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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

DLN: 93493225037796

Form 990

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

	eck if applicable	C Name of organization THE BUSINESS ROUNDTABLE			D Emple	yer ident	ification number
	dress change me change				23-7	236607	
	tial return	Doing business as					
Fin		Number and street (or P O box if 300 NEW JERSEY AVENUE NW NO	mail is not delivered to street address) Room/ 800	'suite	· ·	one numbe ) 872-12	
	ended return plication pending	City or town, state or province, col WASHINGTON, DC 20001	untry, and ZIP or foreign postal code		<b>G</b> Gross	receipts \$ 4	6,729,613
I Ta	x-exempt status	F Name and address of pr JOHN M ENGLER 300 NEW JERSEY AVENUE WASHINGTON, DC 2000:	E NW NO 800	Н(b)	Is this a group subordinates? Are all subord included? If "No," attack	inates nalist (s	Tyes ₹No Tyes TNo see instructions)
J W	ebsite: ► WW	W BUSINESSROUNDTABLE O	RG		Group exemp	cion nam	Jei F
<b>K</b> For	n of organization	Corporation Trust Associati	on		ar of formation 1	972 <b>M</b> S	tate of legal domicile DC
Pa	rt I Sum	mary		•		'	
k Governance	CLASS W BUSINES FOSTER	ORKFORCE AND A DYNAMIC, S ROUNDTABLE WORKS WITH AN ECONOMIC ENVIRONMEN	ON IS TO ADVOCATE POLICIES THE GROWING ECONOMY DRAWING OF ELECTED LEADERS AND REPRESENT THAT BENEFITS ALL THE AMERIAL SECONTION OF DESCRIPTIONS OF DESCRIPTION	N THE EX NTATIVE CAN PEO	(PERTISE OF I ES OF EMPLOY PLE	TS CEO ERS ANI	MEMBERS, THE DEMPLOYEES TO
Activities &	3 Number	of voting members of the goveri	ning body (Part VI, line 1a)			з	19
Ĕ	4 Number	of independent voting members	of the governing body (Part VI, line 1	b)		4	19
্ব	<b>5</b> Total nur	mber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	32
		•	necessary)			6	23
			Part VIII, column (C), line 12			7a 7b	0
	<b>D</b> Nec amer	ated business taxable income in	om 1 om 1 550 1, me 54		Prior Year	1 70 1	Current Year
	8 Contri	butions and grants (Part VIII,	line 1h)			0	0
a E	9 Progra	am service revenue (Part VIII,	line 2g)		32,248	,680	33,155,401
Revenue			ın (A), lines 3, 4, and 7d)			,165	910,161
<u> </u>			), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), I	ıne	33,235	,578 ,423	731,111 34,796,673
		s and sımılar amounts paıd (Par	tIX, column (A), lines 1-3)	-	35	,250	49,850
	14 Benefi	its paid to or for members (Part	IX, column (A), line 4)			0	0
st.	<b>15</b> Saları 5–10		vee benefits (Part IX, column (A), lines	S	9,950	,733	10,635,493
Expenses	· ·	, ssional fundraising fees (Part I)	K, column (A), line 11e)			0	0
ਡੌ	1	ındraısıng expenses (Part IX, column (	· · · · · · · · · · · · · · · · · · ·				
_			, lines 11a-11d, 11f-24e)		18,882		24,624,459
			ust equal Part IX, column (A), line 25		28,868		35,309,802
 €8 €8	19 Reven	iue iess expenses. Subtract line	e 18 from line 12		4,366 Ining of Current		-513,129 End of Year
Not Assets or Fund Balances	<b>20</b> Total	assets (Part X, line 16)			35,979	.619	35,466,490
A A				`.		0	0
Ž,			t line 21 from line 20		35,979	,619	35,466,490
Unde my k	r penalties of	belief, it is true, correct, and co	camined this return, including accomp mplete Declaration of preparer (other				
	****	***			2016-08-09		_
Sigr	Signa	ature of officer			Date		
Her	e LEAN	INE G WILSON SENIOR VICE PRESIDEN or print name and title	п				
	lν	Print/Type preparer's name WILLIAM E TURCO CPA	Preparer's signature WILLIAM E TURCO CPA	Date	Check If self-employed	PTIN P003692	 17
Paid	1				,	4	
D=-	1.5	Firm's name FRSM US LLP		<u> </u>	Firm's EIN 🕨	1  2-0714325	
	parer 📙	Firm's name FRSM US LLP Firm's address F9737 WASHINGTONIA	N BLVD 400		Firm's EIN 🕨 4		

Form	n 990 (2015)				Page <b>2</b>
Par	t IIII Stateme	ent of Program Service A	Accomplishments		
			or note to any line in this Part III		<u> </u>
1		the organization's mission			
		ATION WHOSE MISSION IS T YNAMIC, GROWING ECONOM	O ADVOCATE POLICIES THAT	PROMOTE U S INVESTME	NT, A WORLD-CLASS
2	the prior Form 99	0 or 990-EZ?	ogram services during the year wh		⊤Yes √No
		e these new services on Schedi			
3	services?		significant changes in how it condu	ucts, any program	⊤Yes ▼No
4	Describe the orga expenses Sectio		omplishments for each of its three anizations are required to report th program service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	THE BUSINESS ROU ECONOMY DRAWIN	NDTABLE'S MISSION IS TO ADVOCATE	POLICIES THAT PROMOTE U S INVESTMEI MBERS, THE BUSINESS ROUNDTABLE WOR ENVIRONMENT THAT BENEFITS ALL THE AN	NT, A WORLD-CLASS WORKFORCE	
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4d	Other program s	services (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program s	ervice expenses 🕨			

Form 990 (2	<u> </u>		
Part IV	Checklist of	Required	<u>Schedules</u>

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No_
	Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
	Chican in Contaction of Contaction and Contaction a				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	61			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend •	dors and reportable	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32			
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during			3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation At any time during the calendar year, did the organization have an interest in, or a significant or the calendar year.			3b		
40	over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		No
b	If "Yes," did the organization include with every solicitation an express statement th were not tax deductible?	nat su	ch contributions or gifts	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services produced by the company and the company			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty 101	· · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year $\dots$	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?		the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess bus	sınes	s holdings at any time			
_	during the year?			8		
	Did the sponsoring organization make any taxable distributions under section 49667			9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela Section 501(c)(7) organizations. Enter	itea p	erson/	9b		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11	facilities  Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.	140				
	•					
	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax	•		14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ii	n Schedule O	14b		

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Sa	ection A. Governing Body and Management			,
30	ector A. Governing body and rianagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Y es Y es	
	or persons other than the governing body?	7b	res	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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 interests that could give rise to conflicts?	12b	Yes	
c	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		No
14	Did the organization have a written document retention and destruction policy?	14		No
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	
	Other officers or key employees of the organization	15b		N o
	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		No
Se	ction C. Disclosure	05		
17	List the States with which a copy of this Form 990 is required to be filed			
18 19	Section 6104 requires an organization to make its Form 1023 (or 1024 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 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 ►DEWEY WELCH 300 NEW JERSEY AVENUE NW SUITE 800 WASHINGTON, DC 20001 (202)872-1260

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion ( han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	eportable Reportable Impensation compensation from the from related countries organizations		
	for related o		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
See Additional Data Table											
										Form <b>990</b> (2015)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	_									
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	an d	officer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						2				
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheet d Total (add lines 1b and 1c)	-			•	•			5,449,301	0	454,953
						I	<u> </u>	· · ·		4,74,733
2 Total number of individuals (in						d abov	e) wl	no received more th	ian	

			Yes
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee		
	on line 1a? If "Yes," complete Schedule I for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	services rendered to the organization? If "Yes," complete Schedule I for such person	5	

	Yes	No
3		No
4	Yes	
5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TRADE BENEFITS AMERICA COALITION INC	ADVOCACY COALITION	2,978,000
PO BOX 224 KENSINGTON, MD 20895		
THE FRATELLI GROUP	CONSULTING/PROFESSIONAL SERVICES	1,711,662
1300 CONNECTICUT AVE NW SUITE 95 WASHINGTON, DC 20036		
KEYBRIDGE RESEARCH LLC	CONSULTING/PROFESSIONAL SERVICES	918,018
3050 K STREET NW SUITE 220 WASHINGTON, DC 20007		
HAMILTON PLACE STRATEGIES LLC	CONSULTING/PROFESSIONAL SERVICES	884,916
805 15TH STREET NW WASHINGTON, DC 20005		
PRICEWATERHOUSECOOPERS	CONSULTING/PROFESSIONAL SERVICES	842,365
PO BOX 7247-8001 PHILADELPHIA, PA 19170		

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  $\blacktriangleright$  49

rt VI	101	Statement o						
		Check if Schedi	ule O contains a respo	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
اعب	1a	Federated cam	paigns 1a					
and Other Similar Amounts	b	Membership du	es 1b					
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֓֓֓֡֞֞	c	Fundraising eve	ents <b>1c</b>					
[ ]	d	Related organiz	zations 1d					
<u>`</u> ≝	e	Government grants	s (contributions) <b>1e</b>					
Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
her	•	sımılar amounts no						
ŏ	g	Noncash contribution 1a-1f \$	ons included in lines					
au	h	Total. Add lines	s 1a-1f					
				Business Code				
	2a	MEMBERSHIP DUE	S	900099	33,155,401	33,155,401		
ž	b							
- 1 3	c							
ž	d							
Ргодгалт эегисе печепце	e							
울	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		33,155,401			
	3		ome (ıncludıng dıvıden		961,007			961,007
	4		ar amounts)	<u></u>	301,007			301,007
	5			· · · · · · · · · · · · · · · · · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	664,861					
	b	Less rental	0					
	c	expenses Rental income	664,861					
		or (loss)	me or (loss)		664,861	664,861		
	d	Net rental inco	(i) Securities	(II) O ther	001,001	001,001		
	7a	Gross amount from sales of assets other than inventory	11,882,094	(ii) o circi				
	b	Less cost or other basis and sales expenses	11,932,940					
	<b>c</b>	Gain or (loss)	-50,846		FO 046			I 50.04/
	d		ss)		-50,846			-50,846
	8a		luding s reported on line 1c)					
		See Part IV, lin	ne 18 <b>a</b>					
	b	Less direct ex	penses <b>b</b>					
	c 9a	Gross income f	(loss) from fundraising rom gaming activities ne 19	events þ-				
	L	1.55	a 					
	b c		penses <b>b</b> (loss) from gamıng actı					
		Gross sales of						
		returns and allo						
	b	Less cost of g	oods sold b					
L	С		(loss) from sales of inv					
L	<u> </u>	Miscellaneous		Business Code	66.055	66.056		
	11a	OTHER INCOM	1E	900099	66,250	66,250		
	b							
	C	A II						
	d e	Total. Add lines	ue	🕨				
					66,250			
	12	iotai revenue.	See Instructions .	🟲	34,796,673	33,886,512	0	910,161

	Clabour of Functional Function				Page 10
	Statement of Functional Expenses	All other organiza	tions must som	valete column (A.)	
Secur	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t		(B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	49,850			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,580,509			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,407,079			
8	Pension plan accruals and contributions (include section 401(k)				
	and 403(b) employer contributions)	705,591			
9	Other employee benefits	605,053			
10	Payroll taxes	337,261			
11	Fees for services (non-employees)				
а	Management				
b	Legal	86,592			
C	Accounting	49,726			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	97,936			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	80,181			
12	Advertising and promotion				
13	Office expenses	726,921			
14	Information technology	504,233			
15	Royalties				
16	Occupancy	3,572,324			
17	Travel	126,284			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	380,224			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	25,798			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COMMITTEE EXPENSES	18,915,203			
b	EQUIPMENT & FURNITURE	44,412			
c	MEMBERSHIP DUES	14,625			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	35,309,802			
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 (2015) Page **11 Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . (A) (B) End of vear Beginning of year 1 4,002,863 1 433,740 7.935.034 2 15,949,121 2 Savings and temporary cash investments . . . . 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 9 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D b Less accumulated depreciation . . . . . 10b **10**c 15,842,725 11 11 26,912,806 Investments—publicly traded securities . . . . 12 Investments—other securities See Part IV, line 11 . . . . . . 12 13 Investments—program-related See Part IV, line 11 . . . . . . 13 14 14 184,910 184.910 15 15 35,979,619 16 35,466,490 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . **17 17** Accounts payable and accrued expenses . . . . . 18 18 Grants payable . . . . . . 19 19 20 20 Tax-exempt bond liabilities . . . . . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 0 26 **Total liabilities.**Add lines 17 through 25 . . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . . . . 28 28 Temporarily restricted net assets . . . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔽 and 5 complete lines 30 through 34. Assets 30 0 30 0 Capital stock or trust principal, or current funds . . . . . . . . . 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 0 32 35,979,619 32 35,466,490 Retained earnings, endowment, accumulated income, or other funds ¥ 33 35,979,619 35,466,490 33 34 Total liabilities and net assets/fund balances . . . . . . . . . . . 35,979,619 35,466,490 34

01111	1990 (2013)				age <b>1</b> ₄
Par	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	•		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,7	796,673
2	Total expenses (must equal Part IX, column (A), line 25)	2		35,3	309,802
3	Revenue less expenses Subtract line 2 from line 1	3		- <u>í</u>	513,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		35,9	979,619
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		35,4	166,490
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			 Yes	. [고   No
1	MODIFIED  Accounting method used to prepare the Form 990			Tes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:** 

**EIN:** 23-7236607

Name: THE BUSINESS ROUNDTABLE

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors, ers	Tru	ste	es, ŀ	<b>(ey</b>	Employees, Hig	hest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Posit more th perso and a	ion ( nan o n is b dire	ne b oth	ox, i an o /trus	unless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	ĕ	employee	Highest compensated employee	ner			organizations
RANDALL L STEPHENSONCHAIRMAN	0 00	x						0	0	0
URSULA M BURNS	0 00	,								
VICE CHAIR		×						0	0	0
DAVID M COTE  VICE CHAIR	0 00	x						0	0	0
ANDREW N LIVERIS	0 00	V						0	0	0
VICE CHAIR & CHAIR, SMART REGULATION		X						0	0	0
JOHN A HAYESCHAIR, CORPORATE GOVERNANCE	0 00	x						0	0	0
REX W TILLERSON  CHAIR, EDUCATION & WORKFORCE	0 00	х						0	0	0
NICHOLAS K AKINS	0 00	l								
CHAIR, ENERGY & ENVIRONMENT		Х						0	0	0
GARY W LOVEMAN CHAIR, HEALTH & RETIREMENT THRU 10/7	0 00	x						0	0	0
GREGORY Q BROWN	0 00	,,								
CHAIR, IMMIGRATION		X						0	0	0
JACQUELINE HINMAN CHAIR, INFRASTRUCTURE FROM 12/01	0 00	x						0	0	0
TOM LINEBARGER CHAIR, INTERNATIONAL ENGAGEMENT	0 00	х						0	0	0
W JAMES MCNERNEY JR	0 00									
CHAIR, NOMINATING COMM THRU 6/23		X						0	0	0
MARK A WEINBERGER CHAIR, TAX AND FISCAL POLICY	0 00	x						0	0	0
MAGGIE WILDEROTTER	0 00	х						0	0	0
CHAIR, TECH, INTERNET & INNOVATION		^							0	
AJAY BANGA AT LARGE EXECUTIVE COMMITTEE	0 00	x						0	0	0
KENNETH I CHENAULT	0 00	х						0	0	0
ALEXANDER M CUTLER	0 00							0	0	0
AT LARGE EXECUTIVE COMMITTEE  JAMES DIMON	0 00	×						0	0	
AT LARGE EXECUTIVE COMMITTEE	0 00	Х						0	0	0
AT LARGE EXECUTIVE COMMITTEE		х						0	0	0
C DOUGLAS MCMILLON  AT LARGE EXECUTIVE COMMITTEE	0 00	x						0	0	0
DOUGLAS R OBERHELMAN AT LARGE EXECUTIVE COMMITTEE	0 00	х						0	0	0
JOHN T CHAMBERS	0 00	х						0	0	0
AT LARGE EXECUTIVE COMM THRU 07/23  EDWARD B RUST JR	0 00				-					
AT LARGE EXECUTIVE COMM THRU 08/26	40.00	Х						0	0	0
PRESIDENT	40 00			х				2,508,318	0	68,494
JESSICA L BOULANGER SENIOR VICE PRESIDENT	40 00					x		470,666	0	47,024

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

SENIOR VICE PRESIDENT

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Posit more th persoi and a	nan o nan o n ıs b dıre	ne booth a	ox, u an of	inless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustae or director	Institutional Trustee	Officei	, employee	Highest compensated employee	Former			organizations
MARIA M GHAZAL GENERAL COUNSEL	40 00					х		409,522	0	72,603
MARIAN E HOPKINS SENIOR VICE PRESIDENT	40 00					х		541,163	0	134,671
WILLIAM C MILLER JR SENIOR VICE PRESIDENT	40 00					х		874,620	0	69,463
LEANNE G WILSON	40 00					х		645,012	0	62,698

DLN: 93493225037796

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Inspection** 

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

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

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

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

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

	35c (Proxy Tax) (see separate Section 501(c)(4), (5), or (6) orga		, , ,		, .				
Na	ame of the organization E BUSINESS ROUNDTABLE	'		Employer ident	tification number				
1111	E BUSINESS ROUNDTABLE			23-7236607					
Par	rt I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	organization.				
1 2 3	Provide a description of the or Political expenditures Volunteer hours	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV ▶	\$				
Par	rt I-B Complete if the or	ganization is exempt under	section 501(	c)(3).					
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5 <b>F</b>	\$				
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$				
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No				
4a	Was a correction made?				┌ Yes ┌ No				
b	If "Yes," describe in Part IV								
Par	rt I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50:	1(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem <sub>l</sub>	pt function activities 🕨	\$				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities								
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$				
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			Yes				
5	organization made payments amount of political contribution	nd employer identification number (for each organization listed, enter the ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a				
	(a) Name	( <b>b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
2									
3									
4									
5									
_									

**f** Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page <b>2</b>
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check  fithe filing organization belongs to expenses, and share of excess lobbed.  Check  fithe filing organization checked bo	oying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots	<u> </u>		1918.9	
Ia	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines $1a$ and $1$	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g h i j	Subtract line 1g from line 1a If zero or less, ento Subtract line 1f from line 1c If zero or less, ento If there is an amount other than zero on either line porting section 4911 tax for this year?	No				
	(Some organizations that made a columns below. See t	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During 4	4-Year Avera	ging Perioa	T	1
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

cne	filed Form 5768 (election under section 501(h)).  ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.  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,			Page	٠
Pa		NOT			
	ach "Voc" recogness on lines. In through 1, helpy, provide in Part IV a detailed description of the lebbying	(	a)	(b)	
ctiv		J 📜	No	Amount	
1		Yes			
а	Volunteers?				
ь	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
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
  - If "Yes," enter the amount of any tax incurred under section 4912
  - 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 Part III-A 501(c)(6). Maria Na

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

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

1	Dues, assessments and similar amounts from members	_ 1	33,155,401
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	19,250,559
b	Carryover from last year	2b	-2,275,776
c	Total	2c	16,974,783
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	18,235,471
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-1,260,688

#### Part IV Supplemental Information

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

Return Reference Explanation

DLN: 93493225037796

OMB No 1545-0047

Open to Public

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Financial Statements**

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

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

Inspection **Employer identification number** 

IHE	BUSINESS ROUNDTABLE					23-7	236607		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere							ınts.	
		(a) Donor advised fun	nds			(b)	Funds and	l other accou	ints
L	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
ŀ	Aggregate value at end of year								
•	Did the organization inform all donors and donor a funds are the organization's property, subject to the					onor advis	sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?						purpose	┌ Yes	┌ No
Pai	t II Conservation Easements. Comple	ete if the organization	n a	nswer	ed "Yes"	on Forn	n 990, Pa	art IV, line	7.
<u> </u>	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreed Protection of natural habitat  Preservation of open space	· · · _	_	Preser			-		ea
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserv	/atio	on con	rıbutıon ır	n the form	of a cons	ervation	
							Held a	t the End of	the Year
a	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easeme	ents				2b			
0	Number of conservation easements on a certified	l historic structure inclu	udec	dın (a)		2c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/0	06, a	and no	t on a	2d			
	Number of conservation easements modified, trai	nsferred, released, extir	ngui	ıshed,	or termına	ted by th	e organıza	tıon durıng t	he
	tax year 🕨								
	Number of states where property subject to cons	ervation easement is lo	cate	ed ►					
	Does the organization have a written policy regar violations, and enforcement of the conservation e		orın	ıg, ınsp	ection, ha	ndling of	ſ	_ Yes ┌	No
,	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	viola	ations	and enfor	cing cons	ervation (	easements d	uring the
	<u> </u>								
	A mount of expenses incurred in monitoring, insperse.	ecting, handling of viola	tion	ıs, and	enforcing	conserva	tion ease	ments during	the year
	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy th	ne re	equirer	nents of s	ection 17		_ Yes ┌	No
)	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the o							
ar	<b>Complete if the organization answere</b>					, or Oth	er Simi	lar Assets	S.
a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public e	exhı	ıbıtıon,	education	n, or resea	arch in fur		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to assets held for public e	rep	ort in	ıts revenu	e stateme	ent and ba		ublic
(	i) Revenue included on Form 990, Part VIII, line :	1				<b>►</b> \$_			_
	Assets included in Form 990, Part X								
	If the organization received or held works of art, I following amounts required to be reported under S					for financ			-
a	Revenue included on Form 990, Part VIII, line 1	, , , , ,		-			<b>▶</b> - ⊄		
b	Assets included in Form 990, Part X						- + <u>-</u> ▶ \$		
	ASSELS IIICIUUEU III FUIIII 990, Pail A						<b>-</b> >		

Part	****	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal	Treas	ures, e	or O	ther S	Similar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, cl	heck a						ınıfıcant us	e of its	
а	┌ P	ublic exhibition		d	Γ	Loa	norex	change p	progr	ams			
b	┌ s	cholarly research		е	$\vdash$	Oth	er						
c	ΓP	reservation for future generations											
4	Provid Part X	de a description of the organization's IIII	s collections and exp	olaın ho	w they	y furt	her the	organız	atıon	's exem	pt purpose	ın	
5		g the year, did the organization solic										_	
Do		s to be sold to raise funds rather tha		as part	of the	orga	nızatıo	n's colle	ction	?	☐ Yes	☐ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, lı	ne 9, oı	r rep	orted	an amour	nt on Forn	n 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interi	mediary	for c	ontrı	butions	orothe	rass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowin	g tab	le				Am	ount	
C	Beg	Jinning balance							<b>1</b> c				
d	Add	ditions during the year							1d				
е	Dıs	tributions during the year							1e				
f	End	ling balance						L	1f				
2a	Dıd th	e organization include an amount or	n Form 990, Part X, I	ıne 21,	for es	crov	vorcus	todial ad	ccour	ıt lıabılı	ty? <b>┌ Yes</b>	┌ No	
Ь		s," explain the arrangement in Part											Г
Pa	rt V	Endowment Funds. Complet	te if the organizati		nor yea				<u>_</u>		years back	<b>(e)</b> Four ye	arc back
1a	Begin	ning of year balance	(a)Current year	(0)	nor yea	11	в (с)	wo years t	Jack	(a) mee	years back	(e)Four ye	ars back
b	_	ibutions											
c		nvestment earnings, gains, and											
А	losse	s s or scholarships											
d e		r expenditures for facilities							-				
·		rograms											
f	A dmı	nistrative expenses											
g	End o	fyearbalance											
2	Provid	de the estimated percentage of the o	current year end bala	nce (lır	ne 1g,	colu	ımn (a)	) held as					
а	Board	designated or quasi-endowment ►											
b	Perma	anent endowment ►											
C	•	orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s	should equal 100%										
3a	organ	nere endowment funds not in the pos ization by	_				eld and	admınıs	tered	for the	_	Yes	No
		related organizations						•				(i)	
b		lated organizations s s" on 3a(ii), are the related organiza										(ii)     Bb	
4	Descr	ribe in Part XIII the intended uses o	f the organization's e	endowm	nent fu	ınds							
Par	t VI	Land, Buildings, and Equip											
		Complete if the organization a Description of property	nswered 'Yes' to I			or oth	er basıs	e 11a.S (b Cost or ot (oth	<b>))</b> ther ba		90, Part X Accumulated c)depreciation	<b>(d)</b> Boo	ok value
1a	Land			.									
b	Buildin	gs		[									
c	Leaseh	old improvements		. [									
d	Equipm	nent											
Tota	<b>I.</b> A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part	t X, colu	mn (B	3), lin	e 10(c).	<i>)</i>	•			D (Form 99	0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
	) -		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 <b>Part VIII</b> Investments—Program Related	)		
Complete if the organization answe	red 'Yes' on Form 990	), Part IV, line 11c. <sub>Se</sub>	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l '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		
Faderal income toyee			
Federal Income taxes			
		$\dashv$	
		_	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	34,796,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	34,796,673
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	34,796,673
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
1	Total expenses and losses per audited financial statements	1	35,309,802
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)..............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	35,309,802
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	35,309,802

### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE BUSINESS ROUNDTABLE IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A), AS AN ENTITY DESCRIBED IN SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME DURING THE YEAR ENDED DECEMBER 31, 2015, THE BUSINESS ROUNDTABLE HAD NO NET UNRELATED BUSINESS INCOME

Part XIII Supplemental Info	Part XIII Supplemental Information (continued)								
Return Reference	Explanation								

Schedule D (Form 990) 2015

Schedule I (Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**DLN: 93493225037796**OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identifi	ation number
THE BUSINESS ROUNDTABLE						23-7236607	
Part I General Inform	ation on Grants	and Assistance				•	
<ul> <li>Does the organization main the selection criteria used?</li> <li>Describe in Part IV the org</li> </ul>	to award the grants anızatıon's procedu	or assistance? res for monitoring the i		United States		·	▽ Yes
			omestic Governments. ( Iditional space is neede		ızatıon answered "Yes" (	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
ALZHEIMER'S (1) ASSOCIATION 3701 PENDER DRIVE SUITE 400 FAIRFAX,VA 22030	52-1196162	501(C)(3)	10,000				GENERAL SUPPORT
BRYCE HARLOW (2) FOUNDATION 1701 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	52-1266620	501(C)(3)	7,500				GENERAL SUPPORT
(3) OPERATION SMILE 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	54-1460147	501(C)(3)	10,000				GENERAL SUPPORT
							+
							+
2 Enter total number of section	on 501(c)(3) and go	vernment organization	s listed in the line 1 tab	ole			3

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . .

Gra	Ints and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Par	rt III can be duplicated if additional space is needed

(a)Type of grant or assistan	nce	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
			-			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Return Reference	Explanation					
PART I, LINE 2	THE BUSINESS ROUNDTABLE REVIEWS ALL REQUESTS FOR GRANTS OR ASSISTANCE SELECTION CRITERIA IS CONSISTENT WITH POLICY PRIORITIES OF THE BUSINESS ROUNDTABLE					

Schedule I (Form 990) 2015

DLN: 93493225037796

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

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

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

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

2015 Open to Public Inspection

Name of the organization THE BUSINESS ROUNDTABLE

**Employer identification number** 

23-7236607

Pa	rt I Questions Regarding Compensatio	n	<b>1</b>			
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe		- · · · · · · · · · · · · · · · · · · ·	2	Yes	
3		hat apply	y Do not check any boxes for methods Tthe CEO/Executive Director, but explain in Part III			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	고				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	, Part VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section Accompensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III			8		
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JOHN M ENGLER PRESIDENT	(i)	1,702,100	662,000	144,218	40,399	31,792	2,580,509	0	
	(ii)	0	0	0	0	0	0	0	
2 JESSICA L BOULANGER SENIOR VICE PRESIDENT	(i)	340,000	120,000	10,666	21,479	26,541	518,686	0	
	(ii)	0	0	0	0	0	0	0	
3 MARIA M GHAZAL GENERAL COUNSEL	(i)	285,953	115,500	8,069	44,507	35,536	489,565	0	
	(ii)	0	0	0	0	0	0	0	
4 MARIAN E HOPKINS SENIOR VICE PRESIDENT	(i)	398,000	138,020	5,143	123,562	15,092	679,817	0	
	(ii)	0	0	0	0	0	0	0	
5 WILLIAM C MILLER JR SENIOR VICE PRESIDENT	(i)	594,004	250,000	30,616	41,368	35,238	951,226	0	
	(ii)	0	0	0	0	0	0	0	
6 LEANNE G WILSON SENIOR VICE PRESIDENT	(i)	456,395	178,231	10,386	42,683	24,010	711,705	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Return Reference

PART I, LINE 1A

ALL BUSINESS ROUNDTABLE EMPLOYEES ARE PERMITTED TO TRAVEL FIRST CLASS/BUSINESS CLASS PROVIDED THE FLIGHT IS OVER TWO AND ONE HALF HOURS ANY EXCEPTIONS TO THIS POLICY MUST BE APPROVED IN ADVANCE BY THE PRESIDENT THE BUSINESS ROUNDTABLE DOES PAY SOCIAL DUES FOR ITS OFFICER, SENIOR VICE PRESIDENTS AND GENERAL COUNSEL ANY PERSONAL USE OF THE SOCIAL CLUBS BY THESE EMPLOYEES ARE TREATED AS TAXABLE INCOME

Schedule J (Form 990) 2015

DLN: 93493225037796

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

**Employer identification number** Name of the organization THE BUSINESS ROUNDTABLE 23-7236607

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation						
FORM 990, PART I PART VI, AND PART VII - BOARD COUNT	A TOTAL OF TWENTY-THREE PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE CALENDAR YEAR THOSE TWENTY-THREE ARE SHOWN IN PART VII OF FORM 990 AS OF DECEMBER 31, 2015 THERE WERE A TOTAL OF NINETEEN VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A & 1B, AND PART I, LINES 3 & 4						
FORM 990, PART VI, SECTION A, LINE 2	DUE TO THE SIZE AND DIVERSITY OF THE MEMBERS OF THE BUSINESS ROUNDTABLE, WE ASSUME THAT DI RECTORS MAY HAVE FAMILY AND/OR BUSINESS RELATIONSHIPS WITH OTHER DIRECTORS						
FORM 990, PART VI, SECTION A, LINE 6	BUSINESS ROUNDTABLE IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS THE CHIEF EXECUTIVE OFF ICER IS THE MEMBER, AND HE/SHE REPRESENTS THE COMPANY						
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF BUSINESS ROUNDTABLE ELECT A CHAIRMAN AND THE VICE CHAIRS OF THE ORGANIZATION						
FORM 990, PART VI, SECTION A, LINE 7B	THE NOMINATING COMMITTEE CHAIR SHALL CONSULT WITH THE CHAIR OF THE BUSINESS ROUNDTABLE ON						
A, LINE 7B	THE SLATE OF NOMINEES FOR CHAIR AND VICE CHAIRS OF THE BUSINESS ROUNDTABLE, AND PERFORM OT HER DUTIES AS ASSIGNED BY THE CHAIR OF THE BUSINESS ROUNDTABLE						
FORM 990, PART VI, SECTION B, LINE 11	BUSINESS ROUNDTABLE'S FORM 990 IS PREPARED BY AN INDEPENDENT PROFESSIONAL SERVICES FIRM AN D REVIEWED BY SENIOR MANAGEMENT BEFORE IT IS FILED WITH THE IRS						
FORM 990, PART VI, SECTION B, LINE 12C	THE BUSINESS ROUNDTABLE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH T HE CONFLICT OF INTEREST POLICY DURING THE ANNUAL BUDGET PROCESS, ALL VENDORS ARE REVIEWED BY ALL STAFF, ALLOWING ANY CONFLICTS OF INTEREST TO BE DISCOVERED, DISCLOSED AND RESOLVED IF CONFLICTS OF INTEREST ARISE, THE CONFLICTED INDIVIDUAL(S) IS RECUSED FROM DECISION MA KING/EXPENSE APPROVAL RELATING TO THE SPECIFIC VENDOR(S)/PERSON(S)						
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL (PRESIDENT) IN CLUDES AN INDEPENDENT REVIEW AND APPROVAL BASED ON PERFORMANCE AND COMPARABLILITY DATA CO MPENSATION DECISIONS APPROVED BY THE CHAIR ARE ALSO REVIEWED BY THE EXECUTIVE COMMITTEE (G OVERNING BODY) ON AN ANNUAL BASIS THE BUSINESS ROUNDTABLE PARTICIPATES AND RECEIVES AN AN NUAL CEO COMPENSATION AND BENEFITS SURVEY WITH COMPARABILITY DATA						
FORM 990, PART VI, SECTION C, LINE 19	BUSINESS ROUNDTABLE MAKES ITS FINANCIAL STATEMENTS (FORM 990) AVAILABLE UPON WRITTEN REQUE ST TO THE PUBLIC BUSINESS ROUNDTABLE'S ARTICLES OF ASSOCIATION AND CONFLICT OF INTEREST P OLICY ARE NOT PUBLICLY AVAILABLE						
FORM 990, PART XII, LINE 1 - OTHER METHOD OF ACCOUNTING EXPLANTION	THE BUSINESS ROUNDTABLE USES MODIFIED CASH BASIS						