DLN: 93493194000040 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019 **C** Name of organization AMERICAN BANKERS ASSOCIATION D Employer identification number **B** Check if applicable ☐ Address change 52-1001304 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1120 CONNECTICUT AVE NW ☐ Amended return □ Application pending (202) 663-5054 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20036 **G** Gross receipts \$ 209,553,193 Name and address of principal officer H(a) Is this a group return for ROBERT S NICHOLS □Yes ☑No subordinates? 1120 CONNECTICUT AVE NW H(b) Are all subordinates WASHINGTON, DC 20036 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) ( 6 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WW ABA COM L Year of formation 1875 M State of legal domicile DC **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangle1 Briefly describe the organization's mission or most significant activities (SEE SCHEDULE O)THE AMERICAN BANKERS ASSOCIATION IS A BUSINESS LEAGUE THAT PURSUES ADVOCACY, PROVIDES EDUCATION, PRODUCTS AND SOLUTIONS TO ITS MEMBERSHIP AND THE FINANCIAL SERVICES INDUSTRY GENERALLY Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 30 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 420 1,200 Total number of volunteers (estimate if necessary) . . . 1,465,332 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 7b **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . . 662,300 983.315 9 Program service revenue (Part VIII, line 2g) . . 79,460,302 81,414,709 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10,240,077 15,410,316 30,879,598 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,516,763 121,242,277 135,325,103 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 365,645 372,227 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 66,023,100 70,189,971 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 44,128,644 49,403,663 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 110,517,389 119,965,861 19 Revenue less expenses Subtract line 18 from line 12 . 10,724,888 15,359,242 Net Assets or Fund Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . 218,048,967 224,230,935 177,375,232 21 Total liabilities (Part X, line 26) . 139,711,719 22 Net assets or fund balances Subtract line 21 from line 20 . 46,855,703 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 2020-07-12 Signature of officer Sign Here KARIN PETERSEN FLYNN CHIEF FINANCIAL OFFICER Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00369217 Paid self-employed Firm's name RSM US LLP Firm's EIN ▶ 42-0714325 Preparer Use Only Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500 Phone no (301) 296-3600 GAITHERSBURG, MD 20878 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page <b>2</b>							
Pa	statement	of Program Service Ac	complishments									
	Check if Sched	dule O contains a response o	r note to any line in this Part III .		🗹							
1	Briefly describe the o		·									
			BER-FOCUSED ORGANIZATION TH									
			'S AND INFORMATION THAT ASSIST MPLEX AND CHALLENGING REGULA									
	R OPERATIONS	COMPLIANCE WITH THE CO	MIFLEX AND CHALLENGING REGULA	TORT AND STATUTOR ENVIRO	MHENT THAT GOVERNS							
2	Did the organization	undertake any significant pro	gram services during the year which	n were not listed on								
	the prior Form 990 oi		☐ Yes ☑ No									
	If "Yes," describe the											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?				🗌 Yes 🗹 No							
	If "Yes," describe the	se changes on Schedule O										
4	Section 501(c)(3) and		nplishments for each of its three lar e required to report the amount of g service reported									
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
	See Additional Data											
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
	See Additional Data											
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
	See Additional Data											
4d	Other program service	ces (Describe in Schedule O )										
	(Expenses \$	including	grants of \$	) (Revenue \$	)							
4e	Total program serv	rice expenses ▶										

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Yes 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a No b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h Nο valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

No

Yes

21

orm	990 (2018)			Page <b>4</b>
Par	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>	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

Form **990** (2018)

431

0

1a

1b

No

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

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

11b

12b

13b

13c

12a

13a

14a

14b

15

Yes

Form **990** (2018)

No

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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 . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

OHH	990 (2016)			Page (						
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to	lines 🗸						
Se	ction A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent  1b 30									
2	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	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? .	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No						
6	Did the organization have members or stockholders?	6	Yes							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes							
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		No						
Ь	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?	10ь								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	163							
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	135	103							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	100	103							
	status with respect to such arrangements?	16b	Yes							
	ction C. Disclosure									
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 $\square$ Another's website $ extbf{Y}$ Upon request $\square$ 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 ▶BARRY EPSTEIN 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036 (202) 663-5054									

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours				inle: ficer rust		on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

(B)

Page 8

ı	(A) Name and Title	Average hours per week (list any hours for related	than o	one bo both a direct	oox, u an off tor/t	ot che unles fficer trust	<u> </u>	rson a	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations ('2/1099-MISC	n J (W-	Estimated amount of other compensation from the organization and related organizations		
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2000 + 1.000)	2,2050 11800				
See /	Additional Data Table				厂			厂						
				<del> </del>	$\vdash$	-	_	+-	-		$\dashv$			
			<del> </del>	+	$\vdash$	$\vdash$	+	+		+	+			
				厂	厂			厂			寸			
				_	$\downarrow$	-	_	<u>_</u>			$\dashv$			
—			<del> </del>	+	$\vdash$	+	+	+		+	+			
				+	$\vdash$			+		+	+			
_											$\prod$			
	Sub-Total						•		<del>-</del> +		+			
	Total from continuation sneets to  Total (add lines 1b and 1c)	•					<b>&gt;</b>	_	10,638,637		0		5,660,08	
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bov	e) who	o rec	eived more than \$1	.00,000				
_	The state of the s	-lunctor						- h				Yes	No	
3	Did the organization list any <b>forme</b> l line 1a? <i>If "Yes," complete Schedule</i>									l employee on	3	Yes		
4	For any individual listed on line 1a, organization and related organization individual									n the	4	Yes		
5	Did any person listed on line 1a reco services rendered to the organization										5		No	
Se	ection B. Independent Contrac			—	—	—		—					1.0	
1	Complete this table for your five hig from the organization Report comp	ghest compensate									mpen	sation		
	<u> </u>	(A) ne and business addre			<u> </u>	11119	VVI	4		(B) Description of services			C) ensation	
SOME	ETHING ELSE STRATEGIES	e alla pusificoo aaa.	255						CONSULTIN	•		Compe	835,768	
	ATTERN RIDGE DRIVE EY, SC 29642													
	ENT GOVERNMENT SERVICES INC					_			CONSULTIN	<b>√</b> IG			793,745	
ARLIN	N COURTHOUSE RD 4TH FLOOR NGTON, VA 22201													
PRODI	DUCT RESOURCE GROUP				_				CONSULTIN	1G			755,107	
WASH	7TH STREET NW 4TH FLOOR HINGTON, DC 20001												_	
	ENT STRATEGIES LLC		_	_	_	-	_	_	CONSULTIN	IG	_		749,500	
WASH	M STREET NW HINGTON, DC 20037													
AMED:				_	_	_	_	_	CONSULTIN	IG	_		473,22	
	ST ELMO AVE IESDA, MD 20814											ļ		
<u> </u>	Total number of independent contract	tors (including but	t not lin	nited	to th	105e	listed	abo	ve) who received m	ore than \$100.00	00 of			

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

compensation from the organization ▶ 44

(C)

(D)

(E)

Form 990 (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<del>•</del>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	372,227			
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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	10,196,026			
<b>6</b> 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	42,557,287			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,981,568			
9 Other employee benefits	4,140,414			
<b>10</b> Payroll taxes	3,314,676			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	1,274,824			
c Accounting	130,775			
d Lobbying	2,015,610			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	506,643			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	13,833,014			
12 Advertising and promotion	3,061,662			
13 Office expenses	2,017,813			
14 Information technology	1,846,052			
15 Royalties	1,887,808			
<b>16</b> Occupancy	6,787,024			
17 Travel	4,537,081			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	7,448,105			
<b>20</b> Interest	4,384			
21 Payments to affiliates	,			
·	2.279.604			
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 SPONSORSHIP, MEMBERSHIP	971,190			
b PRINTING & PUBLICATIONS	889,589			
c FEDERAL & STATE TAXES	431,709			
d ALLOCATED OVERHEAD	-4,790,105			
e All other expenses	3,480,028			
	119,965,861			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
22 Depreciation, depletion, and amortization	889,589 431,709 -4,790,105 3,480,028			

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

30,927,240

12,744,145

21.640

2.997.574

6,563,239

138,437,643

32.539.454

224.230.935

12,357,337

48.299.399

45.313.987

1,541,716

46,855,703

224,230,935

Form **990** (2018)

(B) End of year

Page **11** 

Part II of Schedule L

Notes and loans receivable, net

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Grants payable . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

**Total liabilities.**Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Inventories for sale or use .

Less accumulated depreciation

Cash-non-interest-bearing .

L								
Savings and temporary cash investments								
Pledges and grants receivable, net								
Accounts receivable, net								
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete								
Part II of Schedule L  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								

10a

10b

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

23,350,001

16,786,762

(A)

Beginning of year

45.958 2.922.485

5,171,558

149,507,945

32.307.789

218.048.967

9.696.576

46.936.469

83.078.674

139.711.719

78.337.248

78,337,248

218,048,967

16,908,092

11,185,140

1

2

3

4

5

14

15

16

17

18

19

20

21

22 23

27 28

29

30

31 32

33

34

24 25 116.718.496 26 177.375.232

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

3a

3b

Nο

Form 990 (2018)

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 52-1001304 Name: AMERICAN BANKERS ASSOCIATION

Form 990 (2018)

### Form 990, Part III, Line 4a:

CONVENTION, CONFERENCES, SCHOOLS, PROFESSIONAL CERTIFICATIONS AND REMOTE LEARNING OPPORTUNITIES THE FINANCIAL SERVICES INDUSTRY IS A HIGHLY REGULATED INDUSTRY THAT REQUIRES CONSTANT EDUCATION ON THE CHANGING RULES INCLUDING NEW OR ENHANCED REGULATION, SUPERVISION AND OVERSIGHT ABA OFFERS OPPORTUNITIES FOR GAINING INSIGHT AND GREATER UNDERSTANDING THROUGH IN-PERSON MEETINGS, ONSITE SCHOOLS, CERTIFICATIONS AND AT-THE-DESK OFFERINGS INCLUDING TELEPHONE BRIEFINGS, WEBINARS AND INTERNET CLASSES

## Form 990, Part III, Line 4b:

MEMBERSHIP RELATIONS AND COMMUNICATIONS ARA OUTREACHES TO ITS MEMBERSHIP THROUGH A NUMBER OF COMMUNICATION TOOLS INCLUDING DAILY EMAIL NEWS, WEEKLY SUMMARIES, ITS WEBSITE, AND BRIEFINGS ON THE CHANGING ADVOCACY AND REGULATORY ISSUES. THESE FEFORTS FACILITATE THE DEVELOPMENT OF ABA'S POLICY POSITIONS AND PROVIDE THE MEMBERSHIP AND OTHERS WITH THE BACKGROUND AND TOOLS FOR FURTHER USE IN THEIR LOCAL COMMUNITIES

Form 990, Part III, Line 4c: PUBLICATIONS, PRODUCTS AND SERVICES THE ABA OFFERS BOOKS, TOOL KITS, SEVERAL MAGAZINES, E-BULLETINS, AND A VARIETY OF PRODUCTS AND SERVICES IN AN EFFORT TO EDUCATE AND FACILITATE THE CONTINUED COMPLIANCE AND COMPETITIVENESS OF THE INDUSTRY IT SERVES.

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours from the

organization

0

0

0

organizations

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

	£							(14, 2/4,000	(11) 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldine Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFFREY M SZYPERSKI CHAIRMAN	1 00	×		x				0	0	0
LAURIE STEWART CHAIRMAN- ELECT	1 00	×		x				0	0	0
JAMES J EDWARDS JR VICE CHAIRMAN	1 00	×		х				0	0	0
LUTHER DEATON JR TREASURER	1 00	Х		x				0	0	0

1 00 ......

1 00

1 00

1 00

1 00

1 00

......

......

................

Х

Х

Х

Х

Х

Х

VICE CHAIRMAN
LUTHER DEATON JR
TREASURER
RICHARD M ADAMS JR
BOARD MEMBER

STACEY J BENTLEY

**BOARD MEMBER** 

PEDRO A BRYANT

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

JILL CASTILLA

KENNETH L BURGESS

GREG D CARMICHAEL

.......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	famoulated	anu	a uii	ecti		usice,	'	(N. 3/1000	(W. 2/1000	mom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LUANNE CUNDIFF BOARD MEMBER	1 00	×						0	0	0
HOWARD M HEADLEE BOARD MEMBER	1 00	×						0	0	0
KRISTIE HOLOCH BOARD MEMBER	1 00	×						0	0	0
W WESLEY HOSKINS BOARD MEMBER	1 00	×						0	0	0
				T	$\overline{}$					

0

0

0

0

0

0

1 00

1 00

1 00

1 00

1 00

1 00

...............

......

Х

Х

Х

Х

Х

Х

BOARD MEMBER	
W WESLEY HOSKINS	_
BOARD MEMBER	•
PATRICIA A HUSIC	_
BOARD MEMBER	•

D BRYAN JORDAN

**BOARD MEMBER** 

BOARD MEMBER

MATT C PACKARD

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

DOUGLAS B PETNO

BRADFORD C PAIGE

......

**BRYAN LUKE** 

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation hours per amount of other person is both an officer week (list from the from related compensation

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

	any hours	and	l a dıı	recto	or/tr	ustee	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CHRISTOPHER W PINKHAM BOARD MEMBER	1 00	х						0	0	(	
JAMES A REUTER BOARD MEMBER	1 00	×						0	0	(	
DANIEL D ROBB	1 00	×						0	0	(	

BOARD MEMBER		, n				Ů	
JAMES A REUTER	1 00	×				0	
BOARD MEMBER		^				9	
DANIEL D ROBB	1 00	,				0	
BOARD MEMBER		, x				0	
DANIEL J SCHRIDER	1 00					0	
DOADD MEMDED		l ^				ľ	

1 00

1 00

1 00

Х

Х

Х

0

......

......

and Independent Contractors

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

DANIEL C YATES

**BOARD MEMBER** 

H MCCALL WILSON JR

E PHILIP WENGER

		I X	ı	l	1 1		l O	n	
BOARD MEMBER		^					7	)	
DANIEL J SCHRIDER	1 00	l 🗸					0	C	
BOARD MEMBER		^					9	0	
ANDREA B SMITH	1 00	l 🗸					0	0	
BOARD MEMBER		^					0	0	

1 00	×						0	0	
	^						9	3	
1 00	×						0	0	
	1 00	1 00	1 00	1 00 X	1 00 X	1 00	1 00 X	1 00 X 0	1 00 0

ANDREA B SMITH	1 00	<sub>×</sub>			,		
BOARD MEMBER		^				0	
LOUISE WALKER	1 00	×			0	0	
BOARD MEMBER		^					
PATRICIA W WEIGEL	1 00						

THE TOTAL STREET		l x				l n	n	l n
BOARD MEMBER							3	
LOUISE WALKER	1 00	×				0	C	0
BOARD MEMBER		^						
PATRICIA W WEIGEL	1 00							

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and a director/trustee)

organization

(W- 2/1099-

734,728

452,892

659,929

609,437

organizations

(W- 2/1099-

0

0

0

443,321

40,507

382,656

51,686

from the

organization and

any hours

for related

37 50

37 50

37 50

37 50

......

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
ROBERT S NICHOLS PRESIDENT AND CEO	36 50 1 00	×		x				2,831,782	0	314,178
ROBERT G EADY CHIEF FINANCIAL OFFICER	36 50 1 00			х				669,074	0	366,783
NAOMI CAMPER CHIEF POLICY OFFICER	37 50				x			357,143	0	44,957
PETER C COOK CHIEF COMMUNICATION OFFICER	36 50 1 00				×			483,782	0	63,667
ALETHIA BAGGETT CHIEF HR OFFICER	37 50				×			428,934	0	56,860
WAYNE ABERNATHY	37 50				х			950,802	0	553,647

Х

Х

Χ

Х

CHIEF COMPONICATION OF FICER
ALETHIA BAGGETT
CHIEF HR OFFICER
WAYNE ABERNATHY
EXECUTIVE VICE PRESIDENT

......

JAMES G EDRINGTON

ROBERT SCHMERMUND

DAWN CAUSEY

GENERAL COUNSEL

ROBERT R DAVIS

......

EXECUTIVE VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) Name and Title Position (do not check more Reportable Average than one box, unless compensation hours per

FORMER EXECUTIVE VICE PRESIDENT

FORMER EXECUTIVE VICE PRESIDENT

PAUL KATZ

	week (list any hours for related					office ustee		from the organization	from related organizations	compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES BALLENTINE EXECUTIVE VICE PRESIDENT	37 50					х		509,453	0	744,587
KENNETH CLAYTON EXECUTIVE VICE PRESIDENT	37 50					х		491,547	0	670,671
JIM CHESSEN EXECUTIVE VICE PRESIDENT	37 50					х		447,827	0	746,366
JEFFREY OWEN FORMER CHIEF OPERATING OFFICER	37 50						×	427,361	0	784,574
CHRISTINE WALIKA	37 50									

37 50

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

(E)

Reportable

compensation

173,177

410,769

Х

Х

(F)

Estimated

amount of other

343,573

52,049

0

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE C Political Campaign ar

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

527 /

2018

OMB No 1545-0047

DLN: 93493194000040

Open to Public Inspection

662,956

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

Complete if the organization is described below. Attack to Form 200 or Form 200 F7

Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.
 ►Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

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) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not Section 527 organizations. Complete Part I-A only	complete Part I-	В		
If the	e organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (I Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instruct	Part II-A Do not iplete Part II-B D	comp o not	lete Part II-E complete Pa	art II-A
(Pro	xy Tax) (see separate instructions), then	,		, <b>,</b>	
	Section 501(c)(4), (5), or (6) organizations Complete Part III				
	me of the organization ERICAN BANKERS ASSOCIATION	Employer id	entifi	ication nun	nber
AMI	ERICAN DANNERS ASSOCIATION	52-1001304			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a sec		nizat	tion.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part I "political campaign activities")	V (see instruction	s for	definition of	
2	Political campaign activity expenditures (see instructions)	<b>&gt;</b>	\$_		662,9
3	Volunteer hours for political campaign activities (see instructions)				
Par	t 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	<b>&gt;</b>	\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>&gt;</b>	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	□ N
4a	Was a correction made?			☐ Yes	□ N
b	If "Yes," describe in Part IV				
Dar	t T-C Complete if the organization is exempt under section 501(c) except se	ction 501(c)(	31		

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	<b>&gt;</b>	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt		
	function activities	<b>•</b>	\$

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Solution = 17b

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

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

section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2018

(b)

Amount

# activity

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912

REVENUE "

If "Yes," enter the amount of any tax incurred under section 4912

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

Yes

(a)

No

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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Other activities?

Total Add lines 1c through 1i

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

f

2a P

2

3 P 1

PART I-A, LINE 1

SCHEDULE C, PART III-B, LINE 1

_	· · , - · · · · · · · · · · · · ·					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section $501(c)(4)$ , section $501(c)$	(5), o	r section		
	• • • • • • • • • • • • • • • • • • • •				Yes	No
1	Were substantially all (90% or m	ore) dues received nondeductible by members?		1		No
2	Did the organization make only ii	n-house lobbying expenditures of \$2,000 or less?		2		No
3	Did the organization agree to car	ry over lobbying and political expenditures from the prior year?		3	Yes	
Par		ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				)(6)
1	Dues, assessments and similar a	mounts from members	1		44,82	24,540
2	Section 162(e) nondeductible lob expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).				
а	Current year		2a			37,508
b	Carryover from last year		2b			02,052
C	Total		2c		8,13	35,456
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		13,10	02,992
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does wer to the reasonable estimate of nondeductible lobbying and political	4			
5	Taxable amount of lobbying and	political expenditures (see instructions)	5		-4,96	57,536
Pa	art IV Supplemental Info	ormation	•	•		
		Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	Part II-	-A, lines 1 a	nd 2 (se	ee
	Return Reference	Explanation		•		

THE ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES DURING THE TAX YEAR CONSISTED OF INDEPENDENT ADVERTISING CAMPAIGNS IN SUPPORT OF VARIOUS CANDIDATES FOR PUBLIC OFFICE

FOR LOBBY REPORTING WE ADDED AN ADDITIONAL \$1,107,682 OF SERVICE MEMBERSHIPS WHICH IS INCLUDED IN PART VIII LINE 2D "DUES AND FEE ARRANGEMENTS AND \$2,708,940 OF NON-DEDUCTIBLE SPECIAL ASSESSMENTS WHICH IS INCLUDED IN PART VIII, LINE 2F "ALL OTHER PROGRAM SERVICE FEE

e 3, is	
	44,824,540
	10,137,508
	-2 002 052

Schedule C (Form 990 or 990EZ) 2018

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(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 <u>www.irs.gov/Form990</u> for the latest information.

**DLN: 93493194000040**OMB No 1545-0047

2018

Open to Public Inspection

Na ^ME	me of the organization ERICAN BANKERS ASSOCIATION				Emp	ployer identificat	ion nu	ımber
AIMI	ERICAN BAINNERS ASSOCIATION				52-1	1001304		
Pa	art I Organizations Maintaining Donor Advi	sed Funds or Ot	her S	imilar Funds o	or Acc	counts.		
	Complete if the organization answered "Ye	es" on Form 990, l				(b)Funds and oth	or 266	ounte
	Total number at end of year	(a) Dollor	auvist	eu Turius		(b) unus and ou	iei acc	ounts
,	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor adviso	ere in writing that the	2550	ts hold in donor as	hucod	funds are the		
•	organization's property, subject to the organization's ex			is field in dollor ac	iviseu	iulius are tile	☐ Y	es 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						□ Y <sub>6</sub>	es 🗆 No
Pa	rt II Conservation Easements. Complete if th	ne organization ar	nswere	ed "Yes" on Fori	n 990	), Part IV, line 7		
	Purpose(s) of conservation easements held by the organ					,		
	Preservation of land for public use (e.g., recreation	,			histor	rically important la	nd area	a
	Protection of natural habitat	or dadeason,	_			d historic structure		-
				rieservacion or a	certifie	a mistoric structur	=	
	☐ Preservation of open space	16.1			,			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on con	tribution in the fo	rm of a	a conservation  Held at the Ei	nd of t	he Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified histori	ıc structure ıncluded	ın (a)		2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after 7/25/06, a	and no	t on a historic	2d			
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extingu	ııshed,	or terminated by	the or	ganızatıon durıng	the	
ŀ	Number of states where property subject to conservation	on easement is locat	ed <b>▶</b> _			_		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	he periodic monitorii s?	ng, ins	pection, handling	of viola	ations,	s [	□No
,	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vio	olation	s, and enforcing c	onserv	ation easements d	urıng t	he year
,	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violatio	ns, and	d enforcing conser	vation	easements during	the ye	ear
ı	Does each conservation easement reported on line 2(d)	ahove satisfy the r	anurer	ments of section 1	70(h)(	4)(B)(ı)		
	and section 170(h)(4)(B)(II)?	, above satisfy the re	oquii ci	Tremes or Section 1	, = ()(	☐ <b>Y</b> e:	s [	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org						
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica			er Si	milar Assets.		
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	L6 (ASC 958), not to public exhibition, ed	repor	t in its revenue sta on, or research in f				ks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items							
(	(i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		
(i	ii)Assets ıncluded ın Form 990, Part X					<b>&gt;</b> \$		
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS				ncıal g	gain, provide the		_
а	Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		

**b** Assets included in Form 990, Part X

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, F	listori	cal T	reası	ires, oi	Other	Similar A	ssets (co	ntınued)	
3		the organization's acq (check all that apply)	uisition, accessior	n, and other	r records,	check	any of	the fo	llowing t	hat are	a significant i	use of its o	collection	
а		Public exhibition				d		Loan	or excha	ange pro	grams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4	Provi Part :	de a description of the o	organization's col	lections and	d explain	how the	ey furtl	ner the	e organız	ation's e	exempt purpo	se in		
5		ig the year, did the orga is to be sold to raise fur									mılar	☐ Yes	□ No	
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			on For	m 990	, Part	IV, lı	ne 9, oi	report	ed an amou	ınt on Fo	rm 990, Pa	rt
1a		e organization an agent ded on Form 990, Part )		an or other	ıntermed	iary for	contri	bution	s or othe	er assets	s not	☐ Yes	□ No	
ь	If "Y∈	es," explain the arrange	ment in Part XIII	and comple	ete the fo	llowing	table				A	mount		
c		nning balance		,					l	1c				
d	Addıt	ions during the year							l	1d				
е		butions during the year	•						l	1e				
f		ng balance								1f				
2a	Dıd tl	he organization include	an amount on Fo	rm 990, Pa	rt X, lıne	21, for	escrov	or cu	Istodial a	ccount l	ıabılıty?	☐ Yes	□ No	
b		es," explain the arrange										_		
Pa	rt V	Endowment Fund							•					
			·	(a)Currer			rior yea				(d)Three yea		<b>e)</b> Four years b	ack
<b>1</b> a	Beginn	ing of year balance .												
b	Contrib	outions												
c	Net inv	estment earnings, gair	s, and losses											
d	Grants	or scholarships	•											
e		expenditures for facilitie	es											
f	Admını	strative expenses .												
g	End of	year balance												
2	Provi	de the estimated percei	ntage of the curre	nt year end	d balance	(line 1	g, colu	mn (a	)) held a	s	•			
а	Board	d designated or quasi-e	ndowment <b>&gt;</b>											
ь	Perm	anent endowment 🕨												
С	Temp	orarily restricted endov	vment ▶											
·		ercentages on lines 2a,		ld equal 10	0%									
3а	Are tl	here endowment funds nization by				ion tha	t are h	eld an	d admını	stered f	or the		Yes N	lo
	(i) uı	nrelated organizations										3a(	i)	
		elated organizations .										3a(	-	
ь		es" on 3a(II), are the rel	_		•			<sup>?</sup> .				31:	<u> </u>	
4		ribe in Part XIII the inte			n's endov	wment	tunds							
Pa	rt VI	Land, Buildings, Complete if the org			" on For	m 000	Dart	T\/ li	no 11a	Soo Ed	orm 000 Da	rt V Juno	10	
	Descri	ption of property	(a) Cost or oth (investme	er basıs	<b>(b)</b> Cost						depreciation		) Book value	
	Land													
		gs												
		old improvements					11,0	56,342			8,753,105		2,31	3,237
		nent						, 12,742			3,670,439		•	72,303
	Other	1						10,917			4,363,218			77,699
		lines 1a through 1e (Co	olumn (d) must ed	qual Form 9	1. 990, Part .	X, colui			10(c)) .		<b>&gt;</b>			3,239
		<u> </u>		<u> </u>			. ,				Sch	edule D (	(Form 990)	

Part VII Investments—Other Securities. Complete if the	ne organization ar	nswered "Yes" on Form	990. Part IV. line 11b.
See Form 990, Part X, line 12.			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Bool value	Cost or end	thod of valuation I-of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on F	Form 990 Part IV	line 11c See Form 99	IN Part V line 13
(a) Description of investment	(b) Book val	ue (c) Me	thod of valuation
(1)		Cost or end	d-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered	l 'Yes' on Form 990,	Part IV, line 11d See For	
(1) RECEIVABLES FROM RELATED ORGANIZATION			<b>(b)</b> Book value 4,180,788
(2) LIFE INSURANCE POLICIES			27,044,538
(3) COURSEWARE DEVELOPMENT (4) SECURITY DEPOSIT			1,108,035 57,800
(5) CASH ADVANCES			58,488
(6) METROCHECK			14,805
(7) OTHER ASSETS			75,000
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization a	nswered 'Yes' on	Form 990, Part IV, line	32,539,454 e 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	/ /h	) Book value	
(1) Federal income taxes	- 1	) Book value	
ACCRUED PENSION LIABILITY		104,026,749	
DEFERRED RENT AND LEASE INCENTIVES		6,230,746	
DEFERRED COMPENSATION		5,726,760	
PAYABLES TO RELATED ORGANIZATION		734,241	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b> </b>	116,718,496	
2. Liability for uncertain tax positions. In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7)			
organization a hability for differential tax positions under 1 IN 40 (ASC 7	10) CHECK HEIE II I	e text of the foothole lid	S SCON PROVIDED IN FAIT ATT

Part XI

2

1

2

c

d

e 3

> b c

5

Part XIII

4

Schedule D (Form 990) 2018

Page 4

-9,168,924

348,922

135,325,103

157,308,935

37,862,913

119,446,022

519.839

119.965.861

Schedule D (Form 990) 2018

134,976,181

_				-	_
С	Recoveries of prior year grants	5 .	•		
d	Other (Describe in Part XIII )				

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . h

2c 2d

Add lines 2a through 2d . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

3 Other (Describe in Part XIII ) . . . . . .

4 Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines **4a** and **4b** . . . . . . . . . . . c 5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Donated services and use of facilities . . .

Prior year adjustments . . . . . .

Subtract line 2e from line 1 . . . . .

**Supplemental Information** 

Other (Describe in Part XIII ) . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Part XII

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4h

2a 2b

2c

2d

4a

4h

Explanation

2a

2b

519,839 -170.917

37,862,913

519.839

-11,356,657

2,187,733

40

2e

3

4c

5

2e

3

1

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 52-1001304

Name: AMERICAN BANKERS ASSOCIATION

Explanation

ABA, ABASA AND BAFT ARE CLASSIFIED FOR TAX PURPOSES AS TAX-EXEMPT BUSINESS LEAGUES UNDER S

### **Supplemental Information**

PART X, LINE 2

Return Reference

ECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC) ABACEF IS EXEMPT UNDER SECTION 501(C)
(3) OF THE IRC AND IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION THER
FORE, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR THESE ENTITIES IN THE ACCOMPANY
ING CONSOLIDATED FINANCIAL STATEMENTS, EXCEPT FOR THAT RESULTING FROM THE ASSOCIATION'S UN
RELATED BUSINESS INCOME UNRELATED BUSINESS INCOME TAX EXPENSE WAS APPROXIMATELY \$434,000
FOR THE YEAR ENDED AUGUST 31, 2019 BANKPAC IS TAXED AT STATUTORY RATES ON ITS INVESTMENT
INCOME, NET OF CERTAIN EXPENSES POLITICAL CONTRIBUTIONS RECEIVED ARE EXEMPT FROM INCOME T
AXES UNDER IRC SECTION 527 BANKPAC HAD NO INCOME TAXES FOR THE YEAR ENDED AUGUST 31, 2019
CAB IS A SINGLE MEMBER LLC FOR FEDERAL AND STATE INCOME TAX PURPOSES, AND AS SUCH, IS TR
EATED AS A DISREGARDED ENTITY FOR INCOME TAX REPORTING PURPOSES THE FEDERAL AND STATE INC
OME TAXES OF CARD ARE FILED ON A STAND-ALONE BASIS CARD HAD NO INCOME TAX EXPENSE FOR THE
YEAR ENDED AUGUST 31, 2019 CBM IS A MULTI-MEMBER LLC AND FILES A DISTRICT OF COLUMBIA RE
TURN AND PAID THE MINIMUM TAX OF \$250 CAB IS TAXED ON ITS PROPORTIONAL SHARE OF FEDERAL I
NCOME REPORTED BY CBM MANAGEMENT EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED
THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE C
ONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY
, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STA
TE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2016
•

Supplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS	ELIMINATION ENTRY BETWEEN ABA AND CAB 2,187,733						

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON PART VIII LINE 10B -170,917

Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER ELIMINATION ENTRY BETWEEN ABA AND CAB 2,207,866 COST OF GOODS SOLD REPORTED ON PART VIII LINE 10B 170,917 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC 35,484,130 ADJUSTMENTS

DLN: 93493194000040 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number AMERICAN BANKERS ASSOCIATION 52-1001304 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>					
Part IIII Grants and Other Assi Part III can be duplicate			als. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22						
(a) Type of grant or assistar		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 I	nformation.	Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	additional information.					
Return Reference	Explanation										
PART I, LINE 2	ABA MAINTAIN	BA MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF THE CHARITABLE CONTRIBUTIONS AS SHOWN ON PART II THE RECIPIENTS ARE SECTION 501(C)(3)									

ENTITIES AND ARE THUS ELIGIBLE FOR CHARITABLE CONTRIBUTIONS

Schedule I (Form 990) 2018

## **Additional Data**

COMMUNITY FOUNDATION

NORTH CAROLINA BANKERS

ASSOCIATION FOUNDATION

190 COHASSET ROAD CHICO, CA 95926

3601 HAWORTH DRIVE RALEIGH, NC 27609

# Software ID: Software Version: **EIN:** 52-1001304

56-1391773

Name: AMERICAN BANKERS ASSOCIATION

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

or government		ii applicable	grant	assistance	other)	
GOLDEN VALLEY BANK	20-8398003	501(C)(3)	15,000			

501(C)(3)

cach

(g) Description of

(h) Purpose of grant

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation if applicable (hook FMV appraisal organization grant non-cash assistance

101,400

or assistance

CA CAMP FIRE RELIEF

HURRICANE FLORENCE

DONATION

DONATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TRECOUNTIES DANK 04 2702041 15 000 CA CAMP FIRE RELIEF

63 CONSTITUTION DR CHICO, CA 95973					
EMPLOYEE DISASTER FUND	94-2/92841	15,000		1	DONATION

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

SAN FRANCISCO, CA 94108

UNITED WAY BAY AREA 501(C)(3) 15.000 ICA CAMP FIRE RELIEF 94-1312348 550 KEARNY ST STE 1000 DONATION

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance VOLUNTEER FLORIDA 01-0973168 501(C)(3) 100.000 IHURRICANE MICHAEL FOUNDATION DONATION

3800 ESPLANADE WAY STE 180 TALLAHASSEE, FL 32311					
JEFFREY & DIANA OWEN SCHOLARSHIP FOR EMERGING COMMUNITY BANK LEADERS INC	82-3857091	501(C)(3)	50,000		SCHOLARS DONATION

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

RSHIP FUND 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST OLAF COLLEGE 41-0693979 501(C)(3) 15.000 THE MARK W OLSON 1520 ST OLAF AVE IENDOWED SCHOLARSHIP

NORTHFIELD, MN 55057 NCSL FOUNDATION FOR 74-2232576 501(C)(3) 11.197 STATE LEGISLATURES 444 N CAPITOL ST NW SUITE

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

2019 SPONSORSHIP 515 WASHINGTON, DC 20001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 47-0769903 501(C)(3) 25.000 NEBRASKA COMMUNITY NEBRASKA FLOOD FOUNDATION RECOVERY EFFORT 8100 SOUTH 15TH STREET SUITE A LINCOLN, NE 68512

MS WALK 2019

5,290

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

501(C)(3)

13-5661935

NATIONAL MULTIPLE

SCLEROSIS SOCIETY

SOUTH

1800 M STREET NW SUITE 750

WASHINGTON, DC 20006

efil	e GRA	PHIC pr	rint - DO NOT PROCESS As Filed Data -		DLN: 934	9319	4000	040
	edul	le J	Compensation Infor	mation	ОМ	lB No	1545-(	0047
(Form 990)  Department of the Treasury			For certain Officers, Directors, Trustees, Key Compensated Employe ► Complete if the organization answered "Yes" o ► Attach to Form 990 ► Go to <u>www.irs.gov/Form990</u> for instructions		2018 Open to Public			
		ie Service ne organiza	ation	Employe	er identificat		ectio	n
			SSOCIATION			ion ni	illibei	
		01:	- Baradia Garagasia	52-1001	304			
Pa	rt I	Questic	ons Regarding Compensation				Yes	Na
1a	Check 990, F	the appro Part VII, Se	opiate box(es) if the organization provided any of the following section A, line 1a Complete Part III to provide any relevant info	to or for a person listed on Form rmation regarding these items	1		res	No_
	_			ance or residence for personal i				
			·	business use of personal reside	nce			
				al club dues or initiation fees				
	ш	Discretion	nary spending account LJ Personal serv	ices (e g , maid, chauffeur, chef	)			
b			xes in line 1a are checked, did the organization follow a written all of the expenses described above? If "No," complete Part III t		mbursement	<b>1</b> b	Yes	
2			ation require substantiation prior to reimbursing or allowing exp			2	Yes	
	airecti	ors, truste	ees, officers, including the CEO/Executive Director, regarding the	e items checked in line 1a?				
3	organ	ızatıon's C	If any, of the following the filing organization used to establish the EEO/Executive Director Check all that apply Do not check any bed organization to establish compensation of the CEO/Executive	ooxes for methods				
	<b>✓</b>	Compensa	ation committee	yment contract				
	<b>✓</b>	•	·	n survey or study				
		Form 990	of other organizations 🗹 Approval by t	he board or compensation comr	nittee			
4		g the year, d organiza	r, did any person listed on Form 990, Part VII, Section A, line 1a ation	, with respect to the filing organ	nization or a			
а	Receiv	ve a sever	rance payment or change-of-control payment?			4a	Yes	
ь			r receive payment from, a supplemental nonqualified retiremen	t plan?		4b	Yes	
c			r receive payment from, an equity-based compensation arrange	·		4c		No
	If "Yes	s" to any c	of lines 4a-c, list the persons and provide the applicable amount	s for each item in Part III				
	-		), $501(c)(4)$ , and $501(c)(29)$ organizations must comple					
5			ed on Form 990, Part VII, Section A, line 1a, did the organizatio ontingent on the revenues of	n pay or accrue any				
а	The o	rganızatıor	n <sup>?</sup>			5a		
b		elated orga				5b		
	If "Yes	s," on line	5a or 5b, describe in Part III					
6			ed on Form 990, Part VII, Section A, line 1a, did the organizatio ontingent on the net earnings of	n pay or accrue any				
а	The o	rganızatıor	n <sup>?</sup>			6a		
b		elated orga				6b		
	If "Yes	s," on line	6a or 6b, describe in Part III					
7			ed on Form 990, Part VII, Section A, line 1a, did the organizatio lescribed in lines 5 and 6? If "Yes," describe in Part III	n provide any nonfixed		7		
8		ct to the in	ints reported on Form 990, Part VII, paid or accured pursuant to nitial contract exception described in Regulations section 53 495			8		
9		s" on line 8 58-6(c)?	8, did the organization also follow the rebuttable presumption p	rocedure described in Regulatio	ns section	9		
For F	Panerw	ork Redu	uction Act Notice, see the Instructions for Form 990.	Cat No 50053T	Schedule J	(Form	990)	2018

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total				1			
(A) Name and Title		akdown of W-2 and/o compensation		and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
	(i) Base compensation	(ii) n Bonus & Incentive compensation	(iii) Other reportable compensation	compensation		(D)(I)-(D)	reported as deferred on prior Form 990
See Additional Data Table		<u> </u>					
					'		
					,	,	
		+					
					<u> </u>		
		+		+	<u> </u>	<u> </u>	
				+	-	<u> </u>	
				+	<u>'</u>	<u> </u>	
					<u> </u>	<u> </u>	
					<u> </u>	<u> </u>	
					!	<u> </u>	
					,	'	
					,	,	
					7	,	
						<u>'</u>	
		+			<u> </u>		
<u> </u>	+	+				<u> </u>	

Schedule J (Form 990) 2018	Page 3									
Part III Supplemental Information										
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									
PART I, LINE 1A	FIRST-CLASS TRAVEL & TRAVEL FOR COMPANIONS CERTAIN OFFICERS OF THE ORGANIZATION (FIVE IN TOTAL) ARE ALLOWED TO FLY FIRST CLASS AND MAY BRING A COMPANION AT THEIR DISCRETION. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. CERTAIN MEMBERS OF EXECUTIVE LEADERSHIP INVOLVED IN									

PAID TO THE EXECUTIVE SOCIAL CLUB DUES SOCIAL CLUB DUES ARE PROVIDED FOR BUSINESS USE ONLY

SERP'S (DESCRIBED IN 4B BELOW) HAVE VESTED BUT UNPAID AMOUNTS INCLUDED IN COMPENSATION A GROSS UP OF 12 25% OF THE TAXABLE AMOUNT IS

Return Reference	Explanation
	PAUL KATZ RECEIVED SEVERANCE PAYMENT IN THE AMOUNT OF \$230,844 THIS IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) THE ASSOCIATION PROVIDES NON-QUALIFIED RETIREMENT BENEFITS TO THE EXECUTIVE LEADERSHIP DESIGNED AS BENEFIT RESTORATION FOR THE QUALIFIED DEFINED
	BENEFIT AND DEFINED CONTRIBUTION PLANS SPONSORED BY THE ASSOCIATION THE FOLLOWING OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES PARTICIPATED IN A NONQUALIFIED SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN AND/OR A SUPPLEMENTAL LIFE INSURANCE PLAN WITH ACCRUED PRESENT VALUE ESTIMATED BENEFITS FOR THE YEAR - ROBERT S NICHOLS \$265,800 - ROBERT G EADY \$88,172 - NAOMI G CAMPER \$500 - PETER COOK
	\$20,000 - ALETHIA BAGGETT \$14,500 - WAYNE ABERNATHY \$265,468 - JAMES G EDRINGTON \$145,936 - ROBERT SCHMERMUND \$1,118 - DAWN CAUSEY \$50,144 - ROBERT R DAVIS \$4,325 - JAMES BALLENTINE \$378,600 - KENNETH CLAYTON \$162,379 - JIM CHESSEN \$178,764 FOLLOWING EMPLOYEES RECEIVED A PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR THE CALENDAR YEAR 2018 - ROBERT G EADY \$128,128 - WAYNE ABERNATHY
	\$205,332 - JAMES G EDRINGTON \$166,264 - ROBERT SCHMERMUND \$14,582 - DAWN CAUSEY \$161,356 - ROBERT R DAVIS \$26,775 - KENNETH CLAYTON \$97,021 - JIM CHESSEN \$9,236 - PAUL KATZ \$111,702

1 (Form 990) 2018 Schedule 1

Software ID:

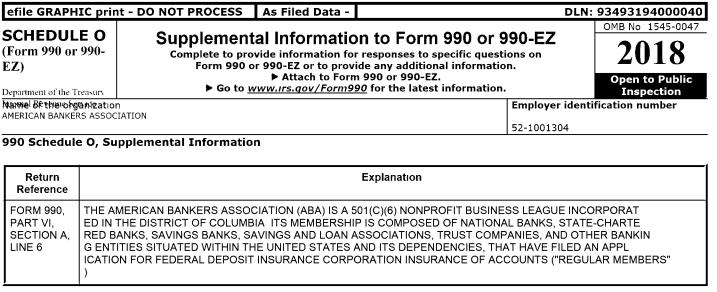
**Software Version:** 

**EIN:** 52-1001304

Name: AMERICAN BANKERS ASSOCIATION

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
ROBERT S NICHOLS PRESIDENT AND CEO	(1)	1,739,099	1,050,000	42,683	282,300	31,878	3,145,960	0	
ROBERT G EADY	(1)	451,158	67,800	150,116	350,872	15,911	1,035,857	118,878	
CHIEF FINANCIAL OFFICER	, <u>,</u>			130,110		13,911	1,033,637		
NAOMI CAMPER	(II)	334,699	19,700	2,744	17,000	27,957	402,100	0	
CHIEF POLICY OFFICER	(II)	0		2,/ + +			402,100		
PETER C COOK	(1)	398,946	81,200	3,636	36,500	27,167	547,449	0	
CHIEF COMMUNICATION OFFICER	(11)	0							
ALETHIA BAGGETT	(1)	343,671	71,300	13,963	31,000	25,860	485,794	0	
CHIEF HR OFFICER	(11)	0	0	0	0	0	0	0	
WAYNE ABERNATHY EXECUTIVE VICE	(1)	590,624	119,600	240,578	519,668	33,979	1,504,449	168,032	
PRESIDENT	(11)	0	0	0	0	0	0	0	
JAMES G EDRINGTON EXECUTIVE VICE	(1)	447,724	90,300	196,704	410,736	32,585	1,178,049	103,877	
PRESIDENT	(11)	0	0	0	0	0	0	0	
EXECUTIVE VICE	(1)	356,913	72,400	23,579	17,618	22,889	493,399	17,486	
PRESIDENT	(11)	0	0	0	0	0	0	0	
DAWN CAUSEY GENERAL COUNSEL	(1)	409,352	61,900	188,677	359,344	23,312	1,042,585	144,550	
	(11)	0	0	0	0	0	0	0	
ROBERT R DAVIS EXECUTIVE VICE	(1)	490,099	74,700	44,638	20,825	30,861	661,123	27,679	
	(11)	0	0	0	0	0	0	0	
JAMES BALLENTINE EXECUTIVE VICE	(1)	420,345	85,000	4,108	716,900	27,687	1,254,040	0	
PRESIDENT	(11)	0	0	0	0	0	0	0	
KENNETH CLAYTON EXECUTIVE VICE	(1)	326,436	51,000	114,111	641,779	28,892	1,162,218	119,736	
PRESIDENT	(11)	0	0	0	0	0	0	0	
JIM CHESSEN EXECUTIVE VICE PRESIDENT	(1)	366,664 	55,700 	25,463	722,364 	24,002	1,194,193	0	
JEFFREY OWEN	(II)	0	0	0	0	0	0	0	
FORMER CHIEF OPERATING OFFICER	(I) (	111,290	0	316,071	784,574 	0	1,211,935	0	
CHRISTINE WALIKA	(II)	135,388	0	0 37,789	0 343,573	0	0 516,750		
FORMER EXECUTIVE VICE PRESIDENT	<u>.</u>	155,500		37,789 	343,5/3		310,/50		
PAUL KATZ	(II)	38,781	0	0 371,988	0 52,049	0	0 462,818	88,266	
FORMER EXECUTIVE VICE PRESIDENT	(II)	0					402,818		
	\"/	0	0	0	0	0	<u> </u>	0	



Return Explanation

Reference

LINE 7A

FORM 990,	MEMBERS OF THE ABA ANNUALLY ELECT THE ORGANIZATION'S OFFICERS AND BOARD OF DIRECTORS, WHICH ACTS
PART VI,	AS THE ASSOCIATION'S GOVERNING BODY
SECTION A,	

Return Explanation
Reference

FORM 990,	IN ADDITION TO THE ANNUAL ELECTIONS, MEMBERS VOTE ON MAJOR CORPORATE ACTIONS SUCH AS A MER
PART VI,	GER OR ACQUISITION AND IN THE EVENT OF A POSSIBLE DISSOLUTION
SECTION A,	
LINE 7B	

Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ABA'S MANAGEMENT, WHICH INCLUDES CERTIFIED PUBLIC ACCOUNTANTS, CONDUCTED SEVERAL INTERNAL REVIEWS OF THE FORM 990 RETURN PREPARED BY OUTSIDE ACCOUNTING FIRM A COPY OF THE FORM 990 INCLUDING ALL REQUIRED SCHEDULES WAS PROVIDED TO THE AUDIT COMMITTEE OF THE ABA IN ELECTR ONIC FORM PRIOR TO ITS FILING WITH THE IRS PER ABA BOARD ADOPTED POLICY, THE AUDIT COMMITTEE WAS DELEGATED THE RESPONSIBILITY FOR REVIEWING THE TAX RETURN IN ADVANCE OF ITS FILING THE AUDIT COMMITTEE REPORTS TO THE ASSOCIATION'S GOVERNING BODY AND IS COMPRISED OF BOAR D OF DIRECTOR MEMBERS

Evolunation

# 990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,
PART VI,
SECTION B,
LINE 12C

ABA MONITORS AND ENFORCES ITS CONFLICTS OF INTEREST POLICY BY, AT LEAST ANNUALLY, HAVING E
ACH OFFICER, MEMBER OF THE BOARD OF DIRECTORS, AND ALL EMPLOYEES ATTEST BY SIGNATURE THAT
THEY HAVE READ, UNDERSTAND, AND ARE IN COMPLIANCE WITH THE POLICY ON AN ANNUAL BASIS, THE
BOARD IS PROVIDED A COPY OF THE POLICY, OFFERED AN OPPORTUNITY TO DISCUSS ITS REQUIREMENT
S, AND HAVE ANY QUESTIONS ANSWERED STAFF ATTENDS THE MEETINGS OF THE BOARD IN ORDER TO MO
NITOR COMPLIANCE WITH THE REQUIREMENTS AND THAT THE MINUTES OF THE MEETINGS FAIRLY REPRESE
NT THE DISCUSSIONS OF THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ABA'S COMPENSATION COMMITTEE, COMPRISED OF BOARD OF DIRECTOR MEMBERS, IS RESPONSIBLE FOR R EVIEWING THE COMPENSATION OF THE ASSOCIATION'S CEO, ITS OTHER OFFICERS AND ITS KEY EMPLOYE ES AND MAKES THE FINAL COMPENSATION RECOMMENDATION TO THE BOARD OF DIRECTORS, WHICH HAS FI NAL APPROVAL THE PROCESS USED BY THE COMPENSATION COMMITTEE IS MADE IN CONJUNCTION WITH A N OUTSIDE INDEPENDENT CONSULTING FIRM THAT CONDUCTED A COMPREHENSIVE COMPENSATION STUDY FO R THE ASSOCIATION THE METHODOLOGY USED INCLUDED THE FOLLOWING - UTILIZING SALARY SURVEYS , INCLUDING THOSE FROM MERCER, WATSON WYATT, PRM CONSULTING, QUATT ASSOCIATES AND ASAE, JO BS WERE BENCHMARKED TO COMPARABLE POSITIONS - THE OUTSIDE COMPENSATION CONSULTING FIRM RE VIEWED APPLICABLE MARKET DATA AND THE BENCHMARKED POSITION INFORMATION AND DEVELOPED A MAR KET-BASED PAY STRUCTURE - ADDITIONAL FACTORS CONSIDERED WERE POSITION REQUIREMENTS, ORGAN IZATIONAL IMPACT, AND JOB COMPLEXITY - MINUTES ARE KEPT OF THE COMPENSATION COMMITTEE'S D ELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

CONSULTANT 7.765.935 OUTSIDE SERVICES 6.067.079

FORM 990.

PART IX, LINE 11G

Return Explanation
Reference

FORM 990, PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -35,484,130
PART XI,
LINE 9

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

#### **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.

DLN: 93493194000040 OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICAN BANKERS ASSOCIATION

**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

Name, address, and EN (if applicable) of disreparded entry  Primary activity  (1) CORPORATION TOR AMERICAN BANKING LIC  (1) CORPORATION TOR AMERICAN BANKING LIC  (2) CORPORATION TOR AMERICAN BANKING LIC  (3) CORPORATION TOR AMERICAN BANKING LIC  (4) CORPORATION TOR AMERICAN BANKING LIC  (5) CORPORATION TOR AMERICAN BANKING LIC  (5) CORPORATION TOR AMERICAN BANKING LIC  (6) LOCATION  MARKETTING  DE  (7) 1,777,472  10,678,919 AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  Primary activity  (6) Logid domicil (state or five ground and the companization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organizations during the tax year.  (6) Logid domicil (state or five ground and the companization)  Name, address, and EN of related arganization  Primary activity  (6) Logid domicil (state or five ground and the companization)  (7) Name, address, and EN of related arganization  Primary activity  (8) Logid domicil (state or five ground and the companization)  (9) Logid domicil (state or five ground and the companization)  (9) Logid domicil (state or five ground and the companization)  (9) Logid domicil (state or five ground and the companization)  Part TV, line 34 because it had one or mit related tax-exempt organizations of mit ground and the companization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organization answered "Yes" on Form 990, Part TV, line 34 because it had one or mit related tax-exempt organization a	Part I Identification of Disregarded Entities Com	· -				/0		
Park 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 microscopic and the second of	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(d) Total income	(e) End-of-year assets	Direct controlling		
PORT 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.  (b) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	WASHINGTON, DC 20036	MARKETING	DE	3,777,472	10,678,919	AMERICAN BANKERS ASSOC	IATION	_
Related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Legal domicle (state or foreign country)  (f) seempt Code section (f) Public charity status (f) section 501(c)(3))  Direct controlling entity  (1) ABA COMMUNITY ENGAGEMENT FOUNDATION  EDUCATION  DC  501(C)(3)  LINE 12A, 1  AMERICAN BANKERS ASSOCIATION  WASHINGTON, DC 20036  82-1937815  (2) ABA SECURITIES ASSOCIATION  WASHINGTON, DC 20036  52-1935145  (3) BAFT INC  1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11-3042835  (4) INTERNATIONAL MONETARY CONFERENCE  1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11-3042835  (4) INTERNATIONAL MONETARY CONFERENCE  1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11-3042835  (5) BAY UPA  WASHINGTON, DC 20036  11-3042835  (6) SO1(C)(9)  AMERICAN BANKERS ASSOCIATION  N/A  N/A  WASHINGTON, DC 20036  12-10767808  (6) SO1(C)(3)  LINE 12A, 1  AMERICAN BANKERS ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  N/A  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  AMERICAN BANKERS ASSOCIATION	84-1/24126							_
Related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Legal domicle (state or foreign country)  (f) seempt Code section (f) Public charity status (f) section 501(c)(3))  Direct controlling entity  (1) ABA COMMUNITY ENGAGEMENT FOUNDATION  EDUCATION  DC  501(C)(3)  LINE 12A, 1  AMERICAN BANKERS ASSOCIATION  WASHINGTON, DC 20036  82-1937815  (2) ABA SECURITIES ASSOCIATION  WASHINGTON, DC 20036  52-1935145  (3) BAFT INC  1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11-3042835  (4) INTERNATIONAL MONETARY CONFERENCE  1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11-3042835  (4) INTERNATIONAL MONETARY CONFERENCE  1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11-3042835  (5) BAY UPA  WASHINGTON, DC 20036  11-3042835  (6) SO1(C)(9)  AMERICAN BANKERS ASSOCIATION  N/A  N/A  WASHINGTON, DC 20036  12-10767808  (6) SO1(C)(3)  LINE 12A, 1  AMERICAN BANKERS ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  N/A  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  N/A  ASSOCIATION  AMERICAN BANKERS ASSOCIATION								_
related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  Rame, address, and EIN of related organization  (b)  Legal domicle (state or foreign country)  Exempt Code section (if section 501(c)(3))  LINE 12A, 1  AMERICAN BANKERS ASSOCIATION  DC  (1)ABA COMMUNITY ENGAGEMENT FOUNDATION  EDUCATION  DC  501(C)(3)  LINE 12A, 1  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  DE  501(C)(6)  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  WASHINGTON, DC 20036  52-1935145  (4)INTERNATIONAL MONETARY CONFERENCE  11:20 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11:3642835  (4)INTERNATIONAL MONETARY CONFERENCE  11:20 CONNECTICUT AVE NW  WASHINGTON, DC 20036  23-244320  (5)ABA VEBA  11:20 CONNECTICUT AVE NW  WASHINGTON, DC 20036  11:3642835  C(4)INTERNATIONAL MONETARY CONFERENCE  11:20 CONNECTICUT AVE NW  WASHINGTON, DC 20036  23-2744320  (5)ABA VEBA 11:20 CONNECTICUT AVE NW  WASHINGTON, DC 20036  23-2746320  (6)ABA VEBA 11:20 CONNECTICUT AVE NW  WASHINGTON, DC 20036  23-2746320  (6)ABA VEBA 11:20 CONNECTICUT AVE NW  WASHINGTON, DC 20036  23-2746320  EDUCATIONAL ACTIVITIES  DC  501(C)(3)  LINE 12A, 1  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  AMERICAN BANKERS ASSOCIATION								_
Name, address, and EIN of related organization  Primary activity Legal domicile (state or freign country)  Primary activity Legal domicile (state or freign country)  Primary activity Legal domicile (state or freign country)  Public charity status (if section 501(c)(3))  Public charity status (if section 501(c)(3))  LINE 12A, I  AMERICAN BANKERS ASSOCIATION  DE S01(C)(6)  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  DE S01(C)(6)  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  DE S01(C)(6)  AMERICAN BANKERS ASSOCIATION  AND COMMERCITION AND COMMERCENT AND COM			anızatıon answered '	 'Yes" on Form 99	0, Part IV, line 34	because it had one or	more	_
MASHINGTON, DC 20036 83-0397856  (2) ABA SECURITIES ASSOCIATION ADVOCACY DE 501(C)(6) AMERICAN BANKERS ASSOCIATION  WASHINGTON, DC 20036 11-3642835 AMERICAN BANKERS ASSOCIATION  MASHINGTON, DC 20036 11-3642835 AMERICAN BANKERS ASSOCIATION  MASHINGTON, DC 20036 11-3642835 DC 501(C)(6) AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  MASHINGTON, DC 20036 11-3642835 DC 501(C)(6) AMERICAN BANKERS ASSOCIATION  M/A  WASHINGTON, DC 20036 11-3642835 DC 501(C)(9) AMERICAN BANKERS ASSOCIATION  M/A  WASHINGTON, DC 20036 11-3642835 DC 501(C)(9) AMERICAN BANKERS ASSOCIATION  MASHINGTON, DC 20036 11-3642835 DC 501(C)(9) AMERICAN BANKERS ASSOCIATION  MASHINGTON, DC 20036 11-3642835 DC 501(C)(9) AMERICAN BANKERS ASSOCIATION  ASSOCIATION  MASHINGTON, DC 20036 11-3642835 DC 501(C)(3) LINE 12A, I AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  AMERICAN BANKERS ASSOCIATION	(a) Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code section	Public charity status	Direct controlling	Section (b) continued (continued	g) on 512 (13) rolled city?
83-0397856  (2)ABA SECURITIES ASSOCIATION  WASHINGTON, DC 20036 52-1935145  (3)BAFT INC 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 11-3642835  MAERICAN BANKERS ASSOCIATION  WASHINGTON, DC 20036 11-3642835  DC  S01(C)(6)  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  N/A  WASHINGTON, DC 20036 12-000000000000000000000000000000000000		EDUCATION	DC	501(C)(3)	LINE 12A, I		Yes	No
MASHINGTON, DC 20036  (3)BAFT INC 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  (4)INTERNATIONAL MONETARY CONFERENCE 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  (4)INTERNATIONAL MONETARY CONFERENCE 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  (5)ABA VEBA 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  (5)ABA VEBA 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  (5)ABA VEBA 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036  (6)  WASHINGTON, DC 20036  SETIREE BENEFITS  DC  DC  DC  DC  SO1(C)(9)  AMERICAN BANKERS ASSOCIATION  ASSOCIATION								
52-1935145  (3)BAFT INC 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036 11-3642835  (4)INTERNATIONAL MONETARY CONFERENCE 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036 11-3642835  (5)ABA VEBA 11-20 CONNECTICUT AVE NW WASHINGTON, DC 20036 23-7244320  WASHINGTON, DC 20036 52-1767808  (6) JEFFREY AND DIANA OWEN SCHOLARSHIP FOR EMERGING COMMUNITY BANK JEFFREY AND DIANA OWEN SCHOLARSHIP FOR EMERGING COMMUNITY BANK LEADERS INC		ADVOCACY	DE	501(C)(6)			Yes	
MASHINGTON, DC 20036 11-3642835  (4)INTERNATIONAL MONETARY CONFERENCE 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 23-7244320  (5)ABA VEBA 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 25-1767808  (6) JEFFREY AND DIANA OWEN SCHOLARSHIP FOR EMERGING COMMUNITY BANK LEADERS INC	52-1935145	EDUCATION ADVOCACY	DE	E01/C\/6\		AMERICAN DANKERS	Van	
11-3642835  (4)INTERNATIONAL MONETARY CONFERENCE 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 23-7244320  (5)ABA VEBA 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 3-7246320  C5)ABA VEBA 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 52-1767808  EDUCATIONAL ACTIVITIES  DC  DC  S01(C)(6)  AMERICAN BANKERS ASSOCIATION  ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION	1120 CONNECTICUT AVE NW	EDUCATION, ADVOCACY	DE	301(C)(6)			Yes	
WASHINGTON, DC 20036 23-7244320  (5)ABA VEBA 1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 52-1767808  EDUCATIONAL ACTIVITIES  DC  FOR SOI(C)(9)  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION  AMERICAN BANKERS ASSOCIATION	11-3642835 (4)INTERNATIONAL MONETARY CONFERENCE	INTERNATIONAL BANKING	DC	501(C)(6)				No
1120 CONNECTICUT AVE NW  WASHINGTON, DC 20036 52-1767808  EDUCATIONAL ACTIVITIES  DC  S01(C)(3)  LINE 12A, I  AMERICAN BANKERS ASSOCIATION  ASSOCIATION	WASHINGTON, DC 20036					N/A		
52-1767808 DC SOLICATION SCHOLARSHIP FOR EMERGING COMMUNITY BANK LEADERS INC SOLICATION A CACTIVITIES DC SOLICATIO		RETIREE BENEFITS	DC	501(C)(9)			Yes	
JEFFREY AND DIANA OWEN SCHOLARSHIP FOR EMERGING COMMUNITY BANK LEADERS INC  ASSOCIATION  LEADERS INC	52-1767808							
1120 CONNECTICUT AVE NW	JEFFREY AND DIANA OWEN SCHOLARSHIP FOR EMERGING COMMUNITY BAN		DC	501(C)(3)	LINE 12A, I		Yes	
WASHINGTON, DC 20036 82-3857091								

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income		(H Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) ral or aging ner?	(k) Percen owner	ntage
A COMMUNITY DANK HORTCACE I I C									Yes	No		Yes	-		
(1) COMMUNITY BANK MORTGAGE LLC L120 CONNECTICUT AVE NW WASHINGTON, DC 20036 84-1717504		SECONDARY MORTGAGE	DE	CAB	UNRELATE	ט	-28,130	86,434		No	-28,130		No	50 0	000 %
Part IV Identification of Related Org	anizations Tavable as	Cornoration	or Tru	st Complet	o if the o	ra 2 D.I	zation and	Swored "Ve	s" on l	Form (	00 Part IV	/ Jun	0.34		
because it had one or more rela	ted organizations treated	as a corporati	on or tr	ust during t	he tax ye	ear.			5 0111				C 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c Leg dom (state or coun	gal icile foreign	Direct	(d) controlling ntity	Type (C cor	of entity p, S corp, trust)	(f) Share of total Income		(g) e of end year assets	-of- Per	(h) centag nership		Section (b)(: contro entit	n 512 13) olled
(1)ABA CARD SOLUTIONS INC	BUSINESS SERVICES	DE	=	CORPOR	PATION	r		1,261,26	Ω	8,127,	454	000 %		Yes Yes	No
1120 CONNECTICUT AVE NW WASHINGTON, DC 20036 36-3515025	BUSINESS SERVICES	Di		FOR AM BANKIN	ERICA			1,201,20	5	0,127,	431 100		)	res	
						I			- 1					1	

Part V Transactions With Related Organizations Complete	f the organization answered "Yes" or	ı Form 990, Part IV, line 34, 35b, o	r 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					No	
1 During the tax year, did the organization engage in any of the following	ransactions with one or more related orga	nızatıons lısted ın Parts II-IV?	Г			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from	controlled entity		1	3	No	
${f b}$ Gift, grant, or capital contribution to related organization(s)			1	)	No	
${\bf c}$ $$ Gift, grant, or capital contribution from related organization(s) . $$ .			1		No	
$\boldsymbol{d}$ Loans or loan guarantees to or for related organization(s)			1	i l	No	
e Loans or loan guarantees by related organization(s)			1	2	No	
f Dividends from related organization(s)			1	f	No	
g Sale of assets to related organization(s)			1	;	No	
h Purchase of assets from related organization(s)			. 1	1	No	
i Exchange of assets with related organization(s)			<u>-</u>	i	No	
j Lease of facilities, equipment, or other assets to related organization(				i	No	
k Lease of facilities, equipment, or other assets from related organizati	n(s)			<b>(</b>	No	
I Performance of services or membership or fundraising solicitations for	related organization(s)		1		No	
<b>m</b> Performance of services or membership or fundraising solicitations by	elated organization(s)			n	No	
n Sharing of facilities, equipment, mailing lists, or other assets with rela	ed organization(s)			n Yes		
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				Yes		
<b>p</b> Reimbursement paid to related organization(s) for expenses			<u>1</u>	<b>)</b>	No	
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				Yes		
f r Other transfer of cash or property to related organization(s)				r	No	
$\boldsymbol{s}$ $$ Other transfer of cash or property from related organization(s) . $$ .			1	Yes		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						

See Additional Data Table (a) Name of related organization (c) Amount involved (d) Method of determining amount involved

(b) Transaction type (a-s)

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		(f) Share of total Income	(f) (g) Share of total end-of-year assets	(g) (h) Share of end-of-year assets  (h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018



#### **Additional Data**

(16)

(17)

(18)

(19)

(20)

ABA CARD SOLUTIONS INC (36-3515025)

ABA VEBA (52-1767808)

COMMUNITY BANK MORTGAGE LLC (84-1717504)

COMMUNITY BANK MORTGAGE LLC (84-1717504)

COMMUNITY BANK MORTGAGE LLC (84-1717504)

Software ID: Software Version:

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

**EIN:** 52-1001304

Name: AMERICAN BANKERS ASSOCIATION

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ABA COMMUNITY ENGAGEMENT FOUNDATION (83-0397856)	N	75,799	ALLOCATION
(1)	ABA COMMUNITY ENGAGEMENT FOUNDATION (83-0397856)	0	398,932	ALLOCATION
(2)	ABA COMMUNITY ENGAGEMENT FOUNDATION (83-0397856)	Q	731,109	ACTUAL/CASH
(3)	ABA SECURITIES ASSOCIATION (52-1935145)	N	29,154	ALLOCATION
(4)	ABA SECURITIES ASSOCIATION (52-1935145)	0	297,949	ALLOCATION
(5)	ABA SECURITIES ASSOCIATION (52-1935145)	Q	498,670	ACTUAL/CASH
(6)	ABA SECURITIES ASSOCIATION (52-1935145)	S	437,000	ACTUAL/CASH
(7)	BAFT INC (11-3642835)	N	291,535	ALLOCATION
(8)	BAFT INC (11-3642835)	0	2,299,824	ALLOCATION
(9)	BAFT INC (11-3642835)	Q	4,402,843	ACTUAL/CASH
(10)	BAFT INC (11-3642835)	S	4,399,284	ACTUAL/CASH
(11)	INTERNATIONAL MONETARY CONFERENCE (23-7244320)	N	76,239	ALLOCATION
(12)	INTERNATIONAL MONETARY CONFERENCE (23-7244320)	0	163,649	ALLOCATION
(13)	INTERNATIONAL MONETARY CONFERENCE (23-7244320)	Q	843,821	ACTUAL/CASH
(14)	ABA CARD SOLUTIONS INC (36-3515025)	N	55,432	ALLOCATION
(15)	ABA CARD SOLUTIONS INC (36-3515025)	0	209,402	ALLOCATION

Q

Ν

0

Q

Q

679,373

9,896

37,788

88,921

2,783,938

ACTUAL/CASH

ALLOCATION

ALLOCATION

ACTUAL/CASH

**ACCRUAL**