

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
MORTGAGE BANKERS ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1919 M STREET NW NO 5TH FL

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

D Employer identification number
36-1505650

E Telephone number
(202) 557-2700

G Gross receipts \$ 98,030,889

F Name and address of principal officer
ROBERT D BROEKSMIT
1919 M STREET NW NO 5TH FL
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 MBA ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1914 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MBA'S PRINCIPAL ACTIVITIES ARE INDUSTRY, EDUCATION, RESEARCH, AND ADVOCACY

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) | 36 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 36 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 168 |
| 6 Total number of volunteers (estimate if necessary) | 2,000 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 923,972 |
| 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) | 100,000 | 12,117 |
| 9 Program service revenue (Part VIII, line 2g) | 62,580,076 | 60,207,385 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,707,102 | 2,390,837 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 689,376 | 21,336,014 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 65,076,554 | 83,946,353 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 253,515 | 2,488,097 |
| 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) | 32,788,834 | 30,106,997 |
| 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) | 21,344,849 | 22,339,611 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 54,387,198 | 54,934,705 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 10,689,356 | 29,011,648 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 101,788,531 | 127,064,646 |
| 21 Total liabilities (Part X, line 26) | 34,038,976 | 34,494,053 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 67,749,555 | 92,570,593 |

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: 2020-08-06

LISA J HAYNES CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-08-06 Check if self-employed PTIN P00635175

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

Firm's address ▶ 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203 Phone no (571) 227-9500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MORTGAGE BANKERS ASSOCIATION (MBA) IS THE NATIONAL ASSOCIATION REPRESENTING THE REAL ESTATE FINANCE INDUSTRY, AN INDUSTRY THAT EMPLOYS MORE THAN 280,000 PEOPLE IN VIRTUALLY EVERY COMMUNITY IN THE COUNTRY HEADQUARTERED IN WASHINGTON, D C , MBA INVESTS IN COMMUNITIES

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

(Code) (Expenses \$ including grants of \$) (Revenue \$)
MEMBERSHIP MBA'S MEMBERSHIP INCLUDES BUSINESSES FROM ALL SEGMENTS OF THE REAL ESTATE FINANCE INDUSTRY WE ENDED 2019 WITH 2,205 TOTAL MEMBERS, WHICH INCLUDES 334 NEW MEMBERS AND REFLECTS AN 82 PERCENT RETENTION RATE FOR EXISTING MEMBERS TOTAL MEMBERSHIP DUES FOR 2019 BROUGHT IN \$22.9 MILLION IN REVENUE FOR THE ASSOCIATION

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 168 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | | 3a | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . | | 3b | Yes | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | | 4a | | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | 6a | Yes | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | Yes | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | 7f | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a Gross income from members or shareholders | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c Enter the amount of reserves on hand | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | 16 | | No |

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records. LISA J HAYNES 1919 M STREET NW 5TH FLOOR WASHINGTON, DC 20036 (202) 557-2835

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 12,117 | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | | | |
| | h Total. Add lines 1a-1f | | 12,117 | | |

| Program Service Revenue | | | Business Code | | | |
|--------------------------------------------|------------------------------------|--------|---------------|------------|------------|--|
| | 2a CONFERENCES AND PROGRAMS | | 900099 | 27,946,301 | 27,946,301 | |
| b MEMBERSHIP DUES | | 900099 | 22,866,320 | 22,866,320 | | |
| c EDUCATION AND PROGRAMS | | 900099 | 5,243,036 | 5,243,036 | | |
| d PERIODICALS AND PUBLICATIONS | | 541800 | 1,656,713 | 732,741 | 923,972 | |
| e PRODUCT FEES | | 900099 | 934,000 | 934,000 | | |
| f All other program service revenue | | | 1,561,015 | 1,561,015 | | |
| g Total. Add lines 2a-2f | | | 60,207,385 | | | |

| | | | | | | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|------------|---------|------------|-----------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,612,351 | | | 2,612,351 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | 526,194 | | | 526,194 |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less cost or other basis and sales expenses | | | 13,863,022 | | | |
| | c Gain or (loss) | | | 14,084,536 | | | |
| | d Net gain or (loss) | | | -221,514 | | | -221,514 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a GAIN ON CONTINGENCY - MERS | 900099 | | 20,784,412 | | | 20,784,412 | |
| b OTHER REVENUE | 900099 | | 25,408 | 25,408 | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 20,809,820 | | | | |
| 12 Total revenue. See Instructions | | | 83,946,353 | 59,308,821 | 923,972 | 23,701,443 | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 2,488,097 | | | |
| 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. | 7,223,107 | | | |
| 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. | 17,840,339 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 1,833,898 | | | |
| 9 Other employee benefits. | 1,860,467 | | | |
| 10 Payroll taxes. | 1,349,186 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management. | | | | |
| b Legal. | 78,940 | | | |
| c Accounting. | 72,982 | | | |
| d Lobbying. | 630,015 | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 291,996 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 2,068,632 | | | |
| 12 Advertising and promotion. | 219,652 | | | |
| 13 Office expenses. | 1,417,317 | | | |
| 14 Information technology. | 1,465,930 | | | |
| 15 Royalties. | 107,427 | | | |
| 16 Occupancy. | 1,524,026 | | | |
| 17 Travel. | 1,513,433 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 5,927,341 | | | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 494,317 | | | |
| 23 Insurance. | 327,106 | | | |
| 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 EQUIPMENT AND ROOM RENT | 2,558,836 | | | |
| b PRINTING AND PRODUCTION | 1,238,540 | | | |
| c STAFF PROCUREMENT AND T | 871,663 | | | |
| d CREDIT CARD FEES | 800,972 | | | |
| e All other expenses | 730,486 | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 54,934,705 | | | |
| 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 | 34,659,900 | 1 | 42,740,408 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 509,299 | 4 | 276,316 |
| | 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 | | 8 | |
| | 9 Prepaid expenses and deferred charges | 3,415,099 | 9 | 2,857,662 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 7,768,897 | | |
| | b Less accumulated depreciation | 10b 4,225,788 | 2,873,099 | 10c 3,543,109 |
| | 11 Investments—publicly traded securities | 58,970,209 | 11 | 76,509,207 |
| | 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 | 1,360,925 | 15 | 1,137,944 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 101,788,531 | 16 | 127,064,646 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,962,728 | 17 | 5,030,213 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 25,665,563 | 19 | 24,918,498 |
| | 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 | 3,410,685 | 25 | 4,545,342 |
| | 26 Total liabilities. Add lines 17 through 25 | 34,038,976 | 26 | 34,494,053 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 67,656,215 | 27 | 92,501,770 |
| | 28 Temporarily restricted net assets | 93,340 | 28 | 68,823 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 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 | 67,749,555 | 33 | 92,570,593 | |
| 34 Total liabilities and net assets/fund balances | 101,788,531 | 34 | 127,064,646 | |

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 | 83,946,353 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 54,934,705 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 29,011,648 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 67,749,555 |
| 5 | Net unrealized gains (losses) on investments | 5 | 251,397 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -4,442,007 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 92,570,593 |

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 | 2a | | 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 | 2b | 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 | 2c | 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? | 3a | | 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 | 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 36-1505650

Name: MORTGAGE BANKERS ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

MEETINGS & CONFERENCESMBA'S FISCAL YEAR 2019 (FY2019), ENDING SEPTEMBER 30, 2019, SAW MORE THAN 16,874 INDIVIDUAL ATTENDEES AT 19 CONFERENCES AND MEETINGS THAT PROVIDED ATTENDEES WITH TIMELY INFORMATION ABOUT THE ECONOMY, BUSINESS TRENDS, TECHNOLOGICAL INNOVATION AND LEGISLATIVE AND REGULATORY CHANGES AND PROSPECTS MBA CONDUCTED A SUCCESSFUL ANNUAL CONVENTION IN OCTOBER 2018 IN WASHINGTON DC WITH 4252 ATTENDEES THE CREF/MULTIFAMILY HOUSING CONVENTION & EXPO WAS HELD IN FEBRUARY 2019 IN SAN DIEGO WITH 3273 ATTENDEES SPONSORSHIP AND BOOTH SALES REMAINED STRONG AT THE MBA MEETINGS WITH 462 COMPANIES EXHIBITING THEIR PRODUCTS AND SERVICES IN ADDITION TO THE LARGE ANNUAL CONVENTION EXPECTED FROM A MAJOR ASSOCIATION, MBA HOSTS 4 ADDITIONAL LARGE CONFERENCES AND EXPOS EACH YEAR AS WELL AS 15 MORE FINELY FOCUSED SPECIAL INTEREST CONFERENCES THE FIVE LARGE GATHERINGS ARE THE ANNUAL CONVENTION & EXPO, COMMERCIAL REAL ESTATE FINANCE/MULTIFAMILY HOUSING CONVENTION & EXPO, NATIONAL MORTGAGE SERVICING CONFERENCE & EXPO, TECHNOLOGY SOLUTIONS CONFERENCE & EXPO AND NATIONAL SECONDARY MARKET CONFERENCE & EXPO SPECIALIZED PROGRAMS HELP PARTICIPANTS GAIN KNOWLEDGE AND INFORMATION IN SUCH AREAS AS LEGAL ISSUES AND REGULATORY COMPLIANCE, COMMERCIAL SERVICING, RISK MANAGEMENT, AND ACCOUNTING AND FINANCIAL MANAGEMENT EACH OF THESE PROGRAMS HAD STRONG ATTENDANCE AND IS AN IMPORTANT PART OF THE MEMBERSHIP VALUE PROPOSITION FOR MEMBER COMPANIES SEVERAL PROGRAMS QUALIFY IN WHOLE OR IN PART FOR CONTINUING LEGAL EDUCATION CREDIT (CLE), CPE AND OTHER CONTINUING EDUCATION CREDITS

Form 990, Part III, Line 4b:

ADVOCACY FOR MEMBERS AND THE INDUSTRY MBA CONTINUES TO BE THE LEADING ADVOCATE FOR THE ENTIRE REAL ESTATE FINANCE INDUSTRY BOTH IN WASHINGTON, DC AND IN STATE CAPITALS IN 2019, THE ASSOCIATION PROVIDED THOUGHT LEADERSHIP ON A VARIETY OF PUBLIC POLICY ISSUES, INCLUDING PROPOSALS FOR BOTH ADMINISTRATIVE AND LEGISLATIVE GSE REFORM, PATHWAYS TO AFFORDABLE HOMEOWNERSHIP, AND OTHER REGULATORY AND SUPERVISORY ISSUES OUR LEGISLATIVE ACCOMPLISHMENTS INCLUDED PROVIDING TESTIMONY ON CAPITOL HILL BEFORE THE HOUSE FINANCIAL SERVICES AND SENATE BANKING COMMITTEES, SUPPORT FOR THE ENACTMENT OF SEVERAL INDUSTRY PRIORITIES (BOTH RESIDENTIAL AND COMMERCIAL/MULTIFAMILY), INCLUDING FUNDING FOR CRITICAL HUD INFORMATION TECHNOLOGY INFRASTRUCTURE, VA HOME LOAN PROGRAM TECHNICAL CORRECTIONS, AND TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION, AS WELL AS EDUCATION AND ADVOCACY ON A WIDE VARIETY OF OTHER REAL ESTATE FINANCE ISSUES WITH REGARD TO REGULATORY ACHIEVEMENTS, MBA SUBMITTED COMMENT LETTERS AND PROVIDED GUIDANCE AND SUBSTANTIVE RECOMMENDATIONS THROUGHOUT THE YEAR TO REGULATORS, INCLUDING HUD, VA, USDA, TREASURY, CFPB, FHFA, NAIC AND THE FEDERAL BANKING AGENCIES THESE RECOMMENDATIONS COVERED A WIDE-RANGING SET OF MORTGAGE FINANCE ISSUES, INCLUDING ORIGINATION AND SERVICING GUIDELINES, SECONDARY MARKET STRUCTURE, TAX AND ACCOUNTING REQUIREMENTS, CAPITAL REQUIREMENTS, CONSUMER PROTECTION REGULATIONS, AND DATA SECURITY/PRIVACY THE ASSOCIATION ALSO FILED AMICUS BRIEFS IN NUMEROUS CASES SUPPORTING THE INDUSTRY IN DISPUTES OVER IMPORTANT LEGAL ISSUES IN THE COMMERCIAL/MULTIFAMILY REAL ESTATE FINANCE SECTOR, MBA'S PUBLIC POLICY ACTIVITIES IN 2019 SUPPORTED OUR MEMBERS' INTERESTS BY FURTHERING THE OBJECTIVE OF FACILITATING LIQUIDITY AND CAPITAL AVAILABILITY FOR THE COMMERCIAL REAL ESTATE FINANCE MARKET MBA SHARED INFORMATION AND RECOMMENDATIONS WITH THE PUBLIC AND POLICY MAKERS ON A VARIETY OF POLICY ISSUES AFFECTING THE COMMERCIAL/MULTIFAMILY FINANCE INDUSTRY, INCLUDING TAX REFORM IMPLEMENTATION, BANK CAPITAL STANDARDS, LIFE COMPANY RISK-BASED CAPITAL STANDARDS, HOME MORTGAGE DISCLOSURE ACT REPORTING REQUIREMENTS FOR MULTIFAMILY MORTGAGES, THE IMPLICATIONS OF HOUSING FINANCE REFORM ON MULTIFAMILY FINANCE, FHA ISSUES IMPACTING MULTIFAMILY AND RESIDENTIAL HEALTHCARE FINANCE, FLOOD AND TERRORISM RISK INSURANCE, AND APPRAISAL MATTERS AT THE STATE LEVEL, WE WORKED WITH NUMEROUS STATE MORTGAGE BANKING ASSOCIATIONS AND OTHER PARTNERS ON A WIDE VARIETY OF HOUSING, LICENSING, AND REAL ESTATE FINANCE ISSUES BY PROVIDING DATA AND POLICY ANALYSIS TO SUPPORT THEIR EFFORTS AS THE VOICE OF THE REAL ESTATE INDUSTRY IN WASHINGTON, D C AND THROUGHOUT THE NATION, MBA IS ALSO PROUD TO HOST AND SUPPORT DIVERSITY AND INCLUSION INITIATIVES, YOUNG PROFESSIONALS' GROUPS, AND AFFORDABLE HOMEOWNERSHIP COALITIONS

Form 990, Part III, Line 4c:

EDUCATIONMBA EDUCATION PROVIDED TRAINING TO OVER 12,000 REAL ESTATE FINANCE PROFESSIONALS DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2019 THE TRAINING TO THESE INDIVIDUALS WAS DELIVERED THROUGH A MIX OF OVER 400 OFFERINGS STUDENTS ACCESSED TRAINING THROUGH A MIX OF CLASSROOM COURSES AND WORKSHOPS, WEBINARS AND WEBINAR RECORDINGS, RESOURCE GUIDES, CERTIFICATION AND DESIGNATION PROGRAMS, INSTRUCTOR-GUIDED ONLINE COURSES, AND WEB-BASED SELF-STUDY COURSES THE COURSES COVER BOTH THE SINGLE FAMILY/RESIDENTIAL AND COMMERCIAL/MULTIFAMILY INDUSTRIES, WITH CONTENT RANGING FROM INTRODUCTORY TO ADVANCED CONCEPTS IN REAL ESTATE FINANCE, LEADERSHIP AND MANAGEMENT, AND TECHNOLOGY AND COMPLIANCE THE FLAGSHIP OFFERING IS MBA'S SCHOOL OF MORTGAGE BANKING (SOMB), WHICH IN FISCAL YEAR 2019 SAW THE ADDITION OF THE NEW SCHOOL OF MULTIFAMILY MORTGAGE BANKING THE NEW CLASSROOM OFFERING IS THREE DAYS IN LENGTH AND CONTINUES THE DEPARTMENT'S GROWTH IN COMMERCIAL/MULTIFAMILY OFFERINGS OVER 1,300 INDIVIDUALS WERE TRAINED THROUGH 43 SOMB OFFERINGS DURING THE FISCAL YEAR THE FLAGSHIP CERTIFICATION AND DESIGNATION PROGRAM FOR THE INDUSTRY IS THE CERTIFIED MORTGAGE BANKER (CMB) FORTY-FOUR INDUSTRY PROFESSIONALS ACHIEVED THEIR CMB DURING THE FISCAL YEAR

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 | | | |
| CHRISTOPHER M GEORGE CHAIRMAN | 4 00 | X | | X | | | | 0 | 0 | 0 |
| BRIAN F STOFFERS CHAIRMAN-ELECT | 7 00 | X | | X | | | | 2,387 | 0 | 0 |
| SUSAN T STEWART VICE-CHAIRMAN | 4 00 | X | | X | | | | 0 | 0 | 0 |
| J DAVID MOTLEY IMMEDIATE PAST CHAIRMAN | 1 00 | X | | X | | | | 2,811 | 0 | 0 |
| D STEVE BOLAND BOARD MEMBER | 0 50 | X | | | | | | 0 | 0 | 0 |
| BYRON L BOSTON BOARD MEMBER | 0 50 | X | | | | | | 0 | 0 | 0 |
| TODD CHAMBERLAIN BOARD MEMBER | 0 50 | X | | | | | | 0 | 0 | 0 |
| GARY D CLARK BOARD MEMBER | 0 50 | X | | | | | | 0 | 0 | 0 |
| JONATHAN M CORR BOARD MEMBER | 0 50 | X | | | | | | 0 | 0 | 0 |
| WILLIAM M COSGROVE BOARD MEMBER | 0 50 | 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 | | | |
| PHILIP DEFRONZO BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS S DENNARD BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL J DEVITO BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM C EMERSON BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| KRISTY FERCHO BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| MATTHEW E GALLIGAN BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL HEAGERTY BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| MARK A JONES BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER LABIANCA BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| ANGELA MAGO BOARD MEMBER | 0 50 0 00 | 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 | | | |
| MICHAEL C MAY BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| FRANK D MARTELL BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| STANLEY C MIDDLEMAN BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| PETER R NORDEN BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| EDUARDO PEREZ BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| JULIE PIEPHO BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| JAY PLUM BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| T ANTHONY PREMIER BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| ANDREW RIPPERT BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| DEBRA W STILL BOARD MEMBER | 0 50 0 00 | 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 | | | |
| RICHARD G THORNBERRY BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| JEFFREY C TAYLOR BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM M WALKER BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL WEINBACH BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| FOWLER C WILLIAMS BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS L WIND BOARD MEMBER | 0 50 0 00 | X | | | | | | 0 | 0 | 0 |
| DAVID H STEVENS FORMER PRESIDENT & CEO | 35 00 0 00 | | | X | | | | 1,864,475 | 0 | 17,871 |
| ROBERT D BROEKSMIT PRESIDENT & CEO (BEG 08/20/18) | 34 70 0 30 | | | X | | | | 434,267 | 0 | 13,337 |
| HELEN R KANOVSKY SVP & GENERAL COUNSEL | 32 70 2 30 | | | X | | | | 389,442 | 0 | 12,750 |
| LISA J HAYNES SVP, CFO AND CHIEF DIVERSITY & INCLUSION OFFICER | 32 70 2 30 | | | X | | | | 310,937 | 0 | 16,381 |

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 | | | |
| MARCIA M DAVIES CHIEF OPERATING OFFICER | 34 70 0 30 | | | | X | | | 1,119,204 | 0 | 319,745 |
| WILLIAM P KILLMER SVP, LEGISLATIVE & POLITICAL AFFAIRS | 35 00 0 00 | | | | X | | | 569,350 | 0 | 47,542 |
| GORDON R MILLS SVP, RESIDENTIAL POLICY & MEMBER SERVICES | 35 00 0 00 | | | | X | | | 575,408 | 0 | 44,081 |
| STEPHEN O'CONNOR SVP, PUBLIC POLICY & INDUSTRY RELATIONS | 35 00 0 00 | | | | X | | | 413,590 | 0 | 47,042 |
| THOMAS K KIM SVP, CREF POLICY | 34 70 0 30 | | | | X | | | 392,487 | 0 | 49,542 |
| MICHAEL C FRATANTONI CHIEF ECONOMIST & SVP OF RESEARCH & INDUSTRY TECHN | 32 00 3 00 | | | | X | | | 386,873 | 0 | 39,167 |
| PETER GRACE CIO AND SVP, STRATEGY AND MEMBER SERVICES | 35 00 0 00 | | | | X | | | 393,581 | 0 | 43,012 |
| ELAINE HOWARD HARRINGTON VP, CONFERENCES | 35 00 0 00 | | | | | X | | 318,213 | 0 | 49,692 |
| JAMES WOODWELL VP, COMMERCIAL REAL ESTATE RESEARCH | 35 00 0 00 | | | | | X | | 307,292 | 0 | 37,264 |
| JOHN MECHEM VP, PUBLIC AFFAIRS | 35 00 0 00 | | | | | X | | 304,312 | 0 | 42,712 |

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 | Insttutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| TRICIA MIGLIAZZO VP, MEMBERSHIP ENGAGEMENT | 35 00 0 00 | | | | | X | | 294,234 | 0 | 8,663 | |
| KATHRYN MARQUART VP, COMMERCIAL/MULTI FAMILY | 35 00 0 00 | | | | | X | | 284,203 | 0 | 36,306 | |

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

OMB No 1545-0047
2018
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 MORTGAGE BANKERS ASSOCIATION | Employer identification number 36-1505650 |
|----------------------------------------------------------|----------------------------------------------|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions) _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|-----------------------------------------|--------------------------------------------------|------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| (1) MORTGAGE BANKERS ASSOCIATION PAC | 1919 M STREET NW 5TH FLR WASHINGTON, DC 20036 | 52-6144335 | | 1,146,550 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 1 Dues, assessments and similar amounts from members | 1 | 22,866,320 |
| 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 | 3,150,281 |
| b Carryover from last year | 2b | 1,378,868 |
| c Total | 2c | 4,529,149 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 4,115,938 |
| 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 | 413,211 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I-A LINE 1 | MBA'S POLITICAL ACTIVITY FOR THE YEAR ENDED 9/30/19 CONSISTED OF ACTIVITIES CONDUCTED SOLELY THROUGH ITS CONNECTED PAC, THE MORTGAGE BANKERS ASSOCIATION PAC (MORPAC) |

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MORTGAGE BANKERS ASSOCIATION

Employer identification number
36-1505650

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 7/25/06, 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 |
|-----------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
- | | | |
|--------------------------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 2,796,917 | 1,353,074 | 1,443,843 |
| d Equipment | | 2,844,351 | 2,545,278 | 299,073 |
| e Other | | 2,127,629 | 327,436 | 1,800,193 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 3,543,109 |

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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | ▶ |

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

| (a) Description of liability | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| DEFERRED RENT AND LEASE INCENTIVE | 3,035,818 |
| DUE TO AFFILIATES | 1,509,524 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 4,545,342 |

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 | 83,905,754 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 251,397 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 251,397 |
| 3 | Subtract line 2e from line 1 | 3 | 83,654,357 |
| 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 | 291,996 |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 291,996 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 83,946,353 |

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 | 59,084,716 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 4,442,007 |
| e | Add lines 2a through 2d | 2e | 4,442,007 |
| 3 | Subtract line 2e from line 1 | 3 | 54,642,709 |
| 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 | 291,996 |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 291,996 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 54,934,705 |

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 |
|------------------|-------------|
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 36-1505650

Name: MORTGAGE BANKERS ASSOCIATION

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|------------------------------------------------------------------------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 4,442,007 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**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.

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

Name of the organization
MORTGAGE BANKERS ASSOCIATION

Employer identification number
36-1505650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 13

3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

Additional Data

Software ID:
Software Version:
EIN: 36-1505650
Name: MORTGAGE 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 |
|-------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| A WIDER CIRCLE 4808 MOORLAND LANE SUITE 802 BETHESDA, MD 20814 | 52-2345144 | 501C3 | 10,000 | | | | SPONSORSHIP |
| JDRF CAPITAL CHAPTER 200 VESEY STREET FL 28 NEW YORK, NY 10281 | 23-1907729 | 501C3 | 5,000 | | | | CONTRIBUTION |

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 |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| AMERICAN DIABETES ASSOCIATION-CONVIO 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202 | 13-1623888 | 501C3 | 5,000 | | | | SPONSORSHIP |
| USO OF PENNSYLVANIA AND SOUTHERN NEW JERSEY INC 2700 SOUTHAMPTON ROAD RM 228 PA NATIONAL GUARD ARMORY PHILADELPHIA, PA 19154 | 23-1426011 | 501C3 | 5,075 | | | | 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 |
|-------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NF FORWARD 1074 WOODWARD AVENUE DETROIT, MI 48226 | 82-1672519 | 501C3 | 7,500 | | | | SPONSORSHIP |
| JOHN HOPKINS 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211 | 52-0595110 | 501C3 | 7,500 | | | | DONATION |

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 |
|---------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| WOMEN'S CENTER 133 PARK STREET NE VIENNA, VA 22180 | 23-7423496 | 501C3 | 7,500 | | | | SPONSORSHIP |
| CHILDREN'S TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005 | 13-2298956 | 501C3 | 7,500 | | | | DONATION |

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 |
|---------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| WOLF TRAP FOUNDATION 1645 TRAP ROAD VIENNA, VA 22182 | 23-7011544 | 501C3 | 10,000 | | | | DONATION/SPONSORSHIP |
| AMERICAN CANCER SOCIETY 8219 TOWN CENTER DRIVE NOTTINGHAM, MD 21236 | 54-0515701 | 501C3 | 15,000 | | | | DONATION |

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 NATIONAL MEDICAL CENTER 801 ROEDER ROAD SUITE 650 SILVER SPRING, MD 20910 | 52-1640402 | 501C3 | 17,500 | | | | SPONSORSHIP |
| THE CMG FOUNDATION 3160 CROW CANYON ROAD SAN RAMON, CA 94583 | 45-5058060 | 501C3 | 35,000 | | | | 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 |
|-----------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| MBA OPENS DOORS FOUNDATION 1919 M STREET NW WASHINGTON, DC 20036 | 32-0355086 | 501C3 | 62,113 | | | | CONTRIBUTION |
| MORTGAGE INDUSTRY STANDARDS MAINTENANCE ORGANIZATION INC 1919 M STREET NW FL 5 WASHINGTON, DC 20036 | 51-0502943 | 501C6 | 2,000,000 | | | | CONTRIBUTION |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTGAGE BANKERS ASSOCIATION

Employer identification number
36-1505650

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 checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input 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 checked="" type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input 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 checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input 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 | No | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p> | 5a | | | | | | | | | |
| | 5b | | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p> | 6a | | | | | | | | | |
| | 6b | | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part III **Supplemental Information**

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

MORTGAGE BANKERS ASSOCIATION

Employer identification number

36-1505650

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 1 | MBA HAS AN EXECUTIVE COMMITTEE THAT IS EMPOWERED TO ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS BETWEEN MEETINGS THE COMMITTEE DOES NOT HAVE THE AUTHORITY TO ADOPT OFFICIAL POSITIONS ON PUBLIC POLICY MATTERS (UNLESS EXPLICITLY PROVIDED THAT POWER), APPROVE THE ANNUAL BUDGET, DETERMINE MEMBER DUES, APPOINT OR REMOVE THE PRESIDENT AND CEO, FILL BOARD AND EXECUTIVE COMMITTEE VACANCIES, ADOPT BYLAWS AMENDMENTS, APPROVE ORGANIZATIONAL CONSOLIDATION OR MERGER, OR ELIMINATE A STANDING COMMITTEE THE EXECUTIVE COMMITTEE IS COMPOSED OF THE ELECTED OFFICERS AND THE CHAIRS OF COMBOG AND RESBOG, AS WELL AS THE PRESIDENT AND CEO OF THE ASSOCIATION SERVICING EX OFFICIO AS NONVOTING MEMBER |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 6 | MBA IS A NONPROFIT MEMBERSHIP CORPORATION IT HAS THE FOLLOWING CLASSES OF MEMBERSHIP (A) REGULAR MEMBERS - FINANCIAL INSTITUTIONS AND OTHER ENTITIES THAT ARE REGULARLY IN THE BUSINESS OF ORIGINATING, SERVICING, OR INVESTING IN MORTGAGE LOANS OR OTHERWISE SHARE IN THE RISK OF MORTGAGE LOAN PERFORMANCE, SUCH AS MORTGAGE INSURERS AND TITLE INSURANCE UNDERWRITERS, SHALL BE CONSIDERED REGULAR MEMBERS (B) ASSOCIATE MEMBERS - BUSINESS ORGANIZATIONS, FINANCIAL INSTITUTIONS, AND INDIVIDUALS THAT REGULARLY PROVIDE SERVICE OR PRODUCTS FOR BUSINESS ORGANIZATIONS OR FINANCIAL INSTITUTIONS ELIGIBLE TO BE REGULAR MEMBERS SHALL BE CONSIDERED ASSOCIATE MEMBERS (C) ALLIANCE MEMBER - THE BOARD OF DIRECTORS NAMES AS THE SOLE ALLIANCE MEMBER THE MORTGAGE ACTION ALLIANCE, INC , AN AFFILIATE ORGANIZATION THAT OPERATES TO PROMOTE THE COMMON BUSINESS INTERESTS OF THE RESIDENTIAL AND COMMERCIAL REAL ESTATE FINANCE INDUSTRIES THROUGH GRASSROOTS ADVOCACY ACTIVITIES (D) HONORARY MEMBERS - INDIVIDUALS WHO HAVE SERVED ALL OR PART OF TWO TERMS AS A MEMBER OF ONE OF THE BOARD OF GOVERNORS, OR WHO HAVE SERVED AS AN OFFICER FOR TWO YEARS, AND WHO HAVE RETIRED FROM ACTIVE BUSINESS SHALL BE CONSIDERED HONORARY MEMBERS (E) STUDENT MEMBERS - INDIVIDUALS (I) WHO, PRIOR TO EMPLOYMENT IN THE REAL ESTATE FINANCE INDUSTRY, ARE VALIDLY ENROLLED IN A COMMUNITY OR OTHER TWO-YEAR COLLEGE OR OTHER POST-SECONDARY EDUCATIONAL INSTITUTION ("EDUCATIONAL INSTITUTION") AND ALSO VALIDLY ENROLLED IN THE ASSOCIATION'S CURRENT CAREER EDUCATION COURSE, OR OTHER COMPARABLE INSTRUCTIONAL COURSE PROVIDED BY THE ASSOCIATION, OR (II) WHO, PRIOR TO EMPLOYMENT IN THE REAL ESTATE FINANCE INDUSTRY, ARE VALIDLY ENROLLED IN ANY EDUCATIONAL INSTITUTIONAL AFTER COMPLETING THE ASSOCIATION'S CURRENT CAREER EDUCATION COURSE, OR OTHER COMPARABLE INSTRUCTIONAL COURSE PROVIDED BY THE ASSOCIATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 7A | UNDER THE ASSOCIATION'S BYLAWS, ONLY REGULAR MEMBERS AND THE ALLIANCE MEMBER MAY ELECT OFFICERS AND THE AT-LARGE MEMBERS OF THE BOARD OF DIRECTORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 7B | REGULAR MEMBERS ARE REQUIRED TO APPROVE A PLAN OF MERGER THAT CALLS FOR THE ASSOCIATION TO MERGE INTO ANOTHER ASSOCIATION OR OTHER ENTITY, OR A PLAN OF MERGER THAT CALLS FOR THE ASSOCIATION TO ABSORB ANOTHER ASSOCIATION OR OTHER ENTITY, AND THE MERGER WOULD RESULT IN (I) A NAME CHANGE FOR THE ASSOCIATION, (II) THE CREATION OF A NEW MEMBERSHIP CLASS, (III) THE ELIMINATION OF A MEMBERSHIP CLASS, OR (IV) A SUBSTANTIAL CHANGE TO THE THEN CURRENT GOVERNANCE SYSTEM IN ADDITION, REGULAR MEMBERS ARE REQUIRED TO APPROVE A PLAN FOR CONSOLIDATION WHEREBY THE ASSOCIATION WOULD COMBINE WITH ONE OR MORE ASSOCIATIONS TO CREATE A NEW ASSOCIATION AND CEASE TO EXIST AS AN INDEPENDENT ENTITY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11B | FIVE INDEPENDENT MEMBERS OF THE AUDIT COMMITTEE, WHICH IS A BOARD-LEVEL COMMITTEE, RECEIVED A COPY OF THE FORM 990 BEFORE ITS FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 12C | IT IS MBA'S POLICY THAT NO COVERED PARTY PARTICIPATE IN THE EVALUATION OR APPROVAL BY MBA OF ANY CONTRACTUAL ARRANGEMENT TO WHICH MBA MAY BECOME A PARTY IF THE COVERED PARTY'S PARTICIPATION WOULD CREATE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST MBA'S CONFLICTS POLICY REQUIRES ANNUAL DISCLOSURE TO THE MBA GENERAL COUNSEL AND SECRETARY OF "CONFLICTS OF INTEREST" DEFINED AS A SITUATION IN WHICH A COVERED PARTY WOULD PARTICIPATE IN THE EVALUATION OR APPROVAL BY MBA OF ANY CONTRACTUAL ARRANGEMENT TO WHICH MBA MAY BECOME A PARTY, IF SUCH INDIVIDUAL, OR SUCH INDIVIDUAL'S EMPLOYER, WOULD OBTAIN MORE THAN AN INSIGNIFICANT FINANCIAL BENEFIT, EITHER DIRECTLY OR INDIRECTLY "COVERED PARTY" MEANS A MEMBER OF THE MBA BOARD OF DIRECTORS OR A MEMBER OF THE BOARD COMMITTEE OR BOARD TASK FORCE THAT MAY BOTH (I) RECOMMEND ENTERING INTO CONTRACTS AND (II) PLAY A ROLE IN VENDOR REVIEW AND SELECTION MOREOVER, COVERED PARTIES ARE SUPPOSED TO UPDATE THEIR DISCLOSURES AS CIRCUMSTANCES WARRANT AND PROVIDE THEM TO THE MBA GENERAL COUNSEL AND SECRETARY THE DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE OF THE MBA BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS OR BEHAVIOR IN CONFLICT WITH THIS POLICY HAS OCCURRED, AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY) AND ITS DECISION WILL BE FINAL, EXCEPT AS FOLLOWS THE EXECUTIVE COMMITTEE SHALL INFORM THE FULL BOARD OF DIRECTORS OF ANY DISAGREEMENT BETWEEN THE EXECUTIVE COMMITTEE AND THE DISCLOSING DIRECTOR AS TO ITS DETERMINATION THAT A CONFLICT OF INTEREST, OR BEHAVIOR IN CONFLICT OF THE POLICY, EXISTS AND ANY RECOMMENDED ACTION THE BOARD SHALL RETAIN THE RIGHT TO MODIFY OR REVERSE THE EXECUTIVE COMMITTEE'S DETERMINATIONS IN THIS CONTEXT THE CONFLICTS OF INTEREST POLICY ALSO ADDRESSES CONFIDENTIALITY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 15 | <p>PROCESS FOR PRESIDENT AND CEO 1 REVIEW AND APPROVAL THE COMPENSATION COMMITTEE, ON BEHAL F OF THE BOARD, WILL REVIEW AND APPROVE THE COMPENSATION OF MBA'S CHIEF EMPLOYED EXECUTIVE , THE PRESIDENT, PROVIDED THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL 'COMPENSATION' MEANS INITIAL SALARY, SPECIAL BENEFITS NOT GENERALLY AVAILABLE TO MBA STAFF, SALARY I NCREASES AND BONUSES 2 USE OF DATA AS TO COMPARABLE COMPENSATION THE COMPENSATION COMMI TTEE WILL REVIEW AND SET THE COMPENSATION OF THE PRESIDENT USING AS REFERENCES POINTS (I) COMPENSATION OF ANY PREDECESSOR PRESIDENT, AND (II) READILY AVAILABLE PUBLIC DATA AS TO C OMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITION S AT SIMILARLY SITUATED ORGANIZATIONS (FORMAL BENCHMARKING STUDIES BY OUTSIDE COMPENSATION CONSULTANTS NEED NOT BE COMMISSIONED ANNUALLY BUT MAY BE SOUGH PERIODICALLY) 3 ASSESSME NT OR PERFORMANCE THE COMPENSATION COMMITTEE WILL TAKE INTO ACCOUNT (I) THE LEVEL OF ATT AINMENT OF MBA'S GOALS AND OBJECTIVES OVER THE REVIEW PERIOD, (II) THE NATURE OF THE PARTI CULAR EXTERNAL AND INTERNAL CHALLENGES FACING MBA OVER THE REVIEW PERIOD, AND (III) SUCH O THER CONSIDERATIONS AS MAY BE APPLICABLE UNDER THE PREVAILING CIRCUMSTANCES 4 CONTEMPORA NEOUS DOCUMENTATION AND RECORDKEEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKE EPING WITH RESPECT TO THE DECISIONS REGARDING THE COMPENSATION ARRANGEMENT PROCESS FOR SP ECIFIED KEY EMPLOYEES 1 REVIEW AND APPROVAL THE PRESIDENT WILL SUBMIT RECOMMENDATIONS TO THE COMPENSATION COMMITTEE FOR REVIEW AND APPROVAL OF THE TOTAL COMPENSATION OF THE FOLLO WING SPECIFIED KEY EMPLOYEES, AS DEFINED IN THE INTERNAL REVENUE SERVICE'S FORM 990 INSTRU CTIONS -- THE CHIEF FINANCIAL OFFICER -- THE SECRETARY, AS APPROVED BY THE BOARD OF DIREC TORS -- ALL SENIOR VICE PRESIDENTS PROVIDED THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WI TH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND AP PROVAL 'COMPENSATION' MEANS INITIAL SALARY, SPECIAL BENEFITS NOT GENERALLY AVAILABLE TO M BA STAFF, SALARY INCREASES AND BONUSES 2 USE OF DATA AS TO COMPARABLE COMPENSATION THE COMPENSATION COMMITTEE WILL REVIEW AND SET THE COMPENSATION OF THE SPECIFIED KEY EMPLOYEES , BASED ON THE RECOMMENDATIONS OF THE PRESIDENT, WHO WIL USE AS REFERENCES POINTS (I)READ ILY AVAILABLE PUBLIC OR OTHER DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED P ERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS (MBA NEED NOT OBTAIN FORMAL BENCHMARKING STUDIES FROM OUTSIDE COMPENSATION CONSULTANTS ANNUALLY BUT THESE MAY BE SOUGHT PERIODICALLY), AND (II) THE SALARY AND LENGTH OF SERVICE OF THE PREVIO US INCUMBENT 3 ASSESSMENT OF PERFORMANCE THE COMPENSATION COMMITTEE WILL REVIEW OF SPEC IFIED KEY EMPLOYEES THE PRESIDENT'S ASSESSMENT OF -- (I) THE LEVEL OF ATTAINMENT OF MBA'S GOALS AND OBJECTIVES OVER THE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>REVIEW PERIOD, (II) THE LEVEL OF ATTAINMENT OF A SPECIFIED KEY EMPLOYEE'S INDIVIDUAL GOALS AND OBJECTIVES OVER THE REVIEW PERIOD, (III) THE NATURE OF THE PARTICULAR EXTERNAL AND INTERNAL CHALLENGES FACING MBA OVER THE REVIEW PERIOD, AND (IV) OTHER, DOCUMENTED CONSIDERATIONS THAT MAY BE APPLICABLE UNDER THE PREVAILING CIRCUMSTANCES</p> <p>4 CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS PROCESS FOR REMAINING EMPLOYEES</p> <p>1 THE PRESIDENT IS AUTHORIZED AND DIRECTED TO (A) IMPLEMENT MBA'S PRESENT EMPLOYEE POSITION CLASSIFICATION SYSTEM THAT IDENTIFIES FUNCTIONALLY COMPARABLE POSITIONS ACROSS GROUPS, AND (B) ADMINISTER A COMPENSATION PLAN BASED ON (I) SUCH CLASSIFICATION SYSTEM, (II) REASONABLY AVAILABLE CURRENT COMPENSATION DATA FROM SIMILARLY SITUATED ASSOCIATIONS, (III) MBA'S GOALS AND OBJECTIVES, AND (IV) SUCH OTHER CRITERIA OR CONSIDERATIONS THAT MAY BE APPLICABLE UNDER THE PREVAILING CIRCUMSTANCES</p> <p>2 THE PRESIDENT IS FURTHER AUTHORIZED TO REVISIT THE EMPLOYEE CLASSIFICATION SYSTEM AS WELL AS TO ENGAGE COMPENSATION CONSULTANTS, FROM TIME TO TIME, TO HELP ASSURE THAT THE EMPLOYEE CLASSIFICATION SYSTEM AND THE COMPENSATION DATA AND PLAN REMAIN RELEVANT TO THE ACHIEVEMENT OF MBA'S OVERALL GOALS AND OBJECTIVES</p> <p>3 UNDER EXCEPTIONAL CIRCUMSTANCES THAT MUST BE DOCUMENTED AND REPORTED TO THE COMPENSATION COMMITTEE, THE PRESIDENT IS AUTHORIZED TO OFFER SIGNING OR RETENTION BONUSES AND OTHER FORMS OF COMPENSATION TO EMPLOYEES IN ORDER TO HELP ASSURE THE SMOOTH OPERATION OF MBA AND/OR THE ACHIEVEMENT OF SIGNIFICANT MBA GOALS AND OBJECTIVES</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION C, LINE 19 | CHARTER, BYLAWS AND CONFLICTS OF INTEREST POLICY ARE PROVIDED UPON REQUEST FINANCIAL INFORMATION IS PROVIDED THROUGH THE FORM 990 UPON REQUEST FINANCIAL STATEMENTS ARE PROVIDED TO THE BOARD OF DIRECTORS AND ARE NOT MADE AVAILABLE PUBLICLY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|-------------------------------------------------------------------------|
| FORM 990, PART XI, LINE 9 | PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -4,442,007 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|------------------------------------------------------------------------|
| FORM 990, PART XII, LINE 2C | THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MORTGAGE BANKERS ASSOCIATION

Employer identification number
36-1505650

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) 1331 L STREET LLC 1919 M STREET NW 5TH FL WASHINGTON, DC 20036 33-1210397 | HELD MBA HEADQUARTERS OFFICE BUILDING | DE | | | |
| (2) MBA FIRST LLC 1919 M STREET NW 5TH FL WASHINGTON, DC 20036 | PROVIDES SVCS TO ORGANIZATIONS IN THE REAL ESTATE FINANCE INDUSTRY | DC | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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) MISMO INC 1919 M STREET NW 5TH FL WASHINGTON, DC 20036 51-0502943 | DEVELOPING, PROMOTING AND MAINTAINING VOLUNTARY ELECTRONIC COMMERCE STDS | DE | 501(C)(6) | | | Yes | |
| (2) RIHA 1919 M STREET NW 5TH FL WASHINGTON, DC 20036 36-6109824 | FURTHERING RESEARCH IN THE FIELD OF MORTGAGE BANKING AND REAL ESTATE FINANCE | IL | 501(C)(3) | 509(A)(3) | | Yes | |
| (3) MORPAC 1919 M STREET NW 5TH FL WASHINGTON, DC 20036 52-6144335 | POLITICAL ACTION COMMITTEE | DC | 527 | | | Yes | |
| (4) MORTGAGE ACTION ALLIANCE INC 1919 M STREET NW 5TH FL WASHINGTON, DC 20036 27-1893100 | SUPPORT COMMON BUSINESS INTERESTS OF REAL ESTATE FINANCE INDUSTRY | DE | 501(C)(6) | | | Yes | |
| (5) MBA OPENS DOORS FOUNDATION 1919 M STREET NW 5TH FL WASHINGTON, DC 20036 32-0355086 | RENTAL & MORTGAGE ASSISTANCE TO FAMILIES WITH CRITICALLY ILL CHILDREN | DE | 501(C)(3) | 170(B)(1)(A)(VI) | | 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 | |
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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 |
| | | | | | | | | | |
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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 | | No |
| b Gift, grant, or capital contribution to related organization(s) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | | No |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 36-1505650
Name: MORTGAGE BANKERS ASSOCIATION

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-----|----------------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1) | RIHA - GRANT TO MBA'S PATH TO DIVERSITY SCHOLARSHIP | R | 100,000 | CASH-BOOK VALUE |
| (1) | MISMO INC - CONTRACTUAL FEE | L | 576,000 | CASH-BOOK VALUE |
| (2) | MISMO INC - ACTUAL EXPENDITURES | Q | 288,437 | CASH-BOOK VALUE |
| (3) | MISMO INC - REIMBURSEMENT FOR CREDIT CARD RECEIPTS | P | 341,871 | CASH-BOOK VALUE |
| (4) | MISMO INC - CONTRIBUTION MISMO MILESTONE | B | 2,000,000 | CASH-BOOK VALUE |
| (5) | MBA OPENS DOORS FOUNDATION-SHARING OF EMPLOYEES | O | 570,863 | CASH-BOOK VALUE |
| (6) | MBA OPENS DOORS FOUNDATION-REIMBURSEMENT OF EXPENDITURES | Q | 99,878 | CASH-BOOK VALUE |