DLN: 93493318127199 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable BSA BUSINESS SOFTWARE ALLIANCE INC □ Address change 06-1242574 % DAN MILLER CONTROLLER ☐ Name change Doing business as BSATHE SOFTWARE ALLIANCE ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite 20 F STREET NW STE 800 E Telephone number ☐ Amended return ☐ Application pending (202) 872-5500 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20001 G Gross receipts \$ 58,079,901 Name and address of principal officer H(a) Is this a group return for JOSEPH DESALVIO ☐Yes **☑**No subordinates? 20 F STREET NW STE 800 H(b) Are all subordinates WASHINGTON, DC 20001 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BSA ORG L Year of formation 1988 M State of legal domicile DC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 22 4 22 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 67 **6** Total number of volunteers (estimate if necessary) 6 1,197 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 76,068 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 53,531,275 53,138,458 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 690,681 784,453 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,201,996 4,156,990 55,423,952 58,079,901 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,042,494 1,940,903 **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) 15,072,746 15,129,511 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 35,974,233 39,245,787 52,089,473 56,316,201 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 3,334,479 1,763,700 Net Assets or Fund Balances Beginning of Current Year End of Year 47,965,960 49,493,769 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 14,011,599 14,890,248 22 Net assets or fund balances Subtract line 21 from line 20 . 33,954,361 34,603,521 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 2019-11-12 Signature of officer Sign Here JOSEPH DESALVIO CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00369623 Paid self-employed Firm's name ► PRICEWATERHOUSECOOPERS LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 600 13TH ST NW STE 1000 Phone no (202) 414-1000 WASHINGTON, DC 20005 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	statement	of Program Service A	ccomplishments		
	Check if Sch	edule O contains a response	or note to any line in this Part		🗸
1		organization's mission	·		
SEE :	SCHEDULE O				
2	Did the organization	undertake any significant p	rogram services during the ye	ar which were not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe th	ese new services on Schedu	le O		
3	Did the organization	cease conducting, or make	significant changes in how it o	onducts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Schedule O			
4	Section 501(c)(3) ai		are required to report the amo	nree largest program services, as meas unt of grants and allocations to others,	
4a	(Code) (Expenses \$	0 including grants of s	\$ 0)(Revenue \$	0)
	See Additional Data				
4b	(Code) (Expenses \$	0 including grants of s	0) (Revenue \$	0)
	See Additional Data				
4c	(Code) (Expenses \$	0 including grants of s	5 0) (Revenue \$	0)
	See Additional Data				
4d	Other program serv	ıces (Describe in Schedule ())		
	(Expenses \$	ıncludır	g grants of \$) (Revenue \$)
4e	Total program ser	vice expenses >	0		
					Form 990 (2018

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

Nο

Nο

No

No

Nο

No

No

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15

16

17

18

19

20a

20b

21

Yes

rm	990 (2018)			Page
aı	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
•	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
•	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
•	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		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	= 1			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

Yes

62

0

1a

1b

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g

> 10a 10b

11a

11b

12b

13b

13c

7h

8

9a

9h

12a

13a

14a

14b

15

Yes

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No

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

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

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

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

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

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

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

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

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

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

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

Page 6 Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions \checkmark Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	:2		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	:2		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			on 3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?	o elec	t or appoint one or more	e 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?	mem	pers, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year by	′		
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C		be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Reven	ue Cod	e.)	
					Yes	Ne
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt ${\tt p}$			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body before filing the	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually intendicts?	erests	that could give rise to	12b	Yes	
_	Did the commenter was deally and commenter the manufacture and enforce associations with the		7 TE "V== " d=====h= :			

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7Б		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 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 interest 19 policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ►DAN MILLER CONTROLLER 20 F STREET NW STE 800 WASHINGTON, DC 20001 (202) 872-5500 20

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

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

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

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - f 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

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

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

compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee)					on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Institutional Trustee Individual trustee or director		Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form 990 (2018)

Page **8**

Pa	rt VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	and	Higl	hest Comp	ensat	ed Employees	(cont	inued)		
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u an off	t che inle: ficer	and a	son	(D) Reports compens from to	able ation he on (W-	(E) Reportable compensation from related organizations (w-	Estimated amount of otl compensation from the organization a		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- 2/1099-N	41SC)	2/1099-MISC)	organizat relat organiza	ed	
See	Additional Data Table						_								
	Sub-Total		 A .				*								
d	Total (add lines 1b and 1c)						>		5,067			0		438,237	
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bove	e) who	rec	eived more	than \$1	.00,000				
3	Did the organization list any former	officer director	or trust	ee k	ev e	mnlı	ovee	or hi	ahest comp	ensated	l employee on		Yes	No	
•	line 1a? If "Yes," complete Schedule.			•		•	• •	•	• • •		· •	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Vac		
5	Did any person listed on line 1a recei									n or ind	ividual for		Yes		
	ection B. Independent Contract	<u> </u>										5		No	
1	Complete this table for your five high from the organization Report compe	est compensate										mpen	sation		
	Name ·	(A) and business addre	ess							Desc	(B) cription of services		(C Comper		
200 E	EL J EDELMAN INC, EAST RANDOLPH STREET 63RD FLOO igo, IL 60601								Pub	olic Relat	cions			,501,976	
3-1-1	MMS COMMUNICATIONS KK MSL, I Kami-Osaki Shingagawa-Ku o, 0 141-0021								Pub	olic Relat	cions		1	,162,070	
ORIC 2501	N INVESTIGATIONS CO LTD, BBC BLDG 29 SUKHUMVIT 63 TH KLONG TAN, WATTANA, BANGKOK 10110								ENI	FORCEM	ENT SUPPORT		1	,094,114	
LIPPE RUU	ERT ADVOGADOS, MANOELITO DE ORNELAS 55-10 AND O ALEGRE, CEP 90 810-240								LEC	SAL				883,102	
KURC	DDA PARTNERS, JAKA K-TOWER 2-17 MOTOAKASAKE 1C JTO KU, TOKYO 107-0051								LEC	SAL				829,829	

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

compensation from the organization ▶ 95

Part	VIII Statement of Revenue									
	Check if Schedule O contains a r	esponse (or note to any	line in th (A Total re	A)	Re e	(B) lated or xempt	(C) Unrelated business	exc	(D) Revenue
							inction evenue	revenue		inder sections 512 - 514
" v	1a Federated campaigns	1a					'		•	
unt g	b Membership dues	1b								
<u> </u>	c Fundraising events	1c								
Ę,	d Related organizations	1d								
5 ₽	e Government grants (contributions)	1e								
ns, Sin	f All other contributions, gifts, grants,	İ								
iributions, Gifts, Grants Other Similar Amounts	and similar amounts not included above	1f								
<u> </u>	g Noncash contributions included									
Contributions, Gifts, Grants and Other Similar Amounts	In lines 1a - 1f \$	_	_							
ק כ	II Total. Add lilles 1a-11		· •	<u> </u>	0					
<u>a</u>	- MEMBERGHIR DHEC		Business	Code	12.	107,625	12,10	7.625		
મુ	2a MEMBERSHIP DUES			813910		254,267		4,267		
á	b SPECIAL PROJECTS			813910		754,658	40,75			
J.	c SETTLEMENTS			813910	40,	18,259		8,259		
Ser	d CONVENTION INCOME			813910		1,649		1,649		
E	e SOFTWARE MANAGEMENT PROGRAMS			813910		1,049		1,049		
Program Service Revenue	f All other program service revenue					2,000		2,000		
4	gTotal. Add lines 2a-2f	>	53,1	38,458						
	3 Investment income (including dividen	ds, intere	st, and other							
	sımılar amounts)		•	<u> </u>	784,45	0				784,45
	4 Income from investment of tax-exem 5 Royalties		roceeds >			0				
	5 Royalties		ıı) Personal			+				
	6a Gross rents		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1						
				_						
	b Less rental expenses									
	c Rental income or (loss)	0	(1						
	d Net rental income or (loss)			1		0				
	(i) Securitie		· ► ► (II) Other			1				
	7a Gross amount		(II) Gener	1						
	from sales of assets other									
	than inventory									
	b Less cost or other basis and									
	sales expenses C Gain or (loss)			1						
	d Net gain or (loss)		•	1		0				
	8a Gross income from fundraising even		<u> </u>							
n e	(not including \$ of contributions reported on line 1c)									
₹	See Part IV, line 18	a	0							
Re	b Less direct expenses	b	0							
Other Revenue	c Net income or (loss) from fundraisin		· · · •			0				
₽ 	9a Gross income from gaming activities See Part IV, line 19									
		a	0							
	b Less direct expenses	b	0							
	c Net income or (loss) from gaming ac	tivities .	• •			0				
	10a Gross sales of inventory, less returns and allowances									
		a	0							
	b Less cost of goods sold \cdot .	b	0							
	C Net income or (loss) from sales of in					0				
	Miscellaneous Revenue 11aSERVICE FEES	Bu	siness Code 813910	1	905,17	, ₄	905,174			
	>EKATCE LEES		013310		505,17		505,174			
	h nan nent talcour		813910		3,251,81	.6	3,251,816			
	b BAD DEBT INCOME		013510		ا0,231,01	.]	5,231,610			
	с	+		-						
	d All other revenue			-		_				
	e Total. Add lines 11a-11d		. •							
					4,156,99					
	12 Total revenue. See Instructions .		· · •	1	58 079 90	₁₁	57 295 448	J		784 45

orm 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,939,653			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,250			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,461,718			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	9,114,735			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	665,803			
9 Other employee benefits	1,203,820			
10 Payroll taxes	683,435			
11 Fees for services (non-employees)				
a Management	0			
b Legal	16,792,909			
c Accounting	384,715			
d Lobbying	2,269,314			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	83,549			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,868,382			
12 Advertising and promotion	0			
13 Office expenses	446,988			
14 Information technology	1,286,912			
15 Royalties	0			
16 Occupancy	1,719,540			
17 Travel	879,086			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,305,594			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	87,748			
· ' ' ' '	193,707			
23 Insurance	155,707			
a PUBLIC RELATIONS EXPENSES	3,936,177			
b FOREIGN EXCHANGE LOSS (NET)	1,556,343			
c ENFORCEMENT EXPENSES	739,496			
d DUES & SUBSCRIPTIONS	404,826			
e All other expenses	290,501			
25 Total functional expenses. Add lines 1 through 24e	56,316,201			
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** (2018)

Page **11**

82.405

629.279

49.493.769

10.907.961

2,865,650

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1.116.637

14.890.248

34.603.521

34,603,521

49,493,769

Form **990** (2018)

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1,071,334

14.011.599

33.954.361

33,954,361

47,965,960

562.239

47.965.960

10,838,393

2,101,872

Form 990 (2018)

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17 18

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—program-related See Part IV, line 11

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

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

Intangible assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

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

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

		Check if Schedule O contains a response or not	e to any I	ine in this Part IX			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,487,884	1	5,743,489
	2	Savings and temporary cash investments .		[1,202,993	2	3,430,154
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		[12,700,624	4	17,279,754
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations Part II of Schedule L	oyees Complete	0	5	0	
ssets	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L. Notes and loans receivable, net	ns (as defined under (3)(B), and ection 501(c)(9) uctions) Complete	0	6	0	
SS	8	Inventories for sale or use			0	8	0
A	9	Prepaid expenses and deferred charges		– –	555,762	9	459,073
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	725,413			
	b	Less accumulated depreciation	10b	445,024	384,311	10c	280,389
	11	Investments—publicly traded securities .			27,069,177	11	21,365,499
	12	Investments—other securities See Part IV, line	11	[2,970	12	223,727

3b

Form 990 (2018)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 06-1242574

Name: BSA BUSINESS SOFTWARE ALLIANCE INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

ENFORCEMENT IN 2018, SOLICITED APPROXIMATELY 33,000 LEADS FROM THE PUBLIC CONCERNING POSSIBLE ILLEGAL USES OF SOFTWARE BY COMPANIES. DIRECTED APPROXIMATELY 7,700 END-USER ENFORCEMENT ACTIONS SEEKING TO END THE ILLEGAL USE OF UNLICENSED SOFTWARE BY COMPANIES, TOOK DOWN APPROXIMATELY 1,400,000 WEBPAGES HOSTING INFRINGING CONTENT ON PEER-TO-PEER (P2P) AND DIRECT DOWNLOAD (DD) SITES, WORKED WITH MARKETPLACE AND AUCTION SITES TO TAKE DOWN MORE THAN 315.000 LISTINGS OFFERING INFRINGING SOFTWARE PRODUCTS

Form 990, Part III, Line 4b: COMMUNICATIONS ISSUED 92 NEWS RELEASES TO US AND GLOBAL MEDIA 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 EDUCATED POLICYMAKERS ON THE NEED FOR NEW OR REVISED LAWS, REGULATIONS, AND GLOBAL AGREEMENTS IN THE AREAS OF PRIVACY, CYBERSECURITY, INTERNATIONAL TRADE, WORKFORCE DEVELOPMENT, INTELLECTUAL PROPERTY RIGHTS 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 MARKETPI ACE

Form 990, Part III, Line 4c:

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

	any nours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL BISIGNANO DIRECTOR (EFFECTIVE 1/18-2/18)	10	Х						0	0	0
JOHN BOSWELL DIRECTOR	1 0	×						0	0	0
REGGIE DAVIS DIRECTOR	1 0	×						0	0	0
PASCAL W DI FRONZO DIRECTOR	1 0	X						0	0	0

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REGGIE DAVIS
DIRECTOR
PASCAL W DI FRONZO
DIRECTOR
STEVEN W DIETZ

TREASURER

JANET LEE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CLINT SMITH

DAVID SHAMAN

JIM SHAUGHNESSY

MICHAEL A DILLON

SECRETARY(EFFECTIVE 1/18-6/18)

and Independent Contractors

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

	any nours		a dir	recto	or/tr	ustee)	'	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BRADFORD L SMITH	1 0									
DIRECTOR (EFFECTIVE 1/18-4/18)	0 0	×						0	0	0
LEONARD STEIN DIRECTOR	1 0	Х						0	0	0
FELIX STERLING	1 0							0	0	-
DIRECTOR	0 0	X						0	0	0
AMY WEAVER	1 0	V						0	0	-

					 l
FELIX STERLING	1 0	v			
DIRECTOR	0 0	^			
AMY WEAVER	1 0	v			
DIRECTOR	0 0	^			
DORIAN DALEY	1 0				

0 0 10

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and Independent Contractors

DIRECTOR

SCOTT TAYLOR

BRUCE SEWELL

DANIELA COMBE

KATHERINE ADAMS

DIRECTOR (EFFECTIVE 2/18)

DIRECTOR (EFFECTIVE 2/18)

CHAIR

AVA HAHN

DIRECTOR (EFFECTIVE 1/18-2/18)

......

......

VICE CHAIR

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

and Independent Contractors

DANA RAO

KARYN SMITH

VICTORIA A ESPINEL

PRESIDENT & CEO

SCOTT VAN HOVE

JOSEPH DESALVIO

CFO EFFECTIVE 8/18

DIRECTOR (EFFECTIVE 6/18)

...... DIRECTOR (EFFECTIVE 11/18)

CFO & VP, FINANCE EFF 1/18-3/18

	,				,	,		(11) 2 (4 000	(14) 2/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
BRAD LEWIS	1 0	×						0	0	0
DIRECTOR	0 0									
PETER MCGOFF DIRECTOR (EFFECTIVE 1/18-5/18)	1 0	×						0	0	0
DIRECTOR (EFFECTIVE 1/18-5/18)	0 0									
JOHN RUNYAN	1 0	х						0	0	0
DIRECTOR	0 0									
DEV STAHLKOPF	1 0	×						0	0	0
DIRECTOR	0.0		l	I	l	I I				1

JOHN RUNYAN		×			0	
DIRECTOR	0 0	^				
DEV STAHLKOPF	1 0	,				
DIRECTOR	0 0	×			U U	
DAVID LEEB	1 0	· ·				
DIRECTOR (EFFECTIVE 5/18)	0 0	×			U	

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1,883,415

151,636

145,756

0

70,262

24,835

14,367

0

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

and Independent Contractors

ADAM COATES

TARUN SAWNEY

THOMAS ROSS

DEPUTY GNL COUNSEL

SR DIR, ENFORCEMENT, APAC

SENIOR DIRECTOR, POLICY

	any hours and a director/trustee) organization				organizations	from the				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JODIE KELLEY SVP & GENERAL COUNSEL	39 0 1 0				×			672,136	0	60,190
AARON COOPER VP, GLOBAL POLICY	40 0				×			445,947	0	30,250
CRAIG ALBRIGHT	40 0					×		401,841	0	58,110

53,646

57,540

18,849

50,188

369,633

329,829

278,061

JODIE KELLEY	39 0				672.426		
SVP & GENERAL COUNSEL	1 0		Х		672,136	U	
AARON COOPER	40 0		_		445.047	0	
VP, GLOBAL POLICY	0 0		X		445,947	U	
CRAIG ALBRIGHT	40 0			V	404.044		
VP, LEGISLATIVE STRATEGY	0 0			×	401,841	0	
JARED RAGLAND	40 0			V	390.460	0	
SR DIR, POLICY, APAC	0 0			×	389,460		

38 0

0 0

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

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493318127199

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

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

• 5	Section 527 organizations Complet			•		Ale e ce	
• 9	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Forr t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy	er section 501(h)) Columbia under section 501(h)	mplete Part II-A Do not i) Complete Part II-B D	com o no	iplete Part II-E it complete Pa	art II-A
(Pro	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organia	s), then	. ш., (ооо оорш шо п		_	,	
	me of the organization BUSINESS SOFTWARE ALLIANCE INC	·		Employer id	enti	fication num	nber
				06-1242574			
Par	t I-A Complete if the orga	nization is exempt under sec	tion 501(c) or is	a section 527 orga	niza	ation.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political	campaign activities in	Part IV (see instruction	s for	definition of	
2	Political campaign activity expend	litures (see instructions)		>	\$		
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •					
Par	t I-B Complete if the orga	nization is exempt under sec	tion 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization unde	section 4955	•	\$		
2	Enter the amount of any excise to	ax incurred by organization managers	under section 4955	•	\$		
3	If the organization incurred a sec			☐ Yes	☐ No		
4a	Was a correction made?			☐ Yes	□ No		
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the orga	nization is exempt under sec	tion 501(c), exce	pt section 501(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for secti	on 527 exempt functi	on activities 🕨	\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to othe	r organizations for se	ction 527 exempt	\$		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	✓ No
5	organization made payments For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is neede	mount paid from the vered to a separate po	filing organization's fun blitical organization, suc	ds A	Also enter the	
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter					(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
) BSATHE SOFTWARE 20 F STREET NWSTE 800 84-1693724 LIANCE PAC WASHINGTON, DC 20001						19,164
2							
3							
4							
5							
6							
For P	aperwork Reduction Act Notice, see	ı the instructions for Form 990 or 990-E	7. Cat	No 500949 Schedule	C (Fo	rm 990 or 990	0-F7) 2019

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and		
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

1

2

2

C Total

Part IV

3

Part III-B

Current year

Carryover from last year

Return Reference

Schedule C (Form 990 or 990-EZ) 2018

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

No

No

No

12,107,625

3,250,248

1.192.066

4,442,314

3,198,451

1,243,863

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Part III-A 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 1

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

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

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

answered "Yes." Dues, assessments and similar amounts from members 1

expenses for which the section 527(f) tax was paid).

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenditure next year?

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493318127199 OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

BSA	BUSINESS SOFTWARE ALLIANCE INC				06-1242574		
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or O	ther S	Similar Funds o	1		
	Complete if the organization answered "Ye						
1	Tatal wimhou at and of year	(a) Dono	r advis	ed funds	(b)Fun	ds and other accou	ints
2	Total number at end of year Aggregate value of contributions to (during year)						
2 3	Aggregate value of grants from (during year)						
3 4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso	re in writing that th		te hold in donor ad	lyseed funds ar	a tha	
	organization's property, subject to the organization's ex	clusive legal contro) ?			☐ Yes	□ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					ermissible	□ No
Pa	t II Conservation Easements. Complete if th	ie organization a	nswer	ed "Yes" on Forn	n 990. Part I		NO
1	Purpose(s) of conservation easements held by the organ				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7, 11110 71	
	Preservation of land for public use (e.g., recreation	·		Preservation of an	historically im	portant land area	
	Protection of natural habitat		\Box	Preservation of a c	•	•	
	Preservation of open space		_	rreservation of a c	ertinea mstori	c structure	
_							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion cor	itribution in the for		vation at the End of the	Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histori	c structure include	d ın (a)		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06,	and no	t on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished,	or terminated by	the organization	on during the	
4	Number of states where property subject to conservation	n easement is loca	ted ▶				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor	_	pection, handling o	of violations,		
6	Staff and volunteer hours devoted to monitoring, inspec		olation	s, and enforcing co	onservation ea		No e year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ons, an	d enforcing conserv	vation easeme	nts during the year	
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the	require	ments of section 17	70(h)(4)(B)(ı)	☐ Yes ☐	No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org ts	janızat	ion's financial state	ements that de	scribes	
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990,	Part I	V, line 8.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducation	on, or research in f			of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	i)Assets included in Form 990, Part X				▶ \$		_
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS				ncial gain, pro	vide the	
а	Revenue included on Form 990, Part VIII, line 1	, 12130) 1014	, .,		> \$ _		
b	Assets included in Form 990, Part X				▶ \$		
or I	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No.	52283D Sc	hedule D (Form 9	90) 201

Par	t IIII	Organizations Maintaining	Collections o	f Art, Histor	ical T	reasu	ires, or Other	Similar Asse	ts (contir	nued)
3		the organization's acquisition, acc (check all that apply)	ession, and other	records, check	any of	the fo	llowing that are a	significant use	of its colle	ection
а		Public exhibition		d		Loan	or exchange prog	ırams		
b		Scholarly research		е		Other	r			
c		Preservation for future generation	s							
4	Provide Part	de a description of the organization XIII	's collections and	explain how th	ey furtl	ner the	e organization's ex	xempt purpose	ın	
5		ig the year, did the organization sol s to be sold to raise funds rather th						_	Yes	□ No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization X, line 21.		on Form 990), Part	IV, lıı	ne 9, or reporte			
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other i	ntermediary fo	r contri	butions	s or other assets		Z Yes	□ No
b	If "Y∈	es," explain the arrangement in Par	t XIII and comple	te the following	g table			Amo	unt	
c	Begin	nning balance					1c			
d	Addıt	ions during the year					1d			
е	Dıstrı	butions during the year					1e			
f	Endın	ng balance					1f			
2a	Did th	he organization include an amount	on Form 990, Par	t X, line 21, for	escrow	or cu	stodial account lia	ability?	Yes	☑ No
b	If "Ye	es," explain the arrangement in Part	XIII Check here	of the explanat	tion has	been	provided in Part 2	хии]	
Pa	rt V	Endowment Funds. Comple	ete if the organi	zation answe	red "Y	es" or	n Form 990, Pai	t IV, line 10.		
			(a)Curren	t year (b)	Prior yea	r	(c)Two years back	(d)Three years I	pack (e)Fo	our years back
	_	ing of year balance								
		outions								
		estment earnings, gains, and losse	ıs						-	
		or scholarships							-	
	and pro	expenditures for facilities ograms								
		istrative expenses								
g		year balance								
2 a		de the estimated percentage of the d designated or quasi-endowment)	•	balance (line 1	.g, colu	mn (a))) held as			
b	Perm	anent endowment 🟲								
С	Temp	oorarily restricted endowment >								
	The p	percentages on lines 2a, 2b, and 2c	should equal 100)%						
3а	organ	here endowment funds not in the p nization by	ossession of the o	organization tha	at are h	eld and	d administered fo	r the		Yes No
	. ,	nrelated organizations							3a(i) 3a(ii)	
b	If "Ye	elated organizations es" on 3a(ii), are the related organiz		•		? .			3b	
4	_	ribe in Part XIII the intended uses o		n's endowment	funds					
Pa	rt VI	Land, Buildings, and Equip Complete if the organization		on Form 00) Dart	T\/ lu	no 112 - Coo Fo	rm 000 Bart '	V lina 10	1
	Descri	iption of property (a) Cost	or other basis estment)	(b) Cost or othe			(c) Accumulated of			ook value
	Land									
		gs								
		nold improvements	0		62	27,768		347,379		280,389
		nent			9	97,645		97,645		0
	Other									
Tota	al. Add	lines 1a through 1e (Column (d) m	ust equal Form 9	90, Part X, colu	mn (B)	, line 1	10(c))	>		280,389

Part VII Investments—Other Securities. Complete if the organ	nızatıon ar	Page nswered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book	
· · · · · · · · · · · · · · · · · · ·	value	
(1) Financial derivatives	·	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	0, Part IV	, line 11c. See Form 990, Part X, line 13.
(a) Description of investment (i	b) Book vali	ue (c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' or	Form 990	Part IV line 11d. See Form 990. Part V. line 15
(a) Description	1101111 330,	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere	ed 'Yes' on	Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b)) Book value
(1) Federal income taxes		0
DEFERRED RENT EXPENSE RETIREMENT PLAN LIABILITY		363,034 753,603
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	 	1,116,637
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo		

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Revenue per Ization answered 'Yes' on Form 990, Part IV, line 12a.	Return	
1		upport per audited financial statements	1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	investments 2a		
ь	Donated services and use of facil	ities		
С	Recoveries of prior year grants		7	
d			7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	5	
Par		penses per Audited Financial Statements With Expenses per Ization answered 'Yes' on Form 990, Part IV, line 12a.	r Return.	
1	Total expenses and losses per au	dited financial statements	1	_
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ıtıes		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII) $\ \ .$	2d		
е	Add lines 2a through 2d	 	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		_
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa s 2d and 4b Also complete this part to provide any additional information	art V, line 4, Par	X, line 2, Part
	Return Reference	Explanation		
See /	Additional Data Table			

Page **4**

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

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 06-1242574

Name: BSA BUSINESS SOFTWARE ALLIANCE INC

Supplemental Information

Return Reference

Explanation

PART X, LINE 2

BSA BUSINESS SOFTWARE ALLIANCE, INC (BSA) IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C) (6) OF THE INTERNAL REVENUE CODE BSA SOFTWARE SERVICES, INC (SSI) IS A BSA SUBSIDIARY WHICH CONDUCTS FOR-PROFIT ACTIVITY AND IS SUBJECT TO US INCOME TAX BSA SOFTWARE SERVICES DO BRASIL LTDA (SSI DO BRASIL) IS A BS A SUBSIDIARY WHICH CONDUCTS FOR-PROFIT ACTIVITY AND IS SUBJECT TO BRAZILIAN INCOME TAX THE SOFTWARE EDUCATION FOUNDATION (SOFTWARE ORG) IS A NON-PROFIT BSA SUBSIDIARY ESTABLISHED IN 2016 UNDER THE PROVISIONS OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE BSA DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES RELATED TO THESE ENTITIES THAT SHOULD BE RECORDED

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -	- DLN: 93493318127199			
SCHEDULE F (Form 990)	State	ement of	Activities Outside the United S			tates	OMB No 1545-0047
(1 01111 000)	-	te if the organization answered "Yes" to Form 990, Part IV, line 14b, • Attach to Form 990.			•	2018	
Department of the Treasury Internal Revenue Service	•	Go to www.irs.	gov/Form990 for II	nstructions and the latest ii	nformatioi	n.	Open to Public Inspection
Name of the organization BSA BUSINESS SOFTWAR	E ALLIANCE IN	NC				Employer iden 06-1242574	tification number
	nformation Part IV, line		s Outside the U	Inited States. Comple	ete if the	organization a	nswered "Yes" to
_	the grantees'	eligibility for t		substantiate the amoun stance, and the selection	_		☑ Yes 🗆 No
2 For grantmakers outside the United		Part V the org	anızatıon's proce	dures for monitoring the	use of it	s grants and oth	ner assistance
3 Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
See Add'l Data							
3a Sub-total			9 32				26,622,78
 b Total from continuat Part I c Totals (add lines 3a 			9 32				26,622,78
For Paperwork Reduction	Act Notice see	a tha Instruction	ns for Form 990	Cat	No 5008	2₩ Schadul	le F (Form 990) 2018

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV 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, don't 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)		
	Corporations (see Instructions for Form 54/1)	✓ 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)		
		\square 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	П.,	.
	5713, don't file with Form 990)	∐ Yes	✓ No

Schedule F (Form 990) 2018				
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). 990 Schedule F, Supplemental Information				
	Return Reference	Explanation		
PART I. (QUESTION 2 - GRANTS TO	BSA BUSINESS SOFTWARE ALLIANCE. INC. CONTRIBUTED MONEY TO A SOUTH		

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, 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 PRIVACY, CYBERSECURITY, INTERNATIONAL TRADE, WORKFORCE DEVELOPMENT, INTELLECTUAL PROPERTY RIGHTS 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

Additional Data

Carıbbean

East Asia and the Pacific

Software ID: Software Version:

EIN: 06-1242574

Name: BSA BUSINESS SOFTWARE ALLIANCE INC

ENF, PUB REL & POL

10,075,956

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region	
Central America and the	0	0	Program Services	ENF, PUB REL	130,119	

16 Program Services

4

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 12 | Program Services ENF. PUB REL & POL 7.491.253 Greenland) Middle East and North Africa 117,396 0 Program Services IENFORCEMENT

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America ENF. PUB REL & POL 2,276,992 0 Program Services Russia and the Newly 0 Program Services IENFORCEMENT 200,046 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 2 Program Services ENF. PUB REL & POL 6.073.770 South Asia 2 Program Services ENF, PUB REL & POL 116,602

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa ENF. PUB REL 139,405 0 Program Services South America 0 |Grantmaking **IPOLICY** 1,250

DLN: 93493318127199 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number BSA BUSINESS SOFTWARE ALLIANCE INC 06-1242574 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018				1.054	 	Page 2
Part III Grants and Other A Part III can be duplic				anization answered "Yes"	" on Form 990, Part IV, line 22	
(a) Type of grant or assis	stance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	I Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanatio	on				
SCHEDULE I, PART I, LINE 2		BSA BUSINESS SOFTWARE ALLIANCE, INC. ELECTS THE BOARD OF DIRECTORS OF SOFTWARE EDUCATION FOUNDATION. THE PRESIDENT OF BSA SERVES AS THE PRESIDENT OF THE FOUNDATION. BSA BUSINESS SOFTWARE ALLIANCE,				

Additional Data

WASHINGTON D WASHINGTON, DC 20001 GEORGETOWN U TECH LAW

DC 20

37TH O STS NW WASHINGTON

WASHINGTON, DC 20007

Software ID: **Software Version:**

53-0196603

EIN: 06-1242574

Name: BSA BUSINESS SOFTWARE ALLIANCE INC

12,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (h) EIN (c) IPC coction (d) Amount of each

organization or government	(b) EIN	if applicable	grant	cash assistance	(book, FMV, appraisal, other)
SOFTWARE EDUCATION FDN 20 F STREET STE 800	81-4001808	501(C)(3)	1,850,004		

501(C)(3)

(a) Amount of non- (f) Mothod of valuation

(q) Description of non-cash assistance

(h) Purpose of grant or assistance

GENERAL SUPPORT

TECHNOLOGY

EDUCATION

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1759052 501(C)(3) 40,565 IGENERAL SUPPORT FAITH AND POLITICS

INSTITUTE 110 MARYLAND AVE NE STE 504 WASH WASHINGTON, DC 20002					
ORRIN G HATCH FOUNDATION	47-4823732	501(C)(3)	10,000		GENERAL SUPPORT

411 E SOUTH TEMPLE SALT LAKE CITY

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

SALT LAKE CITY, UT 84111

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	8127	199
Sch	edule J	Co	ompensat	ion Information	40	1B No	1545-0	0047
(For	n 990)	For certain Office		rustees, Key Employees, and Hig	hest	-		
		Complete if the org	Compensa Janization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	18	}
D			▶ Attach	to Form 990. instructions and the latest inforn		Open to Public		
•	tment of the Treasury al Revenue Service	P Go to <u>www.ns.go</u>	101	mistructions and the latest mion		Insp	ectio	n
	me of the organiza BUSINESS SOFTWA				Employer identificat	ion nu	ımber	
					06-1242574			
Pa	rt I Questi	ons Regarding Compensa	tion					
1a				the following to or for a person liste y relevant information regarding the			Yes	No_
		s or charter travel		Housing allowance or residence for				
		companions		Payments for business use of perso	•			
	✓ Tax idemi	nıfıcatıon and gross-up payment	s 🔽	Health or social club dues or initiation	on fees			
	Discretion	nary spending account		Personal services (e g , maid, chauf	ffeur, chef)			
b		xes in line 1a are checked, did that all of the expenses described abo		ollow a written policy regarding payn	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked in line	e 1a?			
3	organization's C	EO/Executive Director Check al	I that apply Dor	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain				
	☐ Compens	ation committee	~	Written employment contract				
		ent compensation consultant		Compensation survey or study				
	Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No
b	Participate in, o	r receive payment from, a suppl	emental nonqual	ıfıed retırement plan?		4b		No
С		r receive payment from, an equi	,	3		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	The organization	n [?]				5a		
b	Any related orga					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
a	The organization					6a		<u> </u>
b	Any related orga					6b		
7	•	6a or 6b, describe in Part III	n Allino to did	the organization provide any newforce	d			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe rt III	u	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," di	escribe	8		_ _
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	1990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Part IIII Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS JARED RAGLAND, SENIOR DIRECTOR, POLICY, APAC, RECEIVED TAX GROSS-UP PAYMENTS TOTALING \$35,968 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 COMPENSATION TO JARED RAGLAND HEALTH AND SOCIAL CLUB

Page 3

\$35,968 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 COMPENSATION TO JARED RAGLAND HEALTH AND SOCIAL CLUB DUES OR INTIATION FEES BEA BUSINESS SOFTWARE ALLIANCE, INC REIMBURSES ALL REGULAR EMPLOYEES UP TO \$80 PER MONTH FOR HEALTH HAD FITNESS EXPENSES INCLUDING MONTHLY FITNESS CLUB/GYM FEES THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS THE FOLLOWING WERE REIMBURSED IN 2018 SCOTT VAN HOVE, CFO & VP FINANCE \$400 JODIE KELLEY, SVP & GENERAL COUNSEL \$720 ADAM COATES. DEPUTY GENERAL

COUNSEL \$880 TARUN SAWNEY, SR DIR. ENFORCEMENT, APAC \$452 JOSEPH DESALVIO, CFO \$105

Schedule J (Form 990) 2018

Return Reference	Explanation
'	FOREIGN HIGHEST COMPENSATED EMPLOYEE TARUN SAWNEY, SENIOR DIRECTOR, ENFORCEMENT, APAC IS A FOREIGN EMPLOYEE AND DOES NOT RECEIVE A W-2

Additional Data

(A) Name and Title

VICTORIA A ESPINEL

PRESIDENT & CEO

SCOTT VAN HOVE

1/18-3/18 JOSEPH DESALVIO

JODIE KELLEY

AARON COOPER

CRAIG ALBRIGHT

JARED RAGLAND

ADAM COATES

TARUN SAWNEY

THOMAS ROSS

APAC

SR DIR, POLICY, APAC

DEPUTY GNL COUNSEL

SR DIR, ENFORCEMENT,

SENIOR DIRECTOR, POLICY

VP, GLOBAL POLICY

CFO & VP, FINANCE EFF

CFO EFFECTIVE 8/18

SVP & GENERAL COUNSEL

VP, LEGISLATIVE STRATEGY

(1)

(1)

(1)

(1)

(1)

Software Version:

(i) Base Compensation

1,336,704

63,838

119,069

520,832

355,250

334,844

256,072

303,849

295,219

259,638

Software ID:

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

526,667

67,906

25,000

130,286

70,777

66,308

25,013

45,742

27,851

17,333

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 06-1242574

Name: BSA BUSINESS SOFTWARE ALLIANCE INC

20,044

19,892

1,687

21,018

19,920

108,375

20,042

6,759

1,090

689

(iii)

Other reportable

compensation

(C) Retirement and

other deferred

compensation

30,250

16,696

30,250

30,250

28,220

30,250

30,250

11,342

19,648

(D) Nontaxable

benefits

40,012

8,139

14,367

38,006

1,460

31,101

23,396

28,650

7,507

31,900

(E) Total of columns

(B)(i)-(D)

1,953,677

176,471

160,123

740,392

477,657

461,162

443,106

428,533

348,678

329,609

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

efile GRAPHIC print - DO NOT PROCESS As Filed Data -						93493318127199
CCUEDIU	F 0			. =	~~ ==	OMB No 1545-0047
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.		ons on	2018			
Department of the T	reasury	▶ Go to ı		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Name l ୫୧thଅର୍ଚ୍ଚ BSA BUSINESS SO		E INC			Employer identi 06-1242574	fication number
990 Schedule	e O, Supplen	nental Informatio	on			
Return Reference				Explanation		
FORM 990, PART I, LINE 1	GOVERNMEN OMOTE LEGA	NTS AND IN THE INT AL SOFTWARE USE	ERNATIONAL MARKE	OCATE FOR THE GLOBAL SC ETPLACE BSA PIONEERS CO DR PUBLIC POLICIES THAT FO	MPLIANCE PROG	RAMS THAT PR

Return Explanation

Reference

FORM 990, IN ADDITION TO BSA BUSINESS SOFTWARE ALLIANCE, INC'S UNITED STATES-BASED EMPLOYEES WHO REC PART I, LINE EIVED W-2'S, THE ORGANIZATION HAD EMPLOYEES BASED OUTSIDE THE US SUPPORTING THE BSA'S WORL DWIDE ACTIVITIES

Return Reference	Explanation
FORM 990, PART III, LINE 1	BSA/THE SOFTWARE ALLIANCE IS THE LEADING ADVOCATE FOR THE GLOBAL SOFTWARE INDUSTRY BEFORE GOVERNMENTS AND IN THE INTERNATIONAL MARKETPLACE ITS MEMBERS ARE AMONG THE WORLD'S MOST I NNOVATIVE COMPANIES, CREATING SOFTWARE SOLUTIONS THAT SPARK THE ECONOMY AND IMPROVE MODERN LIFE WITH HEADQUARTERS IN WASHINGTON, DC, AND OPERATIONS IN MORE THAN 60 COUNTRIES AROUN D THE WORLD, BSA PIONEERS COMPLIANCE PROGRAMS THAT PROMOTE LEGAL SOFTWARE USE AND ADVOCATE S FOR PUBLIC POLICIES THAT FOSTER TECHNOLOGY INNOVATION AND DRIVE GROWTH IN THE DIGITAL EC ONOMY

Return Explanation
Reference

FORM 990,
PART VI,
LINE 6 AND
AND SETTING THE OVERALL DIRECTION OF BSA
AND THE BOARD OF DIRECTION OF BSA
AND SETTING THE OVERALL DIRECTION OF BSA

Return Explanation

S PRIOR TO ITS FILING

LINE 11B

Reference	
FORM 990,	THE FORM 990 WAS PREPARED BY BSA ACCOUNTING STAFF AND IT WAS REVIEWED BY BSA'S CONTROLLER,
PART VI,	CFO, OUTSIDE COUNSEL, AND TAX ADVISOR THE 990 WAS THEN PROVIDED TO THE BOARD OF DIRECTOR

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	AN OFFICER, DIRECTOR, OR EMPLOYEE IS REQUIRED TO DISCLOSE IN WRITING ANY EXISTING CONFLICT
PART VI,	S BETWEEN THEIR INTERESTS (OR THEIR FAMILY'S INTERESTS) AND THOSE OF BSA IN THE ACKNOWLED
LINE 12B	GEMENT ACCOMPANYING THIS WRITTEN DISCLOSURE, THE INDIVIDUAL AGREES TO REPORT PROMPTLY TO B
	SA ANY CHANGES OR ADDITIONS TO THEIR INITIAL CONFLICT DISCLOSURE, INCLUDING BUT NOT LIMITE

D TO ANY INSTANCE OF A CONFLICT OR APPARENT CONFLICT THAT MAY SUBSEQUENTLY ARISE

Explanation

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990. AN OFFICER, DIRECTOR, OR EMPLOYEE RECEIVES, REVIEWS, AND ACKNOWLEDGES IN WRITING HIS OR HE PART VI. R COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND DISCLOSES ANY EXISTIN LINE 12C G CONFLICTS OF WHICH HE OR SHE IS CURRENTLY AWARE IN THIS WRITTEN ACKNOWLEDGEMENT, THE IN DIVIDUAL AGREES TO REPORT PROMPTLY TO BSA ANY CHANGES OR ADDITIONS TO THEIR INITIAL CONFLI CT DISCLOSURE. INCLUDING BUT NOT LIMITED TO ANY INSTANCE OF A CONFLICT OR APPARENT CONFLIC T THAT MAY SUBSEQUENTLY ARISE IN ADDITION, THE ORGANIZATION REGULARLY INFORMS ITS MEMBERS OF THIS POLICY AND ALSO PUBLICIZES METHODS TO REPORT CONFLICTS VIA A CONFIDENTIAL HOTLINE

Return Explanation
Reference

FORM 990, BSA HAS AND OBSERVES A WHISTLEBLOWER POLICY BSA HAS AND OBSERVES A DOCUMENT RETENTION POLICY THESE POLICIES WERE ADOPTED BY MANAGEMENT UNDER THE SUPERVISION OF THE BOARD LINE 13 AND

Return Explanation

Reference	
FORM 990,	FOR THE PRESIDENT AND CEO, THE BOARD'S EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE REVIEW O
PART VI,	N AN ANNUAL BASIS AND DETERMINES COMPENSATION COMPENSATION PAID TO OTHER NONPROFIT EXECUT
LINE 15A	VES IN COMPARABLE POSITIONS IS CONSIDERED DURING THIS PROCESS

Return Explanation

FORM 990,	FOR THE OTHER OFFICERS AND FOR THE KEY EMPLOYEES LISTED ON FORM 990, COMPENSATION IS REVIE
PART VI,	WED ANNUALLY COMPENSATION PAID TO OTHER EXECUTIVES IN COMPARABLE POSITIONS IS CONSIDERED
LINE 15B	DURING THIS PROCESS ALL OFFICERS AND THE KEY EMPLOYEES LISTED ON THE FORM 990 ARE SUBJECT
	TO AN ANNUAL PERFORMANCE REVIEW THEIR MERIT INCREASE, IF ANY, IS DETERMINED BASED ON PER
	FORMANCE THEIR BONUS, IF ELIGIBLE AND IF EARNED, IS DETERMINED BASED ON THEIR PERFORMANCE
	VERSUS PREDEFINED GOALS AND OBJECTIVES

Return Explanation Reference

FORM 990. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FORM 990 AVAILABLE UPON REQUEST

PART VI. LINE 19

Return Explanation Reference

INCICICIOC	
	FOREIGN HIGHEST COMPENSATED EMPLOYEE THE FOLLOWING EMPLOYEE REPORTED IN PART VII IS FOREI GN AND DOES NOT RECEIVE A W-2 TARUN SAWNEY, SENIOR DIRECTOR, ENFORCEMENT, APAC

SECTION A

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION PUBLIC RELATIONS TOTAL FEES 3667069
PART IX

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990
PART IX
LINE 11G

DESCRIPTION POLICY TOTAL FEES 1427393

Return Explanation
Reference

FORM 990 DESCRIPTION RESEARCH & STUDIES TOTAL FEES 117010
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION ENFORCEMENT TOTAL FEES 1138251
PART IX
LINE 11G

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION HUMAN RESOURCES & RECRUITING TOTAL FEES 310432
PART IX

Return Explanation
Reference

FORM 990 DESCRIPTION TEMPORARY SERVICES TOTAL FEES 68108
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION OTHER PROFESSIONAL SERVICES TOTAL FEES 140119
PART IX
LINE 11G

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

DLN: 93493318127199

Open to Public Inspection

Name of the organization BSA BUSINESS SOFTWARE ALLIANCE INC							-	loyer identif 242574	fication	n number		
Part I Identification of Disregarded Entities Complete	e ıf the organ	ızatıon answ	ered "Yes	" on Form	990, Part :	IV, line 33		242374				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activ		(c) Ctivity Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) ssets Direct cor entri		
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.		ete if the orga	anızatıon	answered '	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or i	more	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal dor	(c) nicile (state in country)	(d) Exempt Cod	de section		(e) charity status on 501(c)(3))	Di	(f) rect controlling entity	Section (13) co ent	ntrolled tity?
(1)BUSINESS SOFTWARE ALLIANCE DO BRAZIL RUA SAMUEL MORSE NO 134-BROOKLIN SAO PAOLO BR	TRADE ASS	SSOC		BR	FOREIGN				NA		Yes	No
(2)SOFTWARE EDUCATION FDN 20 F STREET NW STE 800 WASHINGTON, DC 20001	SOFTWARE	EDUC		DC	501(C)(3)	:	12A		BSA		Yes	
81-4001808 (3)BSATHE SOFTWARE ALLIANCE PAC 20 F STREET NW STE 800 WASHINGTON, DC 20001	CAMPAIGN	SUP		DC	527				BSA			No
84-1693724												
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Ca	t No 5013!	<u> </u> 5Y				Sch	edule R (Form	990) 20	018

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income(related, unrelated,	(f) Share of total income	(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of		ral or aging	(k) Percentage ownership
			(state or foreign country)	entity	excluded from tax under sections 512- 514)		assets			Schedule K-1 (Form 1065)	Parti	iei'	
					314)			Yes	No		Yes	No	
												$\vdash \vdash$	
												\vdash	
												П	
												Ш	
Part IV Identification of Related Organizati because it had one or more related organizations.						ation ansv	vered "Yes	" on Fo	orm 9	90, Part IV,	line	34	
(a) Name, address, and EIN of	(b) Primary activity		c) gal	Direct	(d) controlling Type	(e) of entity S	(f) hare of total	Share	(g) of end-	of- Percer		s	(i) ection 512(b)

									-			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	ent	ntrolling Type (city (C corp	(e) of entity o, S corp, trust)	(f) Share of total Income	(g) Share of end-of year assets	(h) Percentage ownership	Sectio (13) c	(i) n 512(b) ontrolled ntity?		
(1)BSA SOFTWARE SERVICES INC 20 F STREET NW STE 800 WASHINGTON, DC 20001 47-2868237	TELEMKTG SOFT	DE	BSA	C COR	P	487,683	450,794	100 000 %	Yes			
(2)BSA SOFTWARE SERVICES DO BRASIL RUA SAMUEL MORSE NO 134-BROOKLIN SAO PAOLO BR	TELEMKTG SOFT	BR	BSA	C COR	P	749,586	214,346	99 990 %	Yes			
(3)SOFTWARE FORENSIC RESEARCH CENTER KYOBO BLDGSU 35-06JONGNO SEOUL KS	FORENSIC SUPP	KS	BSA	C COR	P	128	168,708	100 000 %	Yes			
							S	chedule R (Foi	m 990) 2	018		

(1) SOFTWARE EDUCATION FOUNDATION

(3)SOFTWARE EDUCATION FOUNDATION

(5) SOFTWARE EDUCATION FOUNDATION

(2)BSA SOFTWARE SERVICES INC

(4)BSA SOFTWARE SERVICES INC

Part V

No

No

No No

No

No

No

No

No

No

No

No

No

No

No

No

1f

1g

1h

1i

1j

1k

11 Yes

1m

1n 10 Yes

1p

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

COST SVCS & EXP

COST SVCS & EXP

COST SVCS & EXP

PAYROLL COSTS

PAYROLL COSTS

t V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Yes 1b

1c

1d 1e

Sale of assets to related organization(s) . . .

Purchase of assets from related organization(s).

Lease of facilities, equipment, or other assets to 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

(b)

Transaction type (a-s)

В

0

(c)

Amount involved

2,153,295

739.022

164,381

432.244

152.966

Name of related organization

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
													_		
													_		
	•								•	Schedul	e R (Forn	1 99	0) 2018		

