Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury

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. Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 2016, and ending C Name of organization BSA BUSINESS SOFTWARE ALLIANCE, INC D Employer identification number Check if applicable: Doing business as BSA | THE SOFTWARE ALLIANCE Address change 06-1242574 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 20 F STREET, N.W. 800 202-872-5500 City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated G Gross receipts \$ Amended return WASHINGTON, DC 20001 H(a) is this a group return for subordinates? Yes Mo F Name and address of principal officer: Application pending SCOTT J. VAN HOVE; 20F ST., N.W., SUITE 800; WASHINGTON, DC 20001 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) Tax-exempt status 501(c)(3) Website: ▶ WWW BSA ORG H(c) Group exemption number ▶ 1988 M State of legal domicile Form of organization 🗹 Corporation 🔲 Trust Association ☐ Other ► L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: 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) . . . 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 18 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 67 Total number of volunteers (estimate if necessary) 6 757 Total unrelated business revenue from Part VIII, column (6), line, 12 Net unrelated business taxable income from Form 990-1, line 34 7a 7a NONE 7b NONE Prior Year **Current Year** SSC Contributions and grants (Part VIII, line 1h) . . NOV 2 I 2017 NONE NONE Program service revenue (Part VIII, line 2g) 58,843,547 55,711,884 Investment income (Part VIII, column (A), lines 3, 4, and 70 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 545,798 623,122 11 260,078 1,205,953 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 59,649,423 57,540,959 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 133,000 122,861 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,506,736 13,930,083 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 44,130,515 39,285,722 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 56,770,251 53,338,666 Revenue less expenses. Subtract line 18 from line 12 2.879.172 4,202,293 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 39,543,088 50,782,533 21 Total liabilities (Part X, line 26) . . 20,999,815 14.223.357 22 Net assets or fund balances. Subtract line 21 from line 20 25.319.731 29,782,718 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CFO and Vice President -Here Type or print name and title Print/Type preparer's name **Paid** Check [] If OCT 3 0 2017 P00369623 TRAVIS L PATTON Preparer Firm's name ► PRICEWATERHOUSECOOPERS, LLP Firm's EIN ▶ 13-4008324 Use Only Firm's address ▶ 600 13TH STREET NW, SUITE 1000; WASHINGTON, DC 20005 Phone no. 202-414-1000 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes ☐ No

orm 98	0 (2016	b)	age Z
Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Brief	fly describe the organization's mission:	_ <u>"</u>
1		FOUEDIN F O	
	SEE.	SCHEDULE 0	
2	Did t	the organization undertake any significant program services during the year which were not listed on the	
		Form 990 or 990-EZ?	No
	If "Ye	es," describe these new services on Schedule O.	
3	Did	the organization cease conducting, or make significant changes in how it conducts, any program	
	servi	ices?	No
	If "Ye	es," describe these changes on Schedule O.	
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measure	ed by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,
	the t	otal expenses, and revenue, if any, for each program service reported.	
4a	(Cod	de:) (Expenses \$ including grants of \$) (Revenue \$)	
	ENFO	ORCEMENT: IN 2016, SOLICITED APPROXIMATELY 20,000 LEADS FROM THE PUBLIC CONCERNING POSSIBLE ILLEGAL U	SES
	OF S	OFTWARE BY COMPANIES; DIRECTED APPROXIMATELY 6,700 END-USER ENFORCEMENT ACTIONS SEEKING TO END TH	E
		GAL USE OF UNLICENSED SOFTWARE BY COMPANIES; TOOK DOWN APPROXIMATELY 3,500,000 WEBPAGES HOSTING	
	INFR	INGING CONTENT ON PEER-TO-PEER (P2P) AND DIRECT DOWNLOAD (DD) SITES, WORKED WITH MARKETPLACE AND	
	AUC	TION SITES TO TAKE DOWN MORE THAN 301,000 LISTINGS OFFERING INFRINGING SOFTWARE PRODUCTS.	
-			
4b		fe) (Expenses \$including grants of \$) (Revenue \$)	
	-	MUNICATIONS: ISSUED 162 NEWS RELEASES TO US AND GLOBAL MEDIA ON DEVELOPMENTS AFFECTING SOFTWARE	
		CY AND LEGAL TOPICS, CONDUCTED EDUCATIONAL OUTREACH PROGRAMS TO SOFTWARE USERS AND RELATED KEY	,
		IENCES; AND CONVENED OR COSPONSORED PUBLIC EVENTS BRINGING TOGETHER SOFTWARE INDUSTRY	
	REP	RESENTATIVES AND ALLIES.	
	••		
4c	(Cod	le:) (Expenses \$ Including grants of \$) (Revenue \$)	
	-	CY: EDUCATED POLICYMAKERS ON THE NEED FOR NEW OR REVISED LAWS, REGULATIONS, AND GLOBAL	
		EEMENTS IN THE AREAS OF INTELLECTUAL PROPERTY RIGHTS, CYBERSECURITY, INTERNATIONAL TRADE, HUMAN	
		ITAL AND DATA SERVICES. BSA ALSO ADVOCATED AGAINST HARMFUL POLICIES, LAWS OR REGULATIONS THAT WOUL	
		LE INNOVATION AND ADVERSELY IMPACT THE ABILITY OF THE SOFTWARE INDUSTRY TO COMPETE IN THE GLOBAL	<u></u>
		KETPLACE.	
	117.113.	1011 6106.	
		······································	
4d	Othe	er program services (Describe in Schedule O.)	
	(Exp	enses \$ including grants of \$) (Revenue \$)	
4e	Total	l program service expenses ▶	

	Is the expenientian described in section 501(a)(2) or 4047(a)(1) (ather than a private foundation)? If "Yea"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	•	√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	1	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
a -	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e	√	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	✓	
D	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	1	
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		1
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		1
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		1
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		1
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		1

Part	Checklist of Required Schedules (continued)			
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No /
zv a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	 	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		1
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	/	
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		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
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		1
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):	1 14 5		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u> ✓
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		1
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		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	< <	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 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,	30		
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	√	
		Forn	n 990	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	$\dot{-}\dot{-}\dot{-}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 98	[: PX		<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	2 5	1	٠.٠
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7.	7.77	į.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 67			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	9 m²	 	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a	✓	<u> </u>
b	If "Yes," enter the name of the foreign country: BRAZIL, CHINA, ISRAEL, AND UNITED KINGDOM			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	7.1	, V.	, \ -
_	(FBAR).	, July 1		4.5
5a		5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		<u> </u>
-	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		, ý -	3
a-		. T 84		
	and services provided to the payor?	7a	-	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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	1		<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		[
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-	,	
	sponsoring organization have excess business holdings at any time during the year?	8		Ĺ
9	Sponsoring organizations maintaining donor advised funds.			l
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:	- 1		1
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		-
11	Section 501(c)(12) organizations. Enter:			-
	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources)]	٠	Ì
	against amounts due or received from them.)	.		ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	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			ĺ
	the organization is licensed to issue qualified health plans			ĺ
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		Ť.

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins		ions.						
Section	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	<u> </u>						
			Yes	No						
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 in Schedule O.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		-£;- . ✓						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1						
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	√	√ √						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	13/12/							
a b										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ada I	✓						
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	1							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	/							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓	1						
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	1							
13 14	Did the organization have a written whistleblower policy?	13 14	√							
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?		<u></u>							
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1							
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		√						
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	i '							
Secti	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)						
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: >							

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

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

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				e than o	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL BISIGNANO	1									
DIRECTOR		✓		L.,				NONE	NONE	NONE
(2) JOHN BOSWELL (EFFECTIVE 2/16) DIRECTOR	1	1						NONE	NONE	NONE
(3) DORIAN DALEY	1									
DIRECTOR		✓						NONE	NONE	NONE
(4) PASCAL W. DI FRONZO	1									
DIRECTOR		✓	<u></u>					NONE	NONE	NONE
(5) MICHAEL A. DILLON DIRECTOR	1	✓						NONE	NONE	NONE
(6) SHEILA DI NARDO	1									
DIRECTOR		✓						NONE	NONE	NONE
(7) HORACIO GUTTIERREZ (EFF 2/16-4/16) DIRECTOR	1	√						NONE	NONE	NONE
(8) BURKE NORTON DIRECTOR	11	√						NONE	NONE	NONE
(9) RICHARD J. ROTHBERG DIRECTOR	1	√				·		NONE	NONE	NONE
(10) DAVID SHAMAN	1							NONE	NONE	NONE
DIRECTOR		<u> </u>	Н					NONE	NONE	NONE
(11) JIM SHAUGHNESSY (EFFECTIVE 5/16) DIRECTOR	1	1						NONE	NONE	NONE
(12) BRADFORD SMITH (EFF 1/16-2/16, 4/16-12/16)	1		i							
DIRECTOR		✓						NONE	NONE	NONE
(13) CLINT SMITH	1									
DIRECTOR		✓	Ш					NONE	NONE	NONE
(14) LEONARD STEIN (EFFECTIVE 5/16)	11									
DIRECTOR	<u> </u>	✓			<u></u>		<u> </u>	NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•				(0	C)								
(A)	(B)				ition		(D) (E)				(F)	
Name and title	Average					than c		Reportable	Reportable		Estir		
name and title	hours per					ıs both or/trust		compensation	compensation fro	om	amo		
	week (list any				r -			from	related			her	
	hours for	Individual trustee or director	1 25	Officer	Key employee	igt	Former	the	organizations	_	compe		n
	related	e d	₹	e	9	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MIS	²⁾	fron organ		
	organizations below dotted	학	舃		흥	ee co		(W-2/1099-MISC)		and r			
	line)	, is	3		yee	pqn				1	organi		
		l é	Institutional trustee	ŀ		SSUR				j			
	j .		ď			Highest compensated employee		j]			
(15) FELIX STERLING	1		-				-		. —	\neg			
DIRECTOR	 	1						NONE	NON				ONE
	 	_ v	-	 -				NONE	NON	<u> </u>		<u>r</u>	NONE
(16) STEVEN W. DIETZ	11			١,									
CHAIR		1		✓				NONE	NON	IE			ONE
(17) BRUCE SEWELL	1									İ			
VICE CHAIR		✓	1	1				NONE	NOV	ΙE		N	NONE
(18) DANIELA COMBE	1					-							
SECRETARY	† -	1		1				NONE	NON	.E		h	NONE
(19) SCOTT TAYLOR	-	_		 				NONE	INON	<u>'-</u>			TONE
	1	,		,								_	
TREASURER		✓		✓				NONE	NON	IE			NONE
(20) VICTORIA A. ESPINEL		İ]					,		j			
PRESIDENT & CEO	40			✓				1,636,693	NOV	IE		6	6,821
(21) SCOTT VAN HOVE								•		ł			
CFO & VP, FINANCE	20		1	1				269,795	NON	ΙE		4	7,141
(22) JODIE KELLEY													
SVP & GENERAL COUNSEL	40			İ	1			630,069	NON	ie		5	9,281
	40	-	-	-	' -	-		030,003	INON	16			3,201
(23) AARON COOPER	}	-	1 1	ĺ				•	-				
VP, GLOBAL POLICY	40				✓			329,044	NOV	<u> E </u>			<u>2,550</u>
(24) CRAIG ALBRIGHT	ļ. .							1					
VP, LEGISLATIVE STRATEGY	40					✓		379,083	NON	IE		5	3,367
(25) JARED RAGLAND				l	Ì								
SR DIR, POLICY, APAC	40					✓		357,274	NON	ΙE		4	7,777
1b Sub-total							<u> </u>	3,601,958	NON	JE		27	6,937
c Total from continuation sheets to Part	VII. Sectio	n A					•	916,256	NON	JF			
d Total (add lines 1b and 1c)			-				▶	4,518,214					
											£	- 40	7,016
		i to tr	iose	HSI	lea i	above	;) W		ore man \$100,	,000 0	1		
reportable compensation from the organ	ization							34			—-т		
						_						Yes	No
3 Did the organization list any former of							emp	oloyee, or high	est compens	ated	· . [1	
employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındı	ıvıdı	ıal				.	3		✓
4 For any individual listed on line 1a, is the	sum of re	portal	ble (con	nper	nsatio	n a	nd other comp	ensation from	ı the			
organization and related organizations											,	٠ ١	
individual							٠.			.	4	1	
5 Did any person listed on line 1a receive of	or accrue co	mne	neat	tion	froi	m anu	,n	related organia	ration or indivi	dual	├		
for services rendered to the organization											_	ł	,
	111 163, 0	Ompi	CIC	00,	1000	110 0 1	0/ 3	Bucii persori	· · · · ·		5		
Section B. Independent Contractors													
1 Complete this table for your five highest	•												
compensation from the organization. Rep	oort compe	nsatio	on fo	or th	1е с	alend	ar y	ear ending wit	h or within the	orgar	nizatio	n's ta	ЭX
year													
(A)							_	(B)			(C)		
Name and business add						ļ	Description of s	ervices	Co	mpens	ation		
SEE SCHEDIII E O	·						-						
SEE SCHEDULE O							 -						
								·					
							<u> </u>						
							L						
2 Total number of independent contractor							th	ose listed ab	ove) who				_
received more than \$100,000 of compens	sation from	the or	gan	izat	ion	>		93					

Part VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees		nd F Cl	lighe	st C	Compensated E	mployees (c	continue	<u>"</u>		
			•	رد ition			(5)	(5)		(F)			
(A) Name and title	(B) Average			ieck	more	than o			(E) Reportable			r) nated	
Name and the	hours per					is both or/trust		compensation	compensation	- 1	amo	unt of	
	week (list any hours for	 			,	,	<u> </u>	from the	related organization	ne		her Insation	1
	related	Individual trustee or director	State	Officer	Key employee	맞음	Former	organization	(W-2/1099-M			n the	•
	organizations	cto	ğ	٦	를	yee c	1 "	(W-2/1099-MISC)				ization	
	below dotted line)	7 8	altr		oye	g G	1					elated zations	í
		stee	Institutional trustee		6	Highest compensated employee	ĺ				- 3		
			ŏ			ê							
(15) ADAM COATES	40												
DEPUTY GENERAL COUNSEL	ļ	 -	-			/	<u> </u>	334,074	N.	ONE		5(6,577
(16) CHRISTOPHER HOPFENSPERGER	40						1					_	4 047
SR DIR, GLOBAL POLICY	ļ	 					├	296,789	N.	ONE		54	4,617
(17) TARUN SAWNEY	40	}				1	[201 202		001		40	0.407
SR DIR, ENFORCEMENT, APAC	 	 	-			 -	-	285,393	,,,,,	ONE		13	9,487
(18)	 					<u> </u> 		}					
(19)													
				<u> </u>				}	ļ				
(20)						}				,			
(21)	 			-	-	ļ	-	 	 	_			
						<u> </u>							
(22)					}					1			
(00)			-		<u> </u>		 						
(23)	}	1			}	t				- 1			
(24)	 		<u> </u>	╁	┼	 	 	 					
\$2.7	1	1		<u></u>		<u> </u>	l						
(25)													
4.0.1	1	L			1	L	Ļ						
1b Sub-total	 .\///	 	•	•				916,256	 	ONE		130	0,681 0
	. vii, sectio		•	•				916.256		ONE ONE		130	0,681
2 Total number of individuals (including bu							e) w						3,001
reportable compensation from the organ	izatıon ▶								·	· 			
											<u></u>	Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated		1	
4 For any individual listed on line 1a, is the								od other comm	· · · ·	· ·	3		
organization and related organizations												1	
ındıvıdual						. ,					4	1	
5 Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y un	related organiz	zation or ind	ividual			
for services rendered to the organization	? If "Yes," o	compi	lete	Scl	red	ule J	for s	such person		· ·	5		
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization. Rej.												nic to	
year	port compe	iiisalii	יי ווט	01 (1	16 0	alenc	iai)	year ending win	ii Oi Withiii t	ne orga	nzado	111 3 10	^
(A)							Г	(B)	J		(C)		
Name and business add	dress							Description of s	ervices	Co	ompensa	ation	
							ļ						
							+						
2 Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				
Total III III III III III III III III III I			3-									-000	

Par	VIII	Statement of Reve				a any liaa in this	Dod VIII		г
,		Check if Schedule O	contains	a res	ponse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns	3	1a				48.8 J. 18.84	
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b					
s, C Am	С	Fundraising events	•	1c					
Gifts, ilar An	d	Related organizations	·	1d					
imil	е	Government grants (con	tributions)	1e					
tion r S	f	All other contributions, gi		[學學學學	
the		and similar amounts not inc	luded above	1f					は教育なられる。
Contributions, and Other Sim	g	Noncash contributions includ	ded in lines 1a	-1f:\$				學是著艺人	
S &	h	Total. Add lines 1a-1	f	·	<u></u> ▶		"不 <u>不多深。"</u>	是"是"	
ue					Business Code	1. S. S. S.	拉一种铁铁	是感觉的不下。	Grand Broken Robert State Color
ven	2a	MEMBERSHIP DUES			813910	11,195,659	11,195,659		
æ	b	SPECIAL PROJECTS			813910	2,167,960	2,167,960		
Vice.	С	SETTLEMENTS			813910	42,179,695	42,179,695		<u></u>
Ser	d	CONVENTION INCOME			813910	61,000	61,000		
Program Service Revenue	е								
ogu	f	All other program sen			813910	107,570	107,570		
مّ	g	Total. Add lines 2a-2				55,711,884	7. 2. 2. 3	and the state of the	والمراجع المراجع المراجع
	3	Investment income		dıvıd	ends, interest,	1			
		and other similar amo	•			623,122			623,122
	4	Income from investment	t of tax-exe	mpt bo	ond proceeds ►				
	5	Royalties			<u> ▶</u>	<u> </u>			
			(i) Rea	 ~~~~	(ii) Personal				
	6a	Gross rents .	···						
	b	Less rental expenses	}						
	С	Rental income or (loss)	<u> </u>		<u> </u>		Brand St.		the second of the second
	d	Net rental income or (<u>.</u>	<u> ▶</u>				
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other		7357		
		assets other than inventory	 		ļ	1			
	b	Less, cost or other basis	}						
		and sales expenses	}		<u> </u>				
	С	Gain or (loss)	L		L	-			3. 5. F
	ď	Net gain or (loss) .	•		`				
<u>o</u>	0-	O to					, m		
enne	ва	Gross income from fu	indraising				7		
ek		events (not including \$ of contributions reporte		-7.	}	£ 7 %;	, , , , ,		
r R		See Part IV, line 18 .	ea on line i	,			٠.	1 m	
Other Reve		•	•	· a		1			
ŏ		Less: direct expenses Net income or (loss) fi		b	L	1			
		Gross income from ga			events . >				
	36	See Part IV, line 19	aning activ	· a	1		1		`
	ь	Less: direct expenses	·	. b		}		\ .	
		Net income or (loss) f				-	ļ		
		Gross sales of in			TVIIICS	 	 	 	
		returns and allowance			1	}	1	•	
	ь	Less cost of goods s				1			
	1	Net income or (loss) f				1			
		Miscellaneous R			Business Code	 			
	11a	SERVICE FEE		·	813910	663,707	663,707		
	b	FOREIGN EXCHANGE	GAIN (NET)	813910	542,246	}		
	С								
	d All other revenue					1			
	е	Total. Add lines 11a-	11d .		•	1,205,953			
:	12	Total revenue. See in	nstructions	<u>. </u>	<u></u> >	57,540,959			623,122
									Form 990 (2016)

Form 990 (2016) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, (A)

8b, 9b, and 10b of Part VIII.

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

(A)

Total expenses

Program service Ø (C) Management and (D) Fundraising

8b, 9£	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	117,089			
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, lines 15 and 16	5,772			
4	Benefits paid to or for members			對於人物問題。	A CONTRACTOR OF THE PARTY OF TH
5	Compensation of current officers, directors, trustees, and key employees	3,202,253			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,580,602			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	628,633			
9	Other employee benefits	933,132			
10	Payroll taxes	585,463			
11	Fees for services (non-employees).				
а	Management	ĺ	l		
b	Legal	17,114,599			
С	Accounting	329,005			
d	Lobbying	2,152,357			
е	Professional fundraising services. See Part IV, line 17		ブ、13 mの機関	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Investment management fees	79,844			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,838,163			
12	Advertising and promotion	7,000,100			
13	Office expenses	496,077			
14	Information technology	1,262,656			
15	Royalties				
16	Occupancy	1,775,085			
17	Travel	762,252			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	399,782			
20	Interest	359			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,434			
23	Insurance	182,428			
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.)	, .		,	
а	PUBLIC RELATIONS EXPENSES	4,069,279	 		
b	ENFORCEMENT EXPENSES	2,082,927			
С	DUES AND SUBSCRIPTIONS	264,310			
d	BAD DEBT EXPENSES	246,541			
е	All other expenses	174,624			
_25	Total functional expenses. Add lines 1 through 24e	53,338,666			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				Form 990 (2016)

Part X Balance Sheet 1 Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 3,162,850 4,811,047 2 2 3,838,046 2,126,556 3 Pledges and grants receivable, net 4 4 9,075,511 12.907.315 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use R 8 9 Prepaid expenses and deferred charges . . . 364,874 487,213 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 289,490 75,778 10c 396,894 11 Investments - publicly traded securities 11 22,335,837 29,616,747 12 Investments—other securities. See Part IV, line 11 . 12 2,575 2,970 13 Investments – program-related. See Part IV, line 11... 13 14 14 15 Other assets. See Part IV, line 11 15 565,278 556,130 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 39,543,088 50,782,533 Accounts payable and accrued expenses 17 12,358,681 17 12,282,322 18 18 19 19 1,084,969 7,842,251 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 779,707 875,242 14,223,357 26 Total liabilities. Add lines 17 through 25 26 20,999,815 Organizations that follow SFAS 117 (ASC 958), check here > 7 and Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 25,319,731 29,782,718 28 Temporarily restricted net assets . 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 25,319,731 33 29,782,718 Total liabilities and net assets/fund balances 34 34 39,543,088 50,782,532 Form 990 (2016)

Page	12	

	(20.0)				490 ·
Par	XI Reconciliation of Net Assets				
	· 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		57,54	10,959
2	Total expenses (must equal Part IX, column (A), line 25)	2		53,33	38,666
3	Revenue less expenses. Subtract line 2 from line 1	3		4,20	2,293
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25,31	19,731
5	Net unrealized gains (losses) on investments	5		26	50,694
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		29,78	32,718
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in			
	Schedule O		- {	- `	<i>*</i> .
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	led or		·	7-1
	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?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	,		, ,
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			د که در برد. د کنو می مو	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove		1		
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, expl	lain in			1 27
	Schedule O.		1	7	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	1		
	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	-			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	dits	3b		
			Forr	n <mark>99</mark> 0	(2016)

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

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

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

, (
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer iden	tification number
BSA E	USINESS SOFTWARE ALLI				06-1242574
Part		e organization is exempt unde			
1	Provide a description of definition of "political car	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .			
3		cal campaign activities (see instruc			
Part	-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			Yes No
4a	•		•		. Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt unde	er section 501(d	c), except section 501	(c)(3).
1		ly expended by the filing organization			· · · · · · · · · · · · · · · · · · ·
	activities			\$	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function acti	vities		▶ \$	
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	**
	line 17b			\$	
4	Did the filing organization	n file Form 1120-POL for this year?	·		🗌 Yes 🗸 No
5	Enter the names, address	ses and employer identification nun	nber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed, e	enter the amount	paid from the filing organi	zation's funds. Also enter
		ontributions received that were pror			
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
/1) B	SA THE SOFTWARE	20 F STREET, NW, SUITE 800			
	LLIANCE PAC	WASHINGTON, DC 20001	84-1693724	NONE	15,589
(2)					
(3)					
(4)					
(5)					
(6)			 		

Page :	2
--------	---

Pa	rt II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50)1(c)(3) and filed	Form 5768 (ele	ection under
Ā	Check ► ☐ if the filing organization be name, address, EIN, expe	longs to an af	filiated group (ar	nd list in Part IV e	each affiliated gro	oup member's
R	Check ► ☐ if the filing organization ch					
<u> </u>		ying Expendite			(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts	paid or incurred.)	organization's totals	group totals
	a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ing)		
	b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying	g)		
	c` Total lobbying expenditures (add lines 1	a and 1b) .				
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (add	l lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is	The lobbying	nontaxable amoun	t is:	3 2 2 3 4 3 4	6. 30. 3
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess		الي يعقون بداء أ	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000	19 2 3 (Jan 22)	
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25	-				
	h Subtract line 1g from line 1a. If zero or le	·				
	i Subtract line 1f from line 1c If zero or le		e e e e e e e e e e e e e e e e e e e		61- F 4700	
	j If there is an amount other than zero reporting section 4911 tax for this year?					☐Yes ☐ No
			eriod Under sec		· · · · · · · · · · · · · · · · · · ·	
	(Some organizations that made a se	ction 501(h) ele		e to complete all	of the five columi	ns below.
	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))		-		\$ 1 .	
	f Grassroots lobbying expenditures					

	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	3)		(b)	
lesci	uption of the lobbying activity.	Yes	No	Ar	nount	:
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?					
a b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			- 1 3-		1.0
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į	Other activities?					
j	Total. Add lines 1c through 1	± 15. 70				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		,			,
b	If "Yes," enter the amount of any tax incurred under section 4912	24.5	e 12	i		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	,		-	,	., .
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		·
				-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	$\neg \neg$	V
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3	1	
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	Ĥ (b)	Parl	III-A,	line 3	3, is
1	Dues, assessments and similar amounts from members		1		11,19	5,65
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	7 7			
а	Current year		2a		3,11	6,14
b	Carryover from last year		2b		-1,65	7,92
С	Total		2c		1,45	8,21
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		1,08	34,63
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng	10 mg			
	and political expenditure next year?		4		37	73,58
5	Taxable amount of lobbying and political expenditures (see instructions)		5	L		
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro instructions); and Part II-B, line 1 Also, complète this part for any additional information.	oup lis	t); Pa	t II-A, I	nes 1	and
		•				
•						

rm 990 or 990-EZ) 2016		Page 4
Supplemental Information (co	ntinued)	
	*	~

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	the organization		
	SINESS SOFTWARE ALLIANCE, INC.	sized Finale as Other Circles Final	06-1242574
Part			us or accounts.
	Complete if the organization answered		I that is not and other and other
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		<u> </u>
2 ,	Aggregate value of contributions to (during year)		<u> </u>
3 ,	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	eld in donor advised
1	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gran	nt funds can be used
	only for charitable purposes and not for the bene		
•	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea	•	a historically important land area
_	Protection of natural habitat		a certified historic structure
	☐ Preservation of open space		a continue motorio ottabiaro
•	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	ora a qualifica defider variori definite and	Held at the End of the Tax Year
			
	Total acreage restricted by conservation easemen		}
	Number of conservation easements on a certified	, ,	
	Number of conservation easements included in historic structure listed in the National Register		, ,
			2d
	Number of conservation easements modified, trantax year ►	isterreu, released, extinguished, or terr	minated by the organization during the
		anistica accoment is located	
	Number of states where property subject to conse Does the organization have a written policy re		nostion bandling of
	violations, and enforcement of the conservation ea	•	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, nandling of violations, and enforcing of	conservation easements during the year
_ '		the standard and standard	
	Amount of expenses incurred in monitoring, inspecti ► \$	ng, handling of violations, and enforcing	conservation easements during the year
		0/1)	4'470/h\/4\/D\/\$\
	Does each conservation easement reported on line	The state of the s	
	V N N N I		
	n Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		ancial statements that describes the
	organization's accounting for conservation easem		
Part		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered		
	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila		lucation, or research in furtherance of
	public service, provide the following amounts rela		
	(i) Revenue included on Form 990, Part VIII, line 1	·	> \$
1	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of an		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Accete included in Form 990, Part Y		> •

Dan	Organizations Maintaining C	Collections of	A+ Hic	torical 7	Francurac	05.01	har Similar A	seate (cor	tinuad
3	Using the organization's acquisition, ac	consider and at	hor room	rde choo	k any of th	o follos	wing that are a	significant	use of its
3	collection items (check all that apply):	cession, and or	ner reco	us, chec	k any or u	ie ioliov	wing that are a	Significant	use or its
_									
a	Public exhibition				or exchang				
b	☐ Scholarly research		е	Other Other	r 			•••••	
C	Preservation for future generations								
4	Provide a description of the organization	n's collections a	and expla	ain how t	hey further	the org	ganization's exe	mpt purpos	se in Part
	XIII.								
5	During the year, did the organization se								
	assets to be sold to raise funds rather the	nan to be mainta	uned as p	part of the	e organizati	ion's co	ollection?	☐ Yes	s □ No
Part	IV Escrow and Custodial Arran	gements.							
	Complete if the organization a	inswered "Yes'	on For	m 990, F	art IV, line	e 9, or	reported an a	mount on	Form
	990, Part X, line 21.			,	-	•	•		
1a	Is the organization an agent, trustee, of	custodian or oth	er interm	nediary fo	or contribut	ions or	other assets r	not	
	included on Form 990, Part X?								s □ No
b	If "Yes," explain the arrangement in Par-								,
D	ii res, explain the arrangement in rar	. An and comple	ste the lo	nowing to	abie.		T	Amount	
_	Paginning halance					1			
C C	Beginning balance					10			0
d	Additions during the year					1d			190,000
е	Distributions during the year		•			1e			190,000
f	Ending balance					1f			0
2a	Did the organization include an amount								
	If "Yes," explain the arrangement in Part	t XIII. Check here	e if the ex	cplanatio	n has been	provide	ed on Part XIII .		
Part	t V Endowment Funds.								
	Complete if the organization a	inswered "Yes"	on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years bad	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions		-						
c	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs	ľ				l		j	
f	Administrative expenses			 -			 -	- 	
-	· · · · · · · · · · · · · · · · · · ·								
9	End of year balance		11 -1	- /!! d		N 6 - Lal			
2	Provide the estimated percentage of the		d balanc	e (line 19	, column (a	i)) neia i	as:		
a	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
_	The percentages on lines 2a, 2b, and 2c								
3a	Are there endowment funds not in the	possession of th	e organi	zation tha	at are held	and ad	ministered for t	he _	
	organization by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org		as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses of							L	
Part				~~~~					
	Complete if the organization a		" on For	m 990 F	Part IV line	e 11a	See Form 990	Part X li	ne 10
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book	
	Description of property	(investm			ther)		epreciation	(0) 0000	value
	Land		·	·			·		
1a	Land								
b	Buildings		-	ļ					
С.	Leasehold improvements				582,812	<u> </u>	192,995	 	389,817
d	Equipment	ļ			103,572		96,495		7,077
<u>е</u>	Other			L					
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 9:	90, Part)	<, column	(B), line 10)c.) .	<u></u> ▶ \		396,894

Part VII	Investments—Other Securities.	000 !	Port IV Ive	a 11h Sac Farm	000 Part V line 12
	Complete if the organization answered "Yes" on Fo		ook value		od of valuation
	(a) Description of security or category (including name of security)	(b) Bo	ook value		of valuation of-year market value
(1) Financial					
	eld equity interests				
(3) Other		 			
(A)		 			
(B) (C)		 			
(D)					
(E)		· 			
····(F)		 			
(G)		 			
(H)					··· · · · · · · · · · · · · · · · · ·
Total. (Column (L	o) must equal Form 990, Part X, col. (B) line 12.) ▶				Marian Salah
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" on Fo	rm 990, I	Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Bo	ook value		nod of valuation of-year market value
(1)					
(2)					
(3)					
(4)		ļ			<u></u>
(5)					
(6)		 			
(7)					
(8)		+		·	
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶	 	_	- ,	
Part IX	Other Assets.			<u> </u>	
	Complete if the organization answered "Yes" on Fo	rm 990. I	Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description	<u> </u>	·····		(b) Book value
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					
(7)					
(8)					
(9) Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)			•	
Part X	Other Liabilities.		<u> </u>		
	Complete if the organization answered "Yes" on Fo	rm 990, I	Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.	,	-		
1.	(a) Description of liability (b) Book value				
(1) Federal in	ncome taxes				i
	RED RENT EXPENSE	69,345			
	MENT PLAN LIABILITY 5	05,897			
(4)					
(5)					
(6)					
(7)					-
(9)	· · · · · · · · · · · · · · · · · · ·				
	b) must equal Form 990, Part X, col. (B) line 25) ▶	375,242			
	runcertain tax positions. In Part XIII, provide the text of the foot		organizatio	n's financial stateme	nts that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Cr				

	, , , , , , , , , , , , , , , , , , , ,				
Part				Retu	rn.
	• • • • • • • • • • • • • • • • • • • •			1	
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				1. [
d				9.0	
е	Add lines 2a through 2d			2e	
3				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ه، دينة	
b	Other (Describe in Part XIII.)	4b] [
С				4c	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements					
					T. 11
BSA A	ND OTHER TECHNOLOGY TRADE ASSOCIATIONS ENTERED INTO A PARTICI	PATIC	ON AGREEMENT TO WO	ORK T	OGETHER
			0040454171041 4410 7117		UDULGAN
TO SPO	DISOR AND HOST TECHNOLOGY RECEPTIONS AT THE DEMOCRATIC NATIO	NAL	CONVENTION AND THE	E REP	UBLICAN
NATIO	NAI CONVENTION DOTH HELD IN HILV 2016 DED THE ACDEEMENT AFTE	D DA'	VMENT OF DIDECT EVE	DENISE	SASSOCIATED
MAIIO	VAL CONVENTION, DOTT HELD IN JULY, 2010. FER THE AGREEMENT, AT IL	N.F.C.	INCH OF DIRECTEA	LIVOL	3 A330CIATED
MITH F	ACH EVENT, BSA DONATED THE SUPPLUS TO TWO CHARITIES				

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Schedule D (For	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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		-

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·····		
••••••		
•••••		
••••••		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2016

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization Employer identification number BSA BUSINESS SOFTWARE ALLIANCE, INC. 06-1242574 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑Yes □No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (b) Number of (a) Region (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) expenditures for and investments a program service, describe specific type of fices in the region employees, agents, and independent service(s) in the region in the region contractors in the region (1) CNTRL AMER/CARIBBEAN NONE NONE PROGRAM SERVICES **ENF & COMMUNICATIONS** 150,762 (2) EAST ASIA AND PACIFIC PROGRAM SERVICES 15 ENF, COMMUN, & POL 12,925,550 (3) EUROPE 3 12 PROGRAM SERVICES ENF, COMMUN, & POL 8,051,071 (4) MID EAST/NORTH AFRICA NONE NONE **PROGRAM SERVICES** ENFORCEMENT 123,728 (5) NORTH AMERICA NONE NONE PROGRAM SERVICES ENF, COMMUN, & POL 2,033,411 (6) RUSSIA/INDEP STATES NONE NONE PROGRAM SERVICES ENF, COMMUN, & POL 396,688 (7) SOUTH AMERICA 2 PROGRAM SERVICES ENF, COMMUN, & POL 1 3,644,828 (8) SOUTH ASIA 2 PROGRAM SERVICES ENF, COMMUN, & POL 486,098 (9) SUB-SAHARAN AFRICA NONE NONE **ENF & COMMUNICATIONS** PROGRAM SERVICES 76,200 (10) RUSSIA/INDEP STATES NONE NONE **GRANTMAKING** ENFORCEMENT 4,522 (11) SOUTH AMERICA **INC ABOVE INC ABOVE GRANTMAKING POLICY** 1,250 (12)(13)(14)(15)(16)(17)Sub-total 9 31 27,894,108 Total from continuation

9

sheets to Part I Totals (add lines 3a and 3b)

27,894,108

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

-	(3)	(2)	(3)	(4)	(g)	(9)	3	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(a) Name of organization											-					
(b) IRS code section and EIN (if applicable)				•			,		,	,						
(c) Region											:					
(d) Purpose of grant																
(e) Amount of cash grant																
(f) Manner of cash disbursement																
(g) Amount of noncash assistance																
(h) Description of noncash assistance																
(i) Method of valuation (book, FMV, appraisal, other)																

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part III Grants an

rait iii cali be dupilo	a space	is lieeded.	3- 1 V 457		7- 7- 1- 4- 6		
יין אָשְׁיּטְינֵי עַיְּמְיּוּרְטְינְ	i coffee	recipients	cash grant	cash cash disbursement	noncash assistance	of noncash assistance	(ii) Method of valuation (book, FMV, • appraisal, other)
(1)							:
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2016

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Page	-

Schedule	r /r	000	004	^
SCHEUDIE	r iroiin	9901	201	Ð

Part :	V Foreign Forms		
1	Was the organization a U S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☑ Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	 ✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	☑ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART 1, QUESTION 2 - GRANTS TO ORGANIZATIONS OR ENTITIES OUTSIDE THE UNITED STATES:
BSA BUSINESS SOFTWARE ALLIANCE, INC. CONTRIBUTED TO A RUSSIAN ENTITY IN SUPPORT OF COPYRIGHT PROTECTION
EDUCATION FOR JUDGES AND LAW ENFORCEMENT OFFICIALS. THE ENTITY WAS REQUIRED TO CONDUCT FOUR SEMINARS AND
ONE CONFERENCE AND TO PREPARE A FULL DESCRIPTIVE AND FINANCIAL REPORT AFTER COMPLETION OF THE PROJECT. BSA
ALSO CONTRIBUTED MONEY TO A SOUTH AMERICAN ORGANIZATION IN SUPPORT OF CHARITABLE AND COMMUNITY INITIATIVES.
PART 1, QUESTION 3 - PROGRAM SERVICES ACTIVITIES IN THE REGIONS:
ENFORCEMENT AND COMPLIANCE PROGRAMS:
BSA BUSINESS SOFTWARE ALLIANCE, INC. SOLICITED LEADS FROM THE PUBLIC CONCERNING POSSIBLE ILLEGAL USES OF
SOFTWARE BY COMPANIES, DIRECTED END-USER ENFORCEMENT ACTIONS SEEKING TO END THE ILLEGAL USE OF UNLICENSED
SOFTWARE BY COMPANIES; TOOK DOWN WEBPAGES HOSTING INFRINGING CONTENT ON PEER-TO-PEER (P2P) AND DIRECT
DOWNLOAD (DD) SITES, WORKED WITH MARKETPLACE AND AUCTION SITES TO TAKE DOWN LISTINGS OFFERING INFRINGING
SOFTWARE PRODUCTS.
COMMUNICATIONS - EDUCATION, SOFTWARE ASSET MANAGEMENT, AND PUBLIC EVENTS:
BSA BUSINESS SOFTWARE ALLIANCE, INC. ISSUED NEWS RELEASES ON DEVELOPMENTS AFFECTING SOFTWARE POLICY AND
LEGAL TOPICS, CONDUCTED EDUCATIONAL OUTREACH PROGRAMS TO SOFTWARE USERS AND RELATED KEY AUDIENCES; AND
CONVENED OR COSPONSORED PUBLIC EVENTS BRINGING TOGETHER SOFTWARE INDUSTRY REPRESENTATIVES AND ALLIES.
POLICY - PUBLIC EDUCATION AND COMMUNICATION WITH POLICYMAKERS AND INFLUENCERS:
BSA BUSINESS SOFTWARE ALLIANCE, INC. EDUCATED POLICYMAKERS ON THE NEED FOR NEW OR REVISED LAWS, REGULATIONS
AND GLOBAL AGREEMENTS IN THE AREAS OF INTELLECTUAL PROPERTY RIGHTS, CYBERSECURITY, INTERNATIONAL TRADE, HUMAN
CAPITAL AND DATA SERVICES. BSA ALSO ADVOCATED AGAINST HARMFUL POLICIES, LAWS OR REGULATIONS THAT WOULD STIFLE
INNOVATION AND ADVERSELY IMPACT THE ABILITY OF THE SOFTWARE INDUSTRY TO COMPETE IN THE GLOBAL MARKETPLACE.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

9 .	Public
8	Open to

OMB No 1545-0047

SINE						
						06-1242574
Serial Information on Grants and Assistance	ssistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	intiate the amou	unt of the grants or	r assistance, the g	rantees' eligibility for	the grants or assistanc	1
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	assistance?	the use of orant fu	· · · · In the United	States.		· Yes No
E	estic Organiz	ations and Don ore than \$5,000.	nestic Governm Part II can be d	nents. Complete if tuplicated if addition	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form eved more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
1 (a) Name and address of organization (b) EIN (c) (if or government	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRLS WHO CODE, INC. 28 W 23RD ST, NEW YORK NY 10010 30-0728021 5	501(c)(3)	75,000				IMMERSION PROGRAM
52-1905358	501(c)(3)	10 000				GENEDA! SLIDBODT
ND. 31-1577362	501(c)(3)	10 000				GENERAL SUPPORT
(9)						
(9)						
ω						
(8)						
(6)						
(10)						
(11)						
(12)						
2 Enter total number of section 501(c)(3) and government	nment organiza	organizations listed in the line 1 table	ine 1 table			3
3 Enter total number of other organizations listed in the line 1 to For Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.			Cat No 50055P		Schedule I (Form 990) (2016)

Schedule I (F	Schedule I (Form 990) (2016)			-		Page 2
Part	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individual space is needed.	is. Complete if the	organization answ	ered "Yes" on Form 990,	. Fart IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information rec	quired in Part I, lin	e 2; Part III, columr	(b); and any other additi	ional information.
BSA BUSIN	BSA BUSINESS SOFTWARE ALLIANCE, INC. OCCASIONALLY CONTRIBUTES MONEY TO ORGANIZATIONS IN SUPPORT OF CHARITABLE INITIATIVES RELATED TO THE SOFTWARE	ALLY CONTRIBUTES	S MONEY TO ORGANI	ZATIONS IN SUPPORT	T OF CHARITABLE INITIATIVI	ES RELATED TO THE SOFTWARE
INDUSTRY.						
0 1 1 1 2 4 4 1 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		1				
		• # # # # # # # # # # # # # # # # # # #		6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				**************************************	; 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
						Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

06-1242574 BSA BUSINESS SOFTWARE ALLIANCE, INC. Part | Questions Regarding Compensation Yes Νo 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. J 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 Personal services (such as, maid, chauffeur, chef) ☐ Discretionary spending account ٠.` 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 explain. 1b 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 Indicate which, if any, of the following the filling 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. ☐ Compensation committee ✓ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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. Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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: 6a If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9

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

Note: The sum of columns (b)(y-(iii) for each listed individual must equal the total amounts for that individual (b) and (c) and (c) amounts for that individual (b) Breakdown of W-2 and/or 1099-MISC compensation	or each	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	r vii, section A, tine	a, applicable colum	(U) and (E) amounts	Tor that individual
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	(c) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(r) Compensation in column (B) reported
		compensation	compensation	reportable	compensation			as deferred on prior Form 990
VICTORIA A FSPINFI	ε	1,207,641	409,940	19,112	29,150	37,671	1,703,514	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SCOTT VAN HOVE	Ξ	193,070	55,474	21,251	29,150	18,014	316,959	NONE
2 CFO & VP, FINANCE	(E)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JODIE KELLEY	(9)	487,605	121,626	20,838	29,150	37,046	696,265	NONE
3 SVP & GENERAL COUNSEL	<u> </u>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AARON COOPER	ε	293,575	35,000	469	0	3,790	332,834	NONE
4 VP, GLOBAL POLICY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CRAIG AL BRIGHT	ε	315,789	62,504	062	26,500	28,377	433,960	NONE
5 VP, LEGISLATIVE STRATEGY	<u>(E)</u>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JARED RAGLAND	Θ	240,511	17,282	99,481	28,357	20,630	406,261	NONE
6 SR DIR, POLICY, APAC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ADAM COATES	8	274,862	40,672	18,540	29,150	28,937	392,161	NONE
7 DEPUTY GENERAL COUNSEL	<u>(i)</u>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
C. HOPFENSPERGER	8	270,873	17,611	8,305	29,150	56,696	352,635	NONE
8 SR. DIR, GLOBAL POLICY	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TARUN SAWNEY	8	256,574	23,338	5,481	13,334	6,153	304,880	NONE
9 SR DIR, ENFORCEMENT, APAC	(ii)	NONE		NONE	NONE	NONE	NONE	NONE
	8							
10	(ii)							
	(3)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
11	Ξ							
	Ξ							
12	(ii)							
	(1)							
13	(ii)							
	8							
14	€							
	9			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
15	€							
	2	1						
16	€							
							Sch	Schedule J (Form 990) 2016

	Supplemental Information
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ı	
	Part Ⅱ
i	

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.

, PART 1, LINE 1A
FIRST-CLASS OR CHARTER TRAVEL
TWO SENIOR MEMBERS OF BSA TRAVELED BY FIRST CLASS AIR TO MEET WITH A MEMBER CORPORATION IN DECEMBER, 2016 THE COST FOR EACH TICKET WAS \$635 FIRST
CLASS SEATS WERE PROVIDED BY THE TRAVEL AGENCY BECAUSE NO OTHER SEATS ON THE FLIGHT WERE AVAILABLE. THESE BUSINESS TRAVEL COSTS WERE NOT
IREATED AS TAXABLE COMPENSATION.
TAX INDEMNIFICATION AND GROSS-UP PAYMENTS.
JARED RAGLAND, SENIOR DIRECTOR, POLICY, APAC, RECEIVED TAX GROSS-UP PAYMENTS TOTALING \$58,027 TO COVER TAX LIABILITY ON COMPENSATION RELATED TO HIS
RELOCATION TO SINGAPORE, INCLUDING TUITION FOR AN AMERICAN-BASED CURRICULUM SCHOOL FOR DEPENDENT CHILDREN. THIS BENEFIT WAS TREATED AS TAXABLE
OMPENSATION TO JARED RAGLAND.
FEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:
SSA BUSINESS SOFTWARE ALLIANCE, INC. REIMBURSES ALL REGULAR EMPLOYEES UP TO \$80 PER MONTH FOR HEALTH AND FITNESS EXPENSES INCLUDING MONTHLY FITNESS
LUB/GYM FEES. SCOTT VAN HOVE, CFO & VP, FINANCE, WAS REIMBURSED \$800, JODIE KELLEY, SVP & GENERAL COUNSEL, WAS REIMBURSED \$1,040, AND JARED RAGLAND, SR
JIR, POLICY, APAC, WAS REIMBURSED \$209. THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS.
ARTII
OREIGN HIGHEST COMPENSATED EMPLOYEE

TARUN SAWNEY, SENIOR DIRECTOR, ENFORCEMENT, APAC, IS A FOREIGN EMPLOYEE AND DOES NOT RECEIVE A W-2.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
BSA BUSINESS SOFTWARE ALLIANCE, INC.	06-1242574
PART I, LINE 1	
	ICTDY DEFODE COVERNMENTS. AND
BSA THE SOFTWARE ALLIANCE IS THE LEADING ADVOCATE FOR THE GLOBAL SOFTWARE INDI	JSTRY BEFORE GOVERNMENTS AND
IN THE INTERNATIONAL MARKETPLACE. BSA PIONEERS COMPLIANCE PROGRAMS THAT PROMO	TE LEGAL SOFTWARE USE AND
ADVOCATES FOR PUBLIC POLICIES THAT FOSTER TECHNOLOGY INNOVATION AND DRIVE GROW	TH IN THE DIGITAL ECONOMY.
DADTILINGS	
PART I, LINE 5	
IN ADDITION TO BSA BUSINESS SOFTWARE ALLIANCE, INC.'S UNITED STATES-BASED EMPLOYEE	S WHO RECEIVED W-2'S, THE
ORGANIZATION HAD EMPLOYEES BASED OUTSIDE THE US SUPPORTING THE BSA'S WORLDWIDE	ACTIVITIES.
PART III, LINE 1	
BSA THE SOFTWARE ALLIANCE IS THE LEADING ADVOCATE FOR THE GLOBAL SOFTWARE INDI	JSTRY BEFORE GOVERNMENTS AND IN
THE INTERNATIONAL MARKETPLACE. ITS MEMBERS ARE AMONG THE WORLD'S MOST INNOVATIONAL MARKETPLACE.	VE COMPANIES, CREATING SOFTWARE
SOLUTIONS THAT SPARK THE ECONOMY AND IMPROVE MODERN LIFE. WITH HEADQUARTERS IN	WASHINGTON, DC, AND OPERATIONS
IN MORE THAN 60 COUNTRIES AROUND THE WORLD, BSA PIONEERS COMPLIANCE PROGRAMS T	HAT PROMOTE LEGAL SOFTWARE USE
AND ADVOCATES FOR PUBLIC POLICIES THAT FOSTER TECHNOLOGY INNOVATION AND DRIVE G	ROWITH IN THE DIGITAL ECONOMY.
PART VI, LINES 6, 7A, 11B, 12B, 12C, 13, 14, 15A, 15B AND 19	
6 & 7A. BSA HAS GLOBAL AND GLOBAL POLICY MEMBERS, AS DEFINED IN BSA'S BYLAWS, WHO	HAVE THE RIGHT TO A SEAT
ON THE BOARD OF DIRECTORS, AND THEREBY, A DIRECT VOICE IN MAKING POLICY DECISIONS A	AND SETTING THE OVERALL
DIRECTION OF BSA.	
	·
11B. THE FORM 990 WAS PREPARED BY BSA ACCOUNTING STAFF AND IT WAS REVIEWED BY BS	A'S CONTROLLER, CFO,
OUTSIDE COUNSEL AND TAX ADVISOR. THE 990 WAS THEN PROVIDED TO THE BOARD OF DIREC	TORS PRIOR TO ITS FILING.

- 6	ane	- 2

Name of the organization	Employer identification number
BSA BUSINESS SOFTWARE ALLIANCE, INC.	06-1242574
12B. AN OFFICER, DIRECTOR, OR EMPLOYEE IS REQUIRED TO DISCLOSE IN WRITING ANY EXISTING C	ONFLICTS BETWEEN THEIR
INTERESTS (OR THEIR FAMILY'S INTERESTS) AND THOSE OF BSA. IN THE ACKNOWLEDGEMENT ACCO	OMPANYING THIS WRITTEN
DISCLOSURE, THE INDIVIDUAL AGREES TO REPORT PROMPTLY TO BSA ANY CHANGES OR ADDITION	S TO THEIR INITIAL CONFLICT
DISCLOSURE, INCLUDING BUT NOT LIMITED TO ANY INSTANCE OF A CONFLICT OR APPARENT CONFL	ICT THAT MAY SUBSEQUENTLY
ARISE.	
12C. AN OFFICER, DIRECTOR, OR EMPLOYEE RECEIVES, REVIEWS, AND ACKNOWLEDGES IN WRITING	HIS OR HER COMPLIANCE WITH
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND DISCLOSES ANY EXISTING CONFLICTS OF	WHICH HE OR SHE IS
CURRENTLY AWARE. IN THIS WRITTEN ACKNOWLEDGEMENT, THE INDIVIDUAL AGREES TO REPORT F	PROMPTLY TO BSA ANY
CHANGES OR ADDITIONS TO THEIR INITIAL CONFLICT DISCLOSURE, INCLUDING BUT NOT LIMITED TO	ANY INSTANCE OF A CONFLICT
OR APPARENT CONFLICT THAT MAY SUBSEQUENTLY ARISE. IN ADDITION, THE ORGANIZATION REGU	ILARLY INFORMS ITS MEMBERS
OF THIS POLICY AND ALSO PUBLICIZES METHODS TO REPORT CONFLICTS VIA A CONFIDENTIAL HOTI	INE.
•	
13 & 14. BSA HAS AND OBSERVES A WHISTLEBLOWER POLICY. BSA HAS AND OBSERVES A DOCUME	ENT RETENTION POLICY.
THESE POLICIES WERE ADOPTED BY MANAGEMENT UNDER THE SUPERVISION OF THE BOARD.	
15A. FOR THE PRESIDENT AND CEO, THE BOARD'S EXECUTIVE COMMITTEE CONDUCTS A PERFORMA	NCE REVIEW ON AN ANNUAL
BASIS AND DETERMINES COMPENSATION. COMPENSATION PAID TO OTHER NONPROFIT EXECUTIVES	S IN COMPARABLE POSITIONS
IS CONSIDERED DURING THIS PROCESS.	
15B. FOR THE OTHER OFFICER AND FOR THE KEY EMPLOYEES LISTED ON THE FORM 990, COMPENSA	ATION IS REVIEWED ANNUALLY.
COMPENSATION PAID TO OTHER NONPROFIT EXECUTIVES IN COMPARABLE POSITIONS IS CONSIDER	
OFFICERS AND THE KEY EMPLOYEES LISTED ON THE FORM 990 ARE SUBJECT TO AN ANNUAL PERFO	
INCREASE, IF ANY, IS DETERMINED BASED ON PERFORMANCE. THEIR BONUS, IF ELIGIBLE AND IF EA	
ON THEIR PERFORMANCE VERSUS PREDEFINED GOALS AND OBJECTIVES.	
ON THEM I EM CANDANGE VERSUS FREDEFINED GUALS AND OBJECTIVES.	
······································	

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

BSA BUSINESS SOFTWARE ALLIANCE, INC.	06-1242574
19. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AF	ND FORM 990 AVAILABLE UPON
REQUEST.	
PART VI, SECTION A	
FOREIGN HIGHEST COMPENSATED EMPLOYEE	
THE FOLLOWING EMPLOYEE REPORTED IN PART VII IS FOREIGN AND DOES NOT RECEIVE A W-2	
TARUN SAWNEY, SENIOR DIRECTOR, ENFORCEMENT, APAC	
	-

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization		Employer identification number
BSA BUSINESS SOFTWARE ALLIANCE, IN	C.	06-1242574
PART IX, LINE 11 g		
FEES FOR SERVICES (NON-EMPLOYEES):		

OTHER.		
FEES FOR CONDUCTION, GUIDANCE AND	SUPPORT FOR THE FOLLOWING ACTIVITIES:	
PUBLIC RELATIONS	\$ 3,390,826	
POLICY	\$ 1,480,664	
ENFORCEMENT	\$ 1,379,341	
RESEARCH AND STUDIES	\$ 971,674	
HUMAN RESOURCES AND RECRUITING	\$ 567,398	
TEMPORARY SERVICES	\$ 26,002	
OTHER PROFESSIONAL SERVICES	\$ 22,258	
TOTAL	\$ 7,838,163	

	••••••••••••••••••••••••••••••	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

BSA BUSINESS SOFTWARE ALLIANCE, INC.

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Employer identification number Open to Publi Inspection

06-1242574

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 ŝ (f) Direct controlling 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. Yes (f) Direct controlling (e) End-of-year assets BSA 10 BSA × (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 527 FOREIGN 501(c)(3) (c) Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity BR ဥ 8 SOFTWARE EDUCAT. (b) Primary activity CAMPAIGN SUP TRADE ASSOC. For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity RUA SAMUEL MORSE NO. 134-BROOKLIN, SAO PAULO, BR (5) (2) SOFTWARE EDUCATION FOUNDATION 81-4001808 20 F STREET, NW, SUITE 800; WASHINGTON, DC 20001 (3) BSA | THE SOFTWARE ALLIANCE PAC 84-1693724 20 F STREET, NW, SUITE 800; WASHINGTON, DC 20001 (a) Name, address, and EIN of related organization (1) BUSINESS SOFTWARE ALLIANCE DO BRAZIL Part II ପ 2 2 = € 9 € 9

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

(a) (b) (c) Name, address, and EIN of Primary activity Legal related organization (state of foreign country)	(b) Primary activity	(c) Legal domicile (state or foreign	Direct controlling Predominant Share of total income (related, unrelated, excluded from tax under sections 512-514)	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	inant She elated, ted, 1 from der 12-514)		(g) Share of end-of- year assets	Dispropor allocati	() () () () () () () () () () () () () (Genel mana partr		(k) Percentage ownership
(1)								Yes	No.	Yes	02	
(2)								-			-	
(3)				3	l L						-	
(4)						ľ						
(5)												
(9)												
ω											-	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	elated Organiza	tions Taxable	as a Corpora	tion or Ti as a corp	rust. Comporation or t	lete if the rust during	organizati g the tax y	on answ ear.	ered "Yes" on	Form 990), Part	, -
(a) Name, address, and EIN of related organization	organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(I) Section 512(b)(13) controlled entity?
											Yes	Š
(1) BSA SOFTWARE SERVICES, INC. 47-2868237 20 F ST, NW, SUITE 800; WASHINGTON, DC 20001	\neg	TELEMKTG SOFTWARE DE	AREDE	BSA	Ą	C CORP		0	39,139	100%	>	
(2) BSA SOFTWARE SERVICES DO BRASIL RUA SAMUEL MORSE NO. 134-BROOKLIN, SAO PA		TELEMKTG SOFTWARE BR	AREBR	BSA	Ą	C CORP		0	281,859	100%	>	
(2)				<u>.</u>								
(4)												
(5)												
(9)												
(i)												
						1			S	Schedule R (Form 990) 2016	(Form 9	90) 2016

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2016

Part V Transactio

			•
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	e or more related organi	izations listed in Parts	: II-IV?
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity .			,
b Gift, grant, or capital contribution to related organization(s)			1p 1
c Gift, grant, or capital contribution from related organization(s)			,
d Loans or loan guarantees to or for related organization(s)			, 1d ,
e Loans or loan guarantees by related organization(s)			16
f Dividends from related organization(s)			11 /
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			1h
i Exchange of assets with related organization(s)			1i
j Lease of facilities, equipment, or other assets to related organization(s)			
k lease of facilities equipment or other assets from related organization(s)			
Performance of services or membership or fundraising soli			=
m Performance of services or membership or fundraising solicitations by related organization(s)			- I
			1n
Sharing of paid employees with related organization(s) .			10 🗸
p Reimbursement paid to related organization(s) for expenses			, qt
q Reimbursement paid by related organization(s) for expenses			, pl
r Other transfer of cash or property to related organization(s)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
s Other transfer of cash or property from related organization(s)	•		,
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.	complete this line, inclu	ding covered relation	ships and transaction thresholds.
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved
	(S p) selfs		
(1) SOFTWARE EDUCATION FOUNDATION	p	90,260	90,260 COST OF SERVICES AND EXPENSES
(2) BSA SOFTWARE SERVICES, INC.	-	663,707	663,707 COST OF SERVICES AND EXPENSES
PA DEA COETIMADE CEDIVICES INC	c	272 760	SAVED LESTER ALSO CONTRACTOR
(a) Both our IWARE SERVICES, INC.		001,613	TATROLL COSTS ALLOC TO ORG.
(4) SOFTWARE EDUCATION FOUNDATION	0	82,658	82,658 PAYROLL COSTS ALLOC TO ORG.
(5) SOFTWARE EDITION FOUNDATION	<u> </u>	7,602	7,602 COST OF SERVICES AND EXPENSES
(9)			
			Schedule R (Form 990) 2016

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(a)	(2)	(D)	(e)	. (3)		Ξ	6		(<u>S</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income frelated.	Are all partners	Share of total income	Share of end-of-vear	Disproportionate	Code V – UBI	General or	Percentage ownership
		country)	unrelated, excluded	501(c)(3)				of Schedule K-1		<u>.</u>
			sections 512-514)				Yes No		Yes No	
(1)										
(2)										
(5)										
(4)										
(5)										
(9)										
(١)										
(8)										
(6)					:					
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	Schedule R (Form 990) 2016	n 990) 2016

Schedule H (F	-orm 3an) 5016	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	
		
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