# Form **990**

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2020

Open to Public

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

pen to Public

Α	For the	he 2020	calendar year, or tax year beginning	ind ending			/30, <b>20</b> ZI	
В	Check if	applicable:	C Name of organization		D Employer ic			
_	_		MUNICIPAL SECURITIES RULEMAKING BOARD		52-10	12433	}	
	Add	iress nge	Doing business as					
L	Nan	ne change		Room/suite	E Telephone r			
	_	al return	1300 I STREET NW, STE 1000		(202) 8	38-15	500	
		al return/ ninated	City or town, state or province, country, and ZIP or foreign postal code					
	Ame retu	ended irn	WASHINGTON, DC 20005		<b>G</b> Gross receip		35,699	
L	App pen	dication ding	F Name and address of principal officer: MARK T. KIM		H(a) Is this a g subordinat		o for Yes	X No
			SAME AS C ABOVE, WASHINGTON, DC 20005		H(b) Are all subd		luded? Yes	No.
1_		exempt sta	7 (	527	If "No,"	attach a li	ist. See instruction	S
J	Webs	site: 🕨	WWW.MSRB.ORG		H(c) Group exe	_		
K	Form	of organ	nization: X Corporation Trust Association Other	L Year of fo	ormation: 1975 N	State c	of legal domicile	: VA
P	art I		mmary				l.	
	1	Briefly	$\prime$ describe the organization's mission or most significant activities: $\_{ t THE}$ ${ t MSE}$	RB PROTE	CTS INVESTO	RS, S	STATE AND	)
ce		LOC	AL GOVERNMENTS AND OTHER MUNICIPAL ENTITIES, AN	ND THE P	UBLIC			
Governance		INT	EREST BY PROMOTING A FAIR & EFFICIENT MUNICIPAI	L SECURI	TIES MARKET	•		
veri	2	Check	this box 🕨 🔙 if the organization discontinued its operations or disposed	of more than	25% of its net asse	ets.		
G	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		17.
Activities &	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		17.
itie	5	Total r	number of individuals employed in calendar year 2020 (Part V, line 2a)			5		124.
χį	6	Total r	number of volunteers (estimate if necessary)			6		0.
ĕ	7a		unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net ur	nrelated business taxable income from Form 990-T, Part I, line 11			7b		0.
			*		Prior Year		Current \	<b>Year</b>
a)	8	Contri	butions and grants (Part VIII, line 1h)		41,792,3	26.	32,083	,204.
nu	9		am service revenue (Part VIII, line 2g)		3,863,7	75.	2,983	8,823.
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,207,4	75.	631	,915.
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,9	26.		260.
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,866,5	02.	35,699	,202.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14		its paid to or for members (Part IX, column (A), line 4)			0.		0.
S	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		22,655,7	14.	23,093	,921.
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)			0.		0.
ē	b		iundraising expenses (Part IX, column (D), line 25) ▶ 0	10000				
û	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	- 1000	21,217,0	00.	18,070	,193.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,872,7		41,164	
	19		ue less expenses. Subtract line 18 from line 12		2,993,7		-5,464	
or	1.0		do loca oxpanisco. Cabillaci into la montinio 12, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Beginning of Current		End of Ye	
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)		83,153,6		78,531	,119.
Ass Bal	21		iabilities (Part X, line 26)		9,492,1		10,936	
und	22		sets or fund balances. Subtract line 21 from line 20		73,661,5		67,594	
	rt II		nature Block					
NAME OF TAXABLE PARTY.	THE RESERVE AND ADDRESS.		f perjury, I declare that I have examined this return, including accompanying schedule	s and statemer	nts, and to the best	of mv kr	nowledge and b	pelief, it is
			complete. Declaration of preparer (other than officer) is based on all information of which					
			Marl 9.7/-		0	\$10	8/2022	
Sig	n	s	ignature of officer		Date	1	0/ 4 44	
He	re	l N	MARK T. KIM CEO					
		_	ype or print name and title					
			Type preparer's name Preparer's signature	Date	Objects	; P	TIN	
Paid	t		VIS L PATTON	8/3/202	2 Check self-emplo	J 11	P003696	23
Pre	parer		- DD T CENTA MEDITOLICE COOPEDS TO THE					
Use	Only		name y		Firm's EIN ▶		114-1000	
Mar	, the		address ▶655 NEW YORK AVENUE, SUITE 1100 WASHINGTON, DC 20001 scuss this return with the preparer shown above? (see instructions).		T HOHO HO.		T., I	
				<del></del>	<del> </del>	<u></u>		No (2020)
ror	rape	rwork F	Reduction Act Notice, see the separate instructions.				Form 99	0 (2020)

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Х
	complete Schedule A	2		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Χ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		17	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	21
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	21	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
42-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a		12a	Х	
h	Schedule D, Parts XI and XII	124		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2 2

F	ad	P	4

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23	Х	
24 a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		- 4	
	persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If	23:19.9034	DREACHTEN	2004
-	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		Х
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		Χ
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		Χ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	002		
	related organization? If "Yes," complete Schedule R, Part V, line 2	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Χ
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	Х	
Part		55		
	Check if Schedule O contains a response or note to any line in this Part V			
	and the contraction of the contr		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Form	990 (2020)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 124		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- 21
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	52	(56,50) (63	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions?	- ou		
D	NOTE: The second	6b		
7	gifts were not tax deductible?	10 0		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No.	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year	120		
	The foot the different of tax exempt interest reserved of desired daring the year.	140		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		Action in the con-
а	Is the organization licensed to issue qualified health plans in more than one state?	104		44
h	Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
Б	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		566	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
			000	1 (0000

MUNICIPAL SECURITIES RULEMAKING BOARD 52-1042433 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 17 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Each committee with authority to act on behalf of the governing body?....... 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 on Schedule O. . . . . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X Χ 13 13 Χ 14 14 Did the organization have a written document retention and destruction policy?...... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?............ 16b Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\triangleright$   $\frac{DC}{I}$ 

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on 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 ▶ BONNIE MOYNIHAN 1300 I STREET NW, SUITE 1000 WASHINGTON, DC 20005 202-838-1500

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more erson	n de the both are is or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)LYNNETTE KELLY	0.									
FORMER CEO	0.						Х	823,874.	0.	0.
(2) NANETTE D. LAWSON	40.00							,		
COO (INTERIM CEO THRU 9/20)	0.			Х				649,248.	0.	65,252.
(3)MARK T. KIM	40.00									
PRESIDENT & CEO(COO THRU 9/20)	0.			Χ		2		614,415.	0.	57,520.
(4) JOHN A. BAGLEY	40.00									
CHIEF MARKET STRUCTURE OFFICER	0.				Χ			527,957.	0.	58,000.
(5) GAIL MARSHALL	40.00								*	
CHIEF REGULATORY OFFICER	0.				Χ			428,565.	0.	46,794.
(6) E. ADAM CUSSON	40.00									
CHIEF TECHNOLOGY OFFICER	0.				Χ			383,020.	0.	30,558.
(7) JACOB LESSER	40.00									
GENERAL COUNSEL	0.			Χ				328,498.	0.	28,195.
(8) LALITA HIRVE	40.00									
DEPUTY CHIEF TECHNOLOGY OFFCR	0.					X		299,427.	0.	52,770.
(9)SIMON WU	40.00									
CHIEF ECONOMIST	0.					Х		295,282.	0.	33,495.
(10) JOHN TOYE	40.00									
DEPUTY CHIEF TECHNOLOGY OFFCR	0.					Х		268,483.	0.	58,241.
(11)MARCELO VIEIRA	40.00							VICTOR 1800 - 1000 1000 100		
DIRECTOR, RESEARCH	0.					Х		279,947.	0.	30,723.
(12) SALLY KLEMPERER	40.00							071 000	_	26.050
SR. ASSOCIATE GENERAL COUNSEL	0.					Х		271,320.	0.	36,263.
(13) RONALD W. SMITH	40.00							265 222	^	26 207
CORPORATE SECRETARY	0.			X	_			265,000.	0.	36,397.
(14) OMER S. AHMED	40.00			37				225 710	0	E 6 107
CFO & TREASURER	0.			Χ				225,718.	0.	56,427.

	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employ	ees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson lirec	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E)  Reportat  compensatio  related  organizati	n from	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization and related organizations
(	15) SARA AHMADZAI ASSISTANT CORPORATE SECRETARY	40.00			Х				166,001.		0.	34,845
(	16) MALLORY BUCHER	0.										
,	ASST. CORP. SEC. (UNTIL 7/20)	0.						Х	118,475.		0.	23,123
(	17) JESSICA FAUCETTE  ASSISTANT CORPORATE SECRETARY	40.00			Х				90,781.		0.	15 <b>,</b> 928
(	18) EDWARD J. SISK	6.00			21				50,701.		· ·	13,920
	DIRECTOR, BOARD CHAIR	0.	Х		Χ				90,000.		0.	0
(	19) MANJU S. GANERIWALA DIRECTOR	4.00	Х						66,250.		0.	0
(	20) JULIA H. COOPER	4.00							,			
	DIRECTOR, BOARD VICE CHAIR	0.	Х		Χ				61,550.		0.	0
(	21) WILLIAM M. FITZGERALD, SR.  DIRECTOR (UNTIL 5/21)	4.00	17						E0 7E0		_	
(	22) JOSEPH P. DARCY	4.00	X						58,750.		0.	0
\	DIRECTOR	0.	Х						56,550.		0.	0
(	23) SEEMA MOHANTY	4.00										
1	DIRECTOR 24) DONNA M. SIMONETTI	4.00	X						56,550.		0.	0
(	DIRECTOR	0.	Χ						56,550.		0.	0
(	25) PATRICK BRETT	4.00										
	DIRECTOR	0.	Χ						56,250. 6,538,461.		0.	664,531.
	1b Sub-total								678,050.		0.	004,531.
	c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)							•	7,216,511.		0.	664,531.
	Total number of individuals (including but not reportable compensation from the organization      Did the organization list any former office)	er, directo	70 r, or	tru	stee	 e, l	cey e	mp	loyee, or highest	compensa	ted	Yes No
	<ul> <li>employee on line 1a? If "Yes," complete Schedular</li> <li>For any individual listed on line 1a, is the sorganization and related organizations graindividual</li></ul>	sum of rep eater than	ortab \$15	le c	om <sub> </sub>	pen <i>If</i>	satior <i>"Yes</i>	n ar	nd other compens complete Schedul	ation from le <i>J for si</i>	the uch	3 X 4 X
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	npens	satio	n f	rom	any	unr	elated organization	n or individ	ual	5 X
	Section B. Independent Contractors											
	<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>											
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompensation
	ATTACHMENT 1											
								-				

Form **990** (2020)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 12

Name and title	LE	rt VII Section A. Officers, Directors, Tru		у СП	pio	•		anu i	iigi			<b></b>	10.000
26  CAROLINE CRUISE		(A) Name and title	hours per week (list any hours for	box, office	ot ch unles	Pos neck ss pe d a d	more rson lirect	is both or/trust	an ee)	compensation from	compensation related organization	n from ons	compensation
DIRECTOR			organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated amployee	ormer		(W-2/1099-N	MISC)	from the organization and related organizations
DIRECTOR	26)		+	X						56,250.		0.	
28  BETH WOLCHOCK	27)		<b></b>	Х						55,300.		0.	
29) ANGELIA SCHMIDT	28)	BETH WOLCHOCK	+									0.	
30) CAROL KOSTIK  DIRECTOR  O. X  Solar TOLEDO  DIRECTOR  O. X  Solar THALIA MEBHAN  JON  DIRECTOR  O. X  Solar TOLEDO  D. X  Solar TOLE	29)	ANGELIA SCHMIDT	4.00										
31) SONIA TOLEDO 4.00 DIRECTOR 0. X 55,300. 0.  32) THALIA MEEHAN 4.00 DIRECTOR 0. X 55,300. 0.  33) FRANCIS E. FAIRMAN IV 4.00 DIRECTOR 0. X 55,000. 0.  34) MEREDITH L. HATHORN 4.00 DIRECTOR 0. X 55,000. 0.  35) ROBERT CLARKE BROWN 4.00 DIRECTOR 0. X 45,000. 0.  36) RONALD J. DIECKMAN 0. FORMER DIRECTOR 0. X 45,000. 0.  1b Sub-total c Total from continuation sheets to Part VII, Section A 588,050. 0.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 70  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such person 50  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such person 50  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations. Report compensation from the calendar year ending with or within the organization's tax year.	30)	CAROL KOSTIK	4.00										
THALIA MEEHAN	31)	SONIA TOLEDO	4.00										
33) FRANCIS E. FAIRMAN IV 4.00 DIRECTOR 0. X 55,000. 0.  34) MEREDITH L. HATHORN 4.00 DIRECTOR 0. X 55,000. 0.  35) ROBERT CLARKE BROWN 4.00 DIRECTOR (COMMENCED 5/21) 0. X 45,000. 0.  36) RONALD J. DIECKMAN 0. X 45,000. 0.  16) Sub-total 588,050. 0.  17 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization by 70  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is for services rendered to the organization? If "Yes," complete Schedule J for such person 50  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	32)	THALIA MEEHAN	4.00										
MEREDITH L. HATHORN   4.00	33)	FRANCIS E. FAIRMAN IV	4.00										
35) ROBERT CLARKE BROWN   4.00	34)	MEREDITH L. HATHORN	4.00									0.	
Sub-total   Sub	35)	ROBERT CLARKE BROWN	+	X								0.	
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 70  Yes  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	36)	RONALD J. DIECKMAN							Х	45,000		0.	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A	 hose	  liste	 	 		o re		\$100,000 o		C
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directoule J for suc	or, or ch ind	tru ividu	ual						• •	Yes No
for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organizations grandividual	eater than	\$15 	0,0 • •	00?	) II 	"Yes	s,"	complete Schedu	ile J for s	uch • •	4 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)		for services rendered to the organization? If "Y											5 X
		Complete this table for your five highest comcompensation from the organization. Report of	pensated i compensati	ndepe on for	ende the	ent e ca	con	tracto	rs t	that received more ending with or with	e than \$100, hin the orgai	000 d	of n's tax
	_		dress								ervices	(	
	_			2-									
2 Total number of independent contractors (including but not limited to those listed above) who received	_												

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and	Hig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
37) JERRY W. FORD FORMER DIRECTOR	0.						Х	45,000.	0	
38) KEMP J. LEWIS FORMER DIRECTOR	0.						Х	45,000.	0	
					275					
					-10					
								2		
1b Sub-total	ection A .						<b>▶ ▶</b>	90,000.		0.
reportable compensation from the organization		70				, WIII				Yes N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduling	er, directo ule J for suc	r, or ch indi	tru i <i>vidu</i>	stee	e, k 	кеу е 	mp 	loyee, or highest	compensated	3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15 	0,00	00?	If 	"Yes	," (	complete Schedul	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors										5 X
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>										
(A) Name and business add	ress							(B) Description of ser	rvices	(C) Compensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to	thos	e lis	sted above) who	received	

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Par	t VII				/III		
		Check if Schedule O contains a respo	nse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns					
	h	Total. Add lines 1a-1f	Business Code	32,083,204.			
Program Service Revenue	2a b c	DATA SUBSCRIPTIONS  RULE VIOLATION FINE REVENUE  PROFESSIONAL QUALIFICATION EXAM FEES	900099 900099 900099	2,359,086. 321,587. 303,150.	2,359,086. 321,587. 303,150.		
Pro	e f g	All other program service revenue Total. Add lines 2a-2f		2,983,823.			
	3 4 5	Investment income (including dividends, other similar amounts)	▶	631,915. 0. 0.	631,915.		
	6a b c	Gross rents 6a  Less: rental expenses Rental income or (loss) 6c	(II) Personal				
	d 7a	Net rental income or (loss)	(ii) Other	0.			
Revenue	b	Less: cost or other basis and sales expenses					
Other R	d 8a	Net gain or (loss)	0.	0.			
	b c	Less: direct expenses 8b  Net income or (loss) from fundraising events	0.	0.		10	
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b c	Less: direct expenses 9b  Net income or (loss) from gaming activities	0.	0.			
	10a b	Gross sales of inventory, less returns and allowances					
	С	Net income or (loss) from sales of inventory.		0.			
Miscellaneous Revenue	11a b	OTHER INCOME	Business Code 900099	260.	260.		
Misc	2 d e	All other revenue		260.	3,615,998.		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations			To the second control of	Series Profit 1955
	and domestic governments. See Part IV, line 21	0.		was the terms we	Brigging State State Co.
2	Grants and other assistance to domestic			inco sistematico de como	una se prioria. E
	individuals. See Part IV, line 22	0.	-	\$40.5 (SB455-5A155)	14 ( 2 (2013) Salaki ( )
3	Grants and other assistance to foreign			secret shall the other and in secre	a time while the
	organizations, foreign governments, and			and the second of the second o	ALPROPRIES POR
	foreign individuals. See Part IV, lines 15 and 16	0.		3376333 2000 2000	and the second second
	Benefits paid to or for members	0.		100 ( 1000) 1000 1000 1000	
5	Compensation of current officers, directors,	F 120 14F			
	trustees, and key employees	5,138,145.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	14,100,042.			
8	Pension plan accruals and contributions (include	1 225 225			N 90
	section 401(k) and 403(b) employer contributions)	1,235,225.			
9	Other employee benefits	1,263,136.			
10	Payroll taxes	1,357,373.			
	Fees for services (nonemployees):	0			101
	Management	61,882.			
	Legal	280,635.			
C	Accounting	422,000.			
	Lobbying	422,000.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 013 135		The Alberta Control of the Control o	
	(A) amount, list line 11g expenses on Schedule O.). ATCH 2.	4,843,135.			
	Advertising and promotion	438,764.			
	Office expenses	4,086,524.			
	Information technology	0.			
	Royalties	2,343,987.			
	Occupancy	20,155.			
	Travel	20,133.			
18		0.			
	for any federal, state, or local public officials	87,618.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	3,173,232.		7	
	Depreciation, depletion, and amortization	319,950.			
	Insurance	313/330.			
24	Other expenses. Itemize expenses not covered				7333500034030 95000
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	DATA & INFORMATION SERVICES	1,217,700.			
-	DUES, REGISTRATIONS, TRAIN.	120,098.		1 11 1/2	
-	PROPERTY AND OTHER TAXES	392,200.	8 1		у.
U	SUBSCRIPTIONS & PUBLICATIONS	118,458.		<b> </b>	
		143,855.			
	All other expenses	41,164,114.			
26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	11,101,111.			
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

# Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	750,480.	1	734,694.
2	Savings and temporary cash investments	2,265,854.	2	4,111,650.
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	7,820,158.	4	4,040,472
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		Value in	
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined	119		
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
7	Notes and loans receivable, net	0.	7	0
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	1,785,453.	9	1,663,128
	Land, buildings, and equipment: cost or other		-	er i kilosofi i kund
IVa	basis. Complete Part VI of Schedule D 10a 46,128,887.			
h	Less: accumulated depreciation	9,526,688.	100	10,590,006
10 100	Investments - publicly traded securities	61,005,061.	11	57,391,169
11		0.	12	0
12	Investments - other securities. See Part IV, line 11	0.	13	0
13	Investments - program-related. See Part IV, line 11	0.		0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	83,153,694.	15	78,531,119
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	4,990,928
17	Accounts payable and accrued expenses	3,187,635.	17	
18	Grants payable	0.	18	0
19	Deferred revenue	214,705.	19	214,700
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	6,089,817.	25	5,730,588
26	Total liabilities. Add lines 17 through 25	9,492,157.	26	10,936,216
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	73,661,537.	27	67,594,903
28	Net assets with donor restrictions	0.	28	0
	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			1222 (124) (1 1222 (124) (1
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
30 31	Retained earnings, endowment, accumulated income, or other funds		31	
22	Total net assets or fund balances	73,661,537.	32	67,594,903
32	Total liabilities and net assets/fund balances	83,153,694.	32	78,531,119

Form 9	90 (2020)			Pa	age <b>12</b>				
Part									
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		599,2					
2	Total expenses (must equal Part IX, column (A), line 25)	2			114.				
3	Revenue less expenses. Subtract line 2 from line 1	3			912.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			537.				
5	Net unrealized gains (losses) on investments	5	-5	586 <b>,</b>	439.				
6									
7	7 Investment expenses								
8	·								
9	9 Other changes in net assets or fund balances (explain on Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	191							
		10	67,5	594,9	903.				
Part									
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>					
			Craning in a	Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n						
	Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	r						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b Were the organization's financial statements audited by an independent accountant?									
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a						
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	sight o							
	the audit, review, or compilation of its financial statements and selection of an independent accountant	i?	. 2c	X	100000000000000000000000000000000000000				
	If the organization changed either its oversight process or selection process during the tax year, exp	lain o	n		- 1				
	Schedule O.		200						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	n in the			10000				
	Single Audit Act and OMB Circular A-133?		. 3a	1 11	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	e						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	lits	3b						

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#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below.

► Go to www.irs.gov/Form990 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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

Tax)	(See separate instructions), ther		Tax) (See separate in	nstructions) or Form 990-E	Z, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			, ,	ntification number
MUN	IICIPAL SECURITIES RU			52-1042	
Pai		rganization is exempt under			
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	ctivities in Part IV. (See in	structions for
	definition of "political campa	ign activities")			
2	Political campaign activity ex	xpenditures (See instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (See instructio	ns)		
Par	t I-B Complete if the o	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?.		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the o	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	).
1		xpended by the filing organization			
2		g organization's funds contributed	_		
		es			
3		enditures. Add lines 1 and 2. Ent			
<b>4 5</b>	Did the filing organization file Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbs. For each organization listed, enributions received that were promed or a political action committee (	er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organization from the filing organization	ations to which the filing ation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Pac	e	3

	(election under section 501(h)).	(a			(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed - cription of the lobbying activity.	Yes	No		Amo		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a b	Volunteers?						
c d	Media advertisements?						
e f	Publications, or published or broadcast statements?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
h i	Other activities?		II IBZ SIWO				
j	Total. Add lines 1c through 1i					37 625	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b c d	If "Yes," enter the amount of any tax incurred under section 4912						
STORES N	till-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	, or s	section			
-	30 1(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		X
Рa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501( 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (					3. is	
	answered "Yes."	٠, ۲	, . u	, ,		0, .0	
1	Dues, assessments and similar amounts from members			1	32,	083,	204.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	nts	of	- 10			1.7.7
а	Current year			2a		441,	177
b	Carryover from last year			2b 2c		441	177
С	Total			3		111	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (See instructions)			5		441,	,177
	t IV Supplemental Information		Uni	4). David	I A I	1	
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	g gro	up iis	t); Part	II-A, II	nes 1	and
		-		THE PERSON NAMED IN	CHARLE WHEN PER		Manager Allege

Schedule C (Form 990 or 990-EZ) 2020

Page 4

Part IV Supplemental Information (continued)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

#### Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Employer identification number Name of the organization MUNICIPAL SECURITIES RULEMAKING BOARD 52-1042433 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year . . . . . . . . . . . . Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

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provide the following amounts relating to these items:

Schedule D (Form 990) 2020

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X.......

Sche	dule D (Form 990) 2020		1120 110		.0 201	11.12		02 1	0 12 10 0	F	age 2
Pa	rt III Organizations Maintaining C	collections of	Art, Histo	rical Tre	easures	s, or	Other	Similar Assets	(continue	MALVIEW AND	
3	Using the organization's acquisition, a										of its
	collection items (check all that apply):	,		,	,			3	9		
а	Public exhibition		d [	Loan	or excha	anae	progra	m			
b	Scholarly research		e	_		_					
c	Preservation for future generation	ne	• _	_							
4	Provide a description of the organizati		s and eval	ain how t	hev fur	ther	the or	nanization's evem	nt nurnos	e in	Part
7	XIII.	on a concention	o ana expi	alli now t	incy rui	(IICI	110 01	gamzation o exem	pr parpos	O 111	, art
5	During the year, did the organization so	licit or receive	donations of	of art hist	orical tr	اراعدم	es or	other similar			
3	assets to be sold to raise funds rather th								Yes		No
Do	irt IV Escrow and Custodial Arran		allieu as pa	art or the t	Jigailiza	ation	3 COIIC	Stion:	163		140
LC	Complete if the organization		e" on For	m 990 E	Part I\/	line	a orr	enorted an amo	unt on Fo	rm	
	990, Part X, line 21.	answered re	23 0111 01	111 330, 1	artiv,	IIIIC	J, OI 1	cported arranio	unit on i o	1111	
4-	Is the organization an agent, trustee,	avatadian as a	than intorn	andian, fa		ناه طانه		other seeds not			
та											1
	included on Form 990, Part X?								Yes		No
D	If "Yes," explain the arrangement in Par	T XIII and com	piete the fo	llowing tat	oie:			Λ			9.5
	P-1-1-1-1					_		Amou	nt		
C	Beginning balance				1						
d	Additions during the year				1						
е	Distributions during the year				1						
f	Ending balance					1f			T 1	_	
2a	Did the organization include an amount									_	No
CONTRACTOR AND ADDRESS OF	If "Yes," explain the arrangement in Par	t XIII. Check h	ere if the e	xplanation	has bee	en pro	ovided	on Part XIII	· · · · ·		
Pa	rt V Endowment Funds.	1.115.7		200 5			4.0				
_	Complete if the organization										
	(a	a) Current year	(b) Pric	or year	(c) Two	o years	back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			17-1							
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the	a current vear	end halanc	e (line 1a	column	(2))	neld as	•			
a	Board designated or quasi-endowment			c (iiic 19,	COIGITITI	(4)) !	icia ao				
b	Permanent endowment ▶		_								
С	Term endowment ▶ %	_ ****									
	The percentages on lines 2a, 2b, and 2	c should equal	100%.								
3a	Are there endowment funds not in the p			tion that	are held	d and	admir	istered for the			
	organization by:		J						Y	es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
h	If "Yes" on line 3a(ii), are the related organization.										
4	Describe in Part XIII the intended uses of	-									
Charles Service	rt VI Land, Buildings, and Equipme		tion 3 chao	WITICITE TO	143.						
1 4	Complete if the organization	answered "Ye	es" on Fo	m 990, F	Part IV,	line	11a. S	See Form 990, F	art X, line	e 10	
	Description of property	(a) Cost or		(b) Cost o		sis			(d) Book valu	Je	
10	Land	,	tment)	(01	ther)		depr	eciation			
	Land										
b	Buildings			4 0	15,68	8	1 6	62,373.	2,35	3 3	15
C	Leasehold improvements				95,06			32,952.			08.
d	Equipment				18,13			43,556.	7,97		
e T-4-	Other		- 000 D- 1								
lota	I. Add lines 1a through 1e. (Column (d) n	nust equal Forn	n 990, Part	x, column	i (B), lin	e 100	:.) .   .   .	🕨	10,59	U, U	00.

Schedule D (Form 990) 2020

Schedule D (F	orm 990) 2020			Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(I) I I I I I I I I I I I I I I I I I I			
ACCOUNT NAME OF THE OWNER, THE OW	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation:	. 10.
	(a) Description of investment	(b) book value	Cost or end-of-year market value	
(1)				
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line	15.
	(a) Des	cription	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
a Linguista Dagues de marcon.	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X	Other Liabilities.	"Voo" on Form 000	Part IV line 11e or 11f See Form 000 Part	~
	line 25.	res on Form 990	, Part IV, line 11e or 11f. See Form 990, Part	. ^,
1.		ion of liability	(b) Book	value
	al income taxes		5.70	6 007
_ ' '	RRED RENT			6,837.
	E OBLIGATION			3,751.
(4)				
(5)				
(6)				
(7)				
(8)				

Schedule D (Form 990) 2020

5,730,588.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

#### Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE

THE MSRB ADDRESSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC TOPIC

740, INCOME TAXES, WHICH PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX

POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN

FINANCIAL STATEMENTS. DURING THE YEARS FROM 2018 TO 2021, WHICH REPRESENT

THE YEARS MANAGEMENT CONSIDERS TO BE OPEN FOR EXAMINATION BY TAXING

AUTHORITIES, MANAGEMENT DID NOT IDENTIFY THE EXISTENCE OF ANY UNCERTAIN

TAX POSITION.

#### **SCHEDULE J** (Form 990)

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MUNICIPAL SECURITIES RULEMAKING BOARD

Employer identification number 52-1042433

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		Х	
2	explain	1b	Λ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	153301155170
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		necesti (side)	
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8	Pagagatori	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation	Coc tropposition (2)		(E) Total of columns	(E) Compared to
(A) Name and Title		(i) Base compensation	8 0	(iii) Other reportable compensation	(c) remement and other deferred compensation	(D) Notitakadie benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARK T. KIM	ε	539,415.	75,000.	0	19,950.	37,570.	671,935.	0
PRESIDENT & CEO(COO THRU 9/20)	(E)	0.	0	.0	0	.0	.0	0
NANETTE D. LAWSON	ε	539,248.	110,000.	.0	26,062.	39,190.	714,500.	0
2 COO (INTERIM CEO THRU 9/20)	<b></b>	0	.0	.0	0	.0	.0	0
JACOB LESSER	ε	286,498.	42,000.	0	22,352.	5,843.	356,693.	0
3 GENERAL COUNSEL	<b>E</b>	0	0	.0	0	0	.0	0
RONALD W. SMITH	8	238,500.	26,500.	.0	23,394.	13,003.	301,397.	0
4 CORPORATE SECRETARY	<b>E</b>	0	0	0.	.0	0	.0	0
OMER S. AHMED	<b>E</b>	201,718.	24,000.	.0	21,095.	35,332.	282,145.	0
5CFO & TREASURER	<b></b>	0	.0	.0	0	0	0	0
SARA AHMADZAI	<b>E</b>	147,201.	18,800.	0	15,209.	19,636.	200,846.	0
6 ASSISTANT CORPORATE SECRETARY	€	0	0	0	0	0	0	0.
MALLORY BUCHER	Ξ	100,178.	9,300.	8,997.	9,216.	13,907.	141,598.	0.
ASST. CORP. SEC. (UNTIL 7/20)	€	0	.0	0	0	.0	0.	0.
JOHN A. BAGLEY	Ξ	467,957.	.000,000	0	22,800.	35,200.	585,957.	0.
8CHIEF MARKET STRUCTURE OFFICER	€	0	.0	.0	.0	.0	0.	0.
GAIL MARSHALL	Ξ	376,065.	52,500.	0	22,800.	23,994.	475,359.	0.
9CHIEF REGULATORY OFFICER	€	0	.0	0	·	0	0.	0.
E. ADAM CUSSON	Ξ	325,620.	57,400.	.0	25,200.	5,358.	413,578.	0.
10 CHIEF TECHNOLOGY OFFICER	€	0	.0	.0	·	.0	0.	0
LALITA HIRVE	Ξ	224,077.	75,350.	.0	26,760.	26,010.	352,197.	0
11 DEPUTY CHIEF TECHNOLOGY OFFCR	€	0	0	.0	.0	0.	0.	0
SIMON WU	Ξ	269,782.	25,500.	0	20,609.	12,886.	328,777.	0.
12CHIEF ECONOMIST	<b></b>	0	0	0	.0	0	0.	0.
JOHN TOYE	Ξ	234,833.	33,650.	0	24,451.	33,790.	326,724.	0.
13 DEPUTY CHIEF TECHNOLOGY OFFCR	<b></b>	0	0	.0	.0	0	0	0.
MARCELO VIEIRA	Ξ	228,647.	51,300.	.0	24,081.	6,642.	310,670.	0.
14DIRECTOR, RESEARCH	€	0	.0	0	0.	0.	0.	0.
SALLY KLEMPERER	ε	243,420.	27,900.	.0	21,150.	15,113.	307,583.	0.
15SR. ASSOCIATE GENERAL COUNSEL	€	0	0	0	0	0.	0.	0
LYNNETTE KELLY	Θ	0	.0	823,874.	.0	0	823,874.	
16 FORMER CEO	€	0	0	0	.0	0	0.	0.

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RONALD J. DIECKMAN	Ξ	45,000.	.0	0	0	0	45,000.	0
FORMER DIRECTOR	€	0	.0	0	0	0	0	0
JERRY W. FORD	Ξ	45,000.	0	0	0	0	45,000.	0
2 FORMER DIRECTOR	€	0	0	0	0	0	0	0
KEMP J. LEWIS	Ξ	45,000.	0	0	0	0	45,000.	0
3 FORMER DIRECTOR	€	0	0	0	0	0	0	0
	Ξ							
4	€							
	Ξ							
c,	€							
	Ξ							
9	€							
	Ξ						-	
7	€							
	Θ							
8	Œ							
	Ξ							
6	<b>(E)</b>							
	Ξ							
10	(ii)							
	Ξ							
11	€							
	Ξ							
12	Œ)							
	Ξ							
13	€							
	Ξ							
14	(ii)			12				
	Ξ							
15	(ii)							
	Ξ							
16	(ii)							
							Sche	Schedule J (Form 990) 2020

JSA

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Schedule J (Form 990) 2020

Part III Supplemental Information

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

THE MSRB REIMBURSES BOARD MEMBERS AND THE CHIEF EXECUTIVE OFFICER FOR THE TRIP DURATION, THE MSRB REIMBURSES BOARD MEMBERS AND THE CHIEF EXECUTIVE CLASSES OF SERVICE ARE OFFERED, FIRST CLASS. BOARD MEMBERS AND THE CHIEF STANDARD FOR NOT TREATING THE BENEFIT AS COMPENSATORY ON THE FORM W-2 OR ONE-WAY TRIP DURATION. FOR AIR TRAVEL MORE THAN 3 HOURS IN TOTAL ONE-WAY HOURS OR LESS IN TOTAL - ADDITIONAL BENEFITS PROVIDED IF ONLY TWO EXECUTIVE OFFICER ARE REIMBURSED FOR THE USE OF BUSINESS CLASS RAIL FARES. THE MSRB HAS DETERMINED THIS MEETS THE BUSINESS REQUIREMENT OR THE USE OF BUSINESS CLASS WHEN AVAILABLE,  $\sim$ COST OF COACH CLASS AIR TRAVEL FOR FLIGHTS OF FORM 990, SCHEDULE J, PART I, LINE 1A FOR OFFICER 1099

CEO SEPTEMBER 2019 A SEPARATION AGREEMENT VOLUNTARILY ENTERED INTO BY BOTH LYNNETTE KELLY STEPPED DOWN FROM HER ROLE AS AND WAS PAID \$823,874 DURING THE 2020 CALENDAR YEAR. PART I, LINE 4A - SEVERANCE PAYMENT **,** PURSUANT TO SCHEDULE PARTIES,

#### SCHEDULE L

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Name of the organization	Employer identification number
MUNICIPAL SECURITIES RULEMAKING BOARD	52-1042433
Part I Excess Benefit Transactions (section 501(c)(3) section 501(c)(4) and 501(c)(29) orga	nizations only).

lame o	of the organization							Employer	identif	ication	numbe	er	
INUM	CIPAL SECURITIE	S RULEMAK	ING BOARI	)				52-	1042	433			
Part						ion 501(c)(4), and n 990, Part IV, line					line 4	0b.	
1	(a) Name of disqualified	person	(b) Relatio		etween organiz	disqualified person and zation	(c) [	escription	of trans	action		-	S No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
	Enter the amount of taunder section 4958. Enter the amount of ta								🕨				
Part		organization a	nswered "Ye	es" on		n 990-EZ, Part V, li K, line 5, 6, or 22.	ne 38a or Form	990, Part	: IV, lir	ne 26;	or if th	ne	
(a) I	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organia	the	(e) Original principal amount	(f) Balance due	(g) In (	default?		proved pard or nittee?	(i) Wri agreem	
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	( <b>g)</b> In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶	\$						

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020

Page 2

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person  ATTACHMENT 1	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	2		×		

#### Part V **Supplemental Information**

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

Schedule L (Form 990 or 990-EZ) 2020

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Part IV	Business	<b>Transactions</b>	Involving	Interested	Persons
TI CITCILY	Dusiness	Transactions	IIIVOIVIIIG	IIILETESLEU	L CL SOLK

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)		-			
(6)					
(7)					
(8)					
(9)	·				
(10)					

#### Part V **Supplemental Information**

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

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON

ROBERT A. FIPPINGER

(B) RELATIONSHIP FORMER CHIEF LEGAL OFFICER - KEY EMPLOYEE 9/2016

(C) AMOUNT

302,725.

(D) DESCRIPTION OF TRANSACTION COUNSEL TO THE BOARD

(E) SHARING ORGANIZATION REVENUE? YES X NO

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MUNICIPAL SECURITIES RULEMAKING BOARD

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspecting Employer identification number

52-1042433

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION
THE MISSION OF THE MSRB IS TO PROTECT AND STRENGTHEN THE MUNICIPAL BOND
MARKET, ENABLING ACCESS TO CAPITAL, ECONOMIC GROWTH, AND SOCIETAL
PROGRESS IN TENS OF THOUSANDS OF COMMUNITIES ACROSS THE COUNTRY.

- WE CREATE TRUST IN OUR MARKET THROUGH INFORMED REGULATION OF DEALERS AND MUNICIPAL ADVISORS THAT PROTECTS INVESTORS, ISSUERS AND THE PUBLIC INTEREST.
- WE BUILD TECHNOLOGY SYSTEMS THAT POWER OUR MARKET AND PROVIDE TRANSPARENCY FOR ISSUERS, INSTITUTIONS, AND THE INVESTING PUBLIC.
- WE SERVE AS THE STEWARD OF MARKET DATA THAT EMPOWERS BETTER DECISIONS
  AND FUELS INNOVATION FOR THE FUTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
ESTABLISHING REGULATIONS AND SUPPORTING GUIDANCE FOR MUNICIPAL ADVISORS
AND DEALERS:

THE MSRB WAS CREATED BY CONGRESS TO REGULATE SECURITIES FIRMS, BANKS AND MUNICIPAL ADVISORS THAT ENGAGE IN MUNICIPAL SECURITIES AND MUNICIPAL ADVISORY ACTIVITIES (COLLECTIVELY "REGULATED ENTITIES") WITH THE GOAL OF PROTECTING INVESTORS, MUNICIPAL ENTITIES, OBLIGATED PERSONS AND THE PUBLIC INTEREST.

- IN FISCAL YEAR (FY) 2021, THE MSRB'S REGULATORY ACCOMPLISHMENTS INCLUDED:
- RETIRING 15 PIECES OF INTERPRETIVE GUIDANCE FROM THE MSRB RULE BOOK
  THAT NO LONGER ACHIEVED THEIR INTENDED PURPOSE;
- PROVIDING REGULATORY RELIEF TO DEALERS AND MUNICIPAL ADVISORS IN LIGHT

OF THE CONTINUED COVID-19 PANDEMIC; AND

- FULLY IMPLEMENTING A NEW PROFESSIONAL QUALIFICATION EXAM FOR MUNICIPAL ADVISOR PRINCIPALS ENGAGED IN THE MANAGEMENT, DIRECTION OR SUPERVISION OF THE MUNICIPAL ADVISORY ACTIVITIES OF THE FIRM.

FORM 990, PART III, LINE 4B AND 4C, PROGRAM SERVICE ACCOMPLISHMENTS PROVIDING MARKET TRANSPARENCY AND DATA:

THE MSRB COLLECTS MUNICIPAL MARKET DOCUMENTS AND DATA FROM REGULATED ENTITIES, MUNICIPAL ENTITIES, OBLIGATED PERSONS AND/OR THEIR AGENTS AND MAKES THE INFORMATION PUBLICLY AVAILABLE. THE MSRB ENSURES THAT THE MARKET OPERATES TRANSPARENTLY AND EFFICIENTLY BY MAKING MOST OF THIS INFORMATION AVAILABLE TO THE PUBLIC, FREE OF CHARGE, ON ITS ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA®) WEBSITE AT EMMA.MSRB.ORG. FOLLOWING AN ENTERPRISE-WIDE MIGRATION TO THE CLOUD IN FY 2020, IN FY 2021, THE MSRB FOCUSED ITS EFFORTS ON ENGAGING WITH STAKEHOLDERS TO DEVELOP SOLUTIONS TO ENHANCE THE EMMA USER EXPERIENCE AND IMPROVE ISSUERS' ABILITY TO MANAGE THEIR ISSUES BY THE UNIQUE SECURITY IDENTIFIER KNOWN AS A CUSIP NUMBER.

AS THE MUNICIPAL MARKET'S CENTRAL REPOSITORY FOR DATA, THE MSRB IS MODERNIZING ITS DATA PLATFORMS IN THE CLOUD AND HAS DEVELOPED AN INNOVATION SANDBOX CALLED EMMA LABS WHERE MARKET STAKEHOLDERS CAN HELP REFINE PROTOTYPES OF POTENTIAL DATA TOOLS SUCH AS AN ENHANCED DISCLOSURE SEARCH ENGINE AND A DYNAMIC MARKET TRADE DATA DASHBOARD.

FORM 990, PART VI, SEC. A, LINE 2 - FAMILY & BUS. RELATIONSHIPS NO OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAS A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP (AS SUCH TERMS ARE DEFINED FOR PURPOSES OF FORM 990) WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE. AS CONTEMPLATED BY THE CONGRESSIONALLY MANDATED STRUCTURE OF THE MSRB'S BOARD OF DIRECTORS (WHICH SERVES AS THE ORGANIZATION'S GOVERNING BODY), AND WITH THE MSRB BEING A SELF-REGULATORY ORGANIZATION UNDER THE FEDERAL SECURITIES LAWS, THE EMPLOYERS OF SOME MEMBERS OF THE BOARD OF DIRECTORS, AND SUCH MEMBERS IN THEIR CAPACITIES AS EMPLOYEES OF THEIR EMPLOYERS, FROM TIME TO TIME TRANSACT BUSINESS WITH ONE ANOTHER IN THE ORDINARY COURSE OF THEIR BUSINESS AS PARTICIPANTS IN THE MUNICIPAL MARKET ON THE SAME TERMS AS ARE GENERALLY OFFERED TO OTHERS IN THE SAME LINE OF BUSINESS.

FORM 990, PART VI, SEC. A, LINE 7B - GOVERNING BODY/MANAGEMENT

ALL PROPOSED RULE CHANGES ADOPTED BY THE BOARD OF DIRECTORS OF THE MSRB

MUST BE APPROVED BY THE SECURITIES AND EXCHANGE COMMISSION PRIOR TO

EFFECTIVENESS, UNLESS OTHERWISE ALLOWED BY LAW.

FORM 990, PART VI, SEC. B, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS OF THE MSRB HAS AN AUDIT AND RISK COMMITTEE THAT

IS CHARGED WITH REVIEWING WITH MANAGEMENT THE ORGANIZATION'S COMPLETED

FORM ANNUALLY PRIOR TO THE FILING OF SUCH FORM AND REPORTING ANY FINDINGS

OR CONCLUSIONS TO THE BOARD OF DIRECTORS IN CONNECTION WITH THE BOARD'S

REVIEW OF SUCH FORM. THE AUDIT AND RISK COMMITTEE CONDUCTED ITS REVIEW ON

01/25/2022 AND THE BOARD OF DIRECTORS CONDUCTED ITS REVIEW ON 01/27/2022.

FORM 990, PART VI, SEC. B, LINE 12C - CONFLICT OF INTEREST POLICY THE MSRB MAINTAINS FOR ITS BOARD OF DIRECTORS AND ITS STAFF:

POLICY; AND A WHISTLEBLOWER POLICY WITH COMPLAINT HANDLING PROCEDURES, WHICH ARE AVAILABLE ON MSRB.ORG. ALL BOARD MEMBERS AND STAFF ARE TRAINED ANNUALLY ON THESE POLICIES AND MUST SIGN VARIOUS ACKNOWLEDGMENTS. THE MSRB HAS A POLICY REQUIRING THAT OFFICERS, DIRECTORS AND KEY EMPLOYEES DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS, AND SUBSEQUENTLY DISCLOSE UPDATES. IN CONNECTION WITH THE ELECTION OF NEW MEMBERS OF THE BOARD OF DIRECTORS, EACH CANDIDATE PROVIDES INFORMATION TO THE MSRB CONCERNING POTENTIAL CONFLICTS OF INTEREST. IN ADDITION, CERTAIN ORGANIZATIONAL CONFLICTS ARE EFFECTIVELY PROHIBITED UNDER SECTION 15B(B) OF THE SECURITIES EXCHANGE ACT OF 1934 DUE TO THE STATUTORY REQUIREMENTS REGARDING QUALIFICATION FOR MEMBERSHIP ON THE BOARD OF DIRECTORS. IN PARTICULAR, PUBLIC REPRESENTATIVES MUST BE INDEPENDENT OF ANY MUNICIPAL SECURITIES BROKER, MUNICIPAL SECURITIES DEALER OR MUNICIPAL ADVISOR. MSRB RULE A-3 DEFINES "INDEPENDENT" AS HAVING NO MATERIAL BUSINESS RELATIONSHIP WITH ANY MUNICIPAL SECURITIES BROKER, MUNICIPAL SECURITIES DEALER OR MUNICIPAL ADVISOR, INCLUDING AT A MINIMUM NOT CURRENTLY OR AT ANY TIME WITHIN THE LAST FIVE YEARS BEING ASSOCIATED WITH A MUNICIPAL SECURITIES BROKER, MUNICIPAL SECURITIES DEALER OR MUNICIPAL ADVISOR AND NOT HAVING A RELATIONSHIP WITH ANY MUNICIPAL SECURITIES BROKER, MUNICIPAL SECURITIES DEALER OR MUNICIPAL ADVISOR, WHETHER COMPENSATORY OR OTHERWISE, THAT REASONABLY COULD AFFECT THE INDEPENDENT JUDGMENT OR DECISION MAKING OF THE INDIVIDUAL. THE MSRB'S GENERAL COUNSEL REVIEWS THE CONFLICTS OF INTEREST ACKNOWLEDGEMENT AND DISCLOSURE FORMS AND DETERMINES WHAT ACTIONS, IF ANY, NEED TO BE TAKEN,

A CODE OF ETHICS AND BUSINESS CONDUCT POLICY; A CONFLICTS OF INTEREST

Employer identification number 52-1042433

INCLUDING ASKING A BOARD MEMBER TO RECUSE HIM OR HERSELF FROM DELIBERATIONS OR VOTING ON AN ACTION.

FORM 990, PART VI, SEC. B, LINE 15A - COMPENSATION REVIEW PROCESS

UNDER THE MSRB WRITTEN COMPENSATION STRATEGY AND PROGRAM, THE FINANCE

COMMITTEE (COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS) IS RESPONSIBLE

FOR MAKING RECOMMENDATIONS AND THE BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING THE ORGANIZATION-WIDE COMPENSATION STRATEGY. THE ANNUAL SALARY BUDGET IS APPROVED BY THE BOARD OF DIRECTORS. AT LEAST ONCE EVERY FOUR YEARS, THE COMPENSATION STRATEGY AND STRUCTURE ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE BASED ON INFORMATION RECEIVED FROM AN EXTERNAL SALARY CONSULTANT. SUCH REVIEW WAS COMPLETED AND CHANGES WERE APPROVED BY THE BOARD EFFECTIVE MAY 1, 2020. THE EXTERNAL SALARY CONSULTANT COMPARES THE MSRB WITH COMPARABLE PEER ORGANIZATIONS IN THE LOCAL GEOGRAPHIC MARKET AND WITHIN THE INDUSTRY AS APPROPRIATE.

THE FULL BOARD APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND THE CHIEF EXECUTIVE OFFICER ESTABLISHES THE COMPENSATION OF THE KEY EMPLOYEES WITHIN THE PARAMETERS AND PHILOSOPHY OF THE APPROVED COMPENSATION STRATEGY. ADDITIONALLY, THE CHIEF EXECUTIVE OFFICER ANNUALLY PROVIDES TO THE BOARD THE SALARY, BENEFITS, AND TOTAL COMPENSATION OF THE

FORM 990, PART VI, SECTION C, LINE 19 - GOVERNING DOCUMENTS

THE ORGANIZATION'S WEBSITE (WWW.MSRB.ORG) CONTAINS THE FOLLOWING:

SECURITIES EXCHANGE ACT OF 1934 SECTION 15B (STATUTE CREATING THE MSRB),

RESTATED ARTICLES OF INCORPORATION, BY-LAWS, GOVERNANCE-RELATED

SENIOR MANAGEMENT.

Name of the organization

MUNICIPAL SECURITIES RULEMAKING BOARD

Employer identification number

52-1042433

ADMINISTRATIVE RULES, BOARD COMMITTEE CHARTERS, CODE OF ETHICS AND BUSINESS CONDUCT, CONFLICTS OF INTEREST POLICY, RISK MANAGEMENT PROGRAM, WHISTLEBLOWER POLICY, AUDITED FINANCIAL STATEMENTS, ANNUAL BUDGET, MOST

RECENT IRS FORM 990 AND CERTAIN FINANCIAL POLICIES.

ATTACHMENT 1

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ACCENTURE FEDERAL SERVICES 800 CONNECTICUT AVE NW, SUITE 600 WASHINGTON, DC 20006	CLOUD MIGRATION	3,205,979.
CC PACE SYSTEMS, INC. 4100 MONUMENT CORNER DRIVE, SUITE 400 FAIRFAX, VA 22030	SOFTWARE DEVELOPMENT	2,145,723.
HITACHI VANTARA LLC 2535 AUGUSTINE DRIVE SANTA CLARA, CA 95054	SOFTWARE DEVELOPMENT	525,860.
AMAZON WEB SERVICES, INC. 410 TERRY AVENUE NORTH SEATTLE, WA 98109	CLOUD MIGRATION	420,000.
ROBERT A. FIPPINGER 730 PARK AVENUE, APR. 18C NEW YORK, NY 10021	COUNSEL TO THE BOARD	302,725.

#### ATTACHMENT 2

#### FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTANTS	4,721,006.			
RECRUITMENT	122,129.			
TOTALS	4,843,135.			