash
BAFT Inc	n	265,099	Allocation
BAFT Inc	o	2,124,407	Allocation
BAFT Inc	q	3,860,621	Actual/Cash
BAFT Inc	s	4,131,369	Actual/Cash
International Monetary Conference	n	79,458	Allocation
International Monetary Conference	o	164,600	Allocation
International Monetary Conference	q	638,995	Actual/Cash
The Fund for Economic Growth	q	157,905	Actual/Cash
The Fund for Economic Growth	r	6,717	Actual/Cash
The Fund for Economic Growth	s	1,437,269	Actual/Cash
ABA Card Solutions Inc	n	59,720	Allocation
ABA Card Solutions Inc	o	337,494	Allocation
ABA Card Solutions Inc	q	759,355	Actual/Cash
Community Bank Mortgage LLC	n	18,936	Allocation
Community Bank Mortgage LLC	o	93,271	Allocation
Community Bank Mortgage LLC	q	184,052	Actual/Cash
ABA VEBA	q	2,765,666	Accrual